

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

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October 18, 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 expedited codes for *CPT 2023*, new and revised codes for *CPT 2025* and existing codes identified by the RUC's Relativity Assessment Workgroup and CMS.

Enclosed are the RUC recommendations for all the CPT codes reviewed at the September 28-30, 2023, RUC meeting.

CPT 2023 Expedited New Codes – October 2023 RUC Submission

The RUC submits work value and/or practice expense inputs for 3 new CPT codes for CPT 2023 from the September 2023 RUC meeting. The COVID-19 Immunization Administration single code (90480), effective August 14, 2023, and RSV Monoclonal Antibody Administration with and without counseling codes (96380 & 96381), effective October 6, 2023, recommendations are included in this submission. Please note the RSV Monoclonal Antibody Administration recommendation was expedited and previously submitted to CMS October 3, 2023.

CPT 2025 New and Revised Codes – October 2023 RUC Submission

The RUC submits work value and/or practice expense inputs for 46 new/revised/related family CPT codes for CPT 2025 from the September 2023 RUC meeting.

Existing Services Identified by RUC and CMS for Review

The RUC submits recommendations for 12 services identified by the RUC or CMS as potentially misvalued and reviewed at the September 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

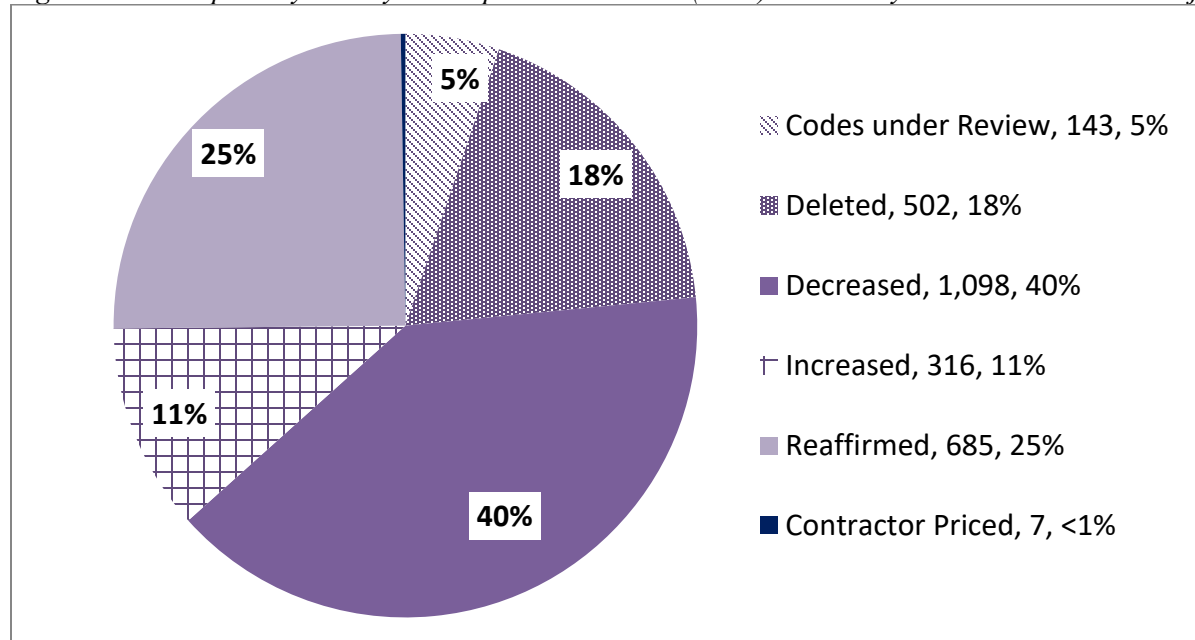
period to a 000-day global given that the intensity will be low and the office visits in 2021 will be of a different value. The specialties explained it is routine and typical that the two postoperative visits occur as part of the work within the 10 days after the procedure. The survey code is a good 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 2,751 potentially misvalued services through objective screening criteria and has completed review of 2,608 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.

Supply Packs Pricing

As stated in the RUC comment letter to CMS on the 2024 Medicare Physician Payment Schedule Proposed Rule (CMS-1784-P), submitted August 14, 2023:

The RUC recently determined that there are numerous discrepancies between the aggregated cost of a supply pack and the individual item components. **The RUC strongly recommends that CMS resolve these pricing discrepancies in the supply packs during CY2024 rulemaking.** As the purpose of the supply packs is to simplify the process of identifying and recommending PE supply direct inputs, one would expect the supply pack price to be identical to the total cost of its individual supply code contents. The mathematical errors should be rectified as soon as possible by CMS to ensure that the sum totals from the individual items.

At the April 2023 meeting, the PE Subcommittee formed a workgroup to review the content of the supply packs to assess if each of them is still typical and revise as necessary. The report of the Packs Workgroup is attached, as approved by the RUC, and provides detailed recommendations to complete the five incomplete packs. The Workgroup affirmed the contents of the complete packs for submission to CMS with the RUC request to ensure accurate packs pricing. The RUC concurs that mathematical correction is needed immediately. The RUC recommends that:

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

Please see the Packs Workgroup report and recommendations located in folder 20 Other Practice Expense Related Recommendations.

High Cost Disposable Supplies

The RUC considered MRI-Monitored Transurethral Ultrasound Ablation of Prostate at its September 2023 meeting and recommends a new supply input, *TULSA-PRO Disposable Kit*, which costs \$8967. 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 cost supplies were paid separately with appropriate HCPCS codes, the indirect expense would no longer be associated with that service. The result would be that indirect PE RVUs would be redistributed throughout the specialty practice expense pool and the practice expense for all other services. **The RUC recommends that CMS separately identify and pay for high cost disposable supplies priced more than \$500 using appropriate HCPCS codes. The pricing of these supplies should be based on a transparent process, where items are annually reviewed and updated.**

Enclosed Recommendations and Supporting Materials:

- RUC Recommendation Status Report for New and Revised Codes for *CPT 2025*.
- RUC Recommendation Summary of Existing Codes Identified by CMS or the Relativity Assessment Workgroup.
- RUC Recommendation Progress and Status Reports for services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued.
- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.
- Physician Time File – A list of the physician time data for each of the CPT codes reviewed at the September 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 828 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

The Honorable Chiquita Brooks-LaSure

May 17, 2023

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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
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Ryan Howe
Michael Soracoe
Gift Tee

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

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CPT 2025 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0398T	YYY	D	Sep 2023	23	Guided High Intensity Focused Ultrasound		Jan 2024	06					<input type="checkbox"/>		<input type="checkbox"/>
0537T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
0538T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
0539T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
0540T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
0616T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					<input type="checkbox"/>		<input type="checkbox"/>
0617T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					<input type="checkbox"/>		<input type="checkbox"/>
0618T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					<input type="checkbox"/>		<input type="checkbox"/>
0714T	YYY	R	Sep 2023	47	Transperineal Laser Ablation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
15XX1	000	N	Sep 2023	25	Skin Cell Suspension Autograft	11	Jan 2024	04	ABA, APMA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
15XX2	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	12	Jan 2024	04	ABA, APMA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
15XX3	XXX	N	Sep 2023	25	Skin Cell Suspension Autograft	13	Jan 2024	04	ABA, APMA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
15XX4	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	I4	Jan 2024	04	ABA, APMA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
15XX5	090	N	Sep 2023	25	Skin Cell Suspension Autograft	I5	Jan 2024	04	ABA, APMA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
15XX6	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	I6	Jan 2024	04	ABA, APMA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
15XX7	090	N	Sep 2023	25	Skin Cell Suspension Autograft	I7	Jan 2024	04	ABA, APMA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
15XX8	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	I8	Jan 2024	04	ABA, APMA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
25310	090	F	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D1	Sep 2023	04	AAOS, ASPS, ASSH	9.50	9.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
25447	090	R	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D3	Sep 2023	04	AAOS, ASPS, ASSH	11.14	11.14	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
26480	090	F	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D5	Sep 2023	04	AAOS, ASPS, ASSH	9.50	9.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
2X005	090	N	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D4	Sep 2023	04	AAOS, ASPS, ASSH	13.90	13.90		<input checked="" type="checkbox"/>		<input type="checkbox"/>
3X018	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E1	Sep 2023	05	CAP	1.94	1.94		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X019	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E2	Sep 2023	05	CAP	0.79	0.79		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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
3X020	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E3	Sep 2023	05	CAP	0.96	0.80		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X021	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E4	Sep 2023	05	ASCO, ASTCT, ASH	3.00	3.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
46275	090	R	Sep 2023	EC-C	Anal Fistula Vignette Correction		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
46280	090	R	Sep 2023	EC-C	Anal Fistula Vignette Correction		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
49203	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49204	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49205	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
4X015	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F1	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	22.00	22.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
4X016	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F2	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	28.65	28.65		<input checked="" type="checkbox"/>		<input type="checkbox"/>
4X017	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F3	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	34.00	34.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
4X018	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F4	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	45.00	45.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
4X019	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F5	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	55.00	55.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
58957	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
58958	090	R	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
5X006	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G1	Sep 2023	07	ACR, AUA, SIR	5.68	4.05		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5X007	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G2	Sep 2023	07	ACR, AUA, SIR	9.80	9.80		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5X008	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G3	Sep 2023	07	ACR, AUA, SIR	11.50	11.50		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5XX05	000	N	Sep 2023	18	Bladder Neck and Prostate Procedures	J1	Jan 2024	05	AUA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
5XX06	000	N	Sep 2023	18	Bladder Neck and Prostate Procedures	J2	Jan 2024	05	AUA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
64486	000	F	Sep 2023	17	Fascial Plane Blocks	M7	Jan 2024	08	ASA, ASRA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
64487	000	F	Sep 2023	17	Fascial Plane Blocks	M8	Jan 2024	08	ASA, ASRA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
64488	000	F	Sep 2023	17	Fascial Plane Blocks	M9	Jan 2024	08	ASA, ASRA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
64489	000	F	Sep 2023	17	Fascial Plane Blocks	M10	Jan 2024	08	ASA, ASRA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
66680	090	F	Feb 2023	10	Iris Procedures	A1	Apr 2023	04	AAO	10.25	10.25		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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
66682	090	F	Feb 2023	10	Iris Procedures	A2	Apr 2023	04	AAO	10.87	10.87		<input checked="" type="checkbox"/>		<input type="checkbox"/>
6X004	090	N	Feb 2023	10	Iris Procedures	A3	Apr 2023	04	AAO	12.80	12.80		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
6XX00	000	N	Sep 2023	23	Guided High Intensity Focused Ultrasound	K1	Jan 2024	06	AANS, ASNR, CNS				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
6XX01	000	N	Sep 2023	09	Percutaneous Radiofrequency Ablation of Thyroid	L1	Jan 2024	07	AAO-HNS, ACR, ASNR, ES, OEIS, SIR				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
6XX02	ZZZ	N	Sep 2023	09	Percutaneous Radiofrequency Ablation of Thyroid	L2	Jan 2024	07	AAO-HNS, ACR, ASNR, ES, OEIS, SIR				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
6XX07	000	N	Sep 2023	17	Fascial Plane Blocks	M1	Jan 2024	08	ASA, ASRA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
6XX08	000	N	Sep 2023	17	Fascial Plane Blocks	M2	Jan 2024	08	ASA, ASRA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
6XX09	000	N	Sep 2023	17	Fascial Plane Blocks	M3	Jan 2024	08	ASA, ASRA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
6XX10	000	N	Sep 2023	17	Fascial Plane Blocks	M4	Jan 2024	08	ASA, ASRA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
6XX11	000	N	Sep 2023	17	Fascial Plane Blocks	M5	Jan 2024	08	ASA, ASRA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
6XX12	000	N	Sep 2023	17	Fascial Plane Blocks	M6	Jan 2024	08	ASA, ASRA				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
75774	ZZZ	R	Sep 2023	26	Vascular Procedures Guideline Revisions		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
7X002	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N3	Jan 2024	09	ACR				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
7XX00	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N1	Jan 2024	09	ACR				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
7XX01	ZZZ	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N2	Jan 2024	09	ACR				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
7XX03	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N4	Jan 2024	09	ACR				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
7XX04	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N5	Jan 2024	09	ACR				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
7XX05	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N6	Jan 2024	09	ACR				<input checked="" type="checkbox"/>	To be surveyed for the January 2024 RUC Meeting	<input type="checkbox"/>
8X050	XXX	N	Sep 2023	32	Primary Source Resistance Typing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X051	XXX	N	Sep 2023	32	Primary Source Resistance Typing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
92132	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B1	Sep 2023	08	AAO, AOA(optometry), ASRS	0.29	0.29		<input checked="" type="checkbox"/>		<input type="checkbox"/>
92133	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B2	Sep 2023	08	AAO, AOA(optometry), ASRS	0.31	0.31		<input checked="" type="checkbox"/>		<input type="checkbox"/>
92134	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B3	Sep 2023	08	AAO, AOA(optometry), ASRS	0.32	0.32		<input checked="" type="checkbox"/>		<input type="checkbox"/>
93886	XXX	F	May 2023	35	Transcranial Doppler Studies	H1	Sep 2023	09	AAN, ACR, ASNR	0.91	0.90		<input checked="" type="checkbox"/>		<input type="checkbox"/>
93888	XXX	F	May 2023	35	Transcranial Doppler Studies	H2	Sep 2023	09	AAN, ACR, ASNR	0.73	0.73		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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
93890	XXX	D	May 2023	35	Transcranial Doppler Studies		Sep 2023	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
93892	XXX	F	May 2023	35	Transcranial Doppler Studies	H3	Sep 2023	09	AAN, ACR, ASNR	1.15	1.15	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93893	XXX	R	May 2023	35	Transcranial Doppler Studies	H4	Sep 2023	09	AAN, ACR, ASNR	1.15	1.15	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93X94	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H5	Sep 2023	09	AAN, ACR, ASNR	0.81	0.81		<input checked="" type="checkbox"/>		<input type="checkbox"/>
93X95	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H6	Sep 2023	09	AAN, ACR, ASNR	0.73	0.73		<input checked="" type="checkbox"/>		<input type="checkbox"/>
93X96	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H7	Sep 2023	09	AAN, ACR, ASNR	0.85	0.85		<input checked="" type="checkbox"/>		<input type="checkbox"/>
96040	XXX	D	Sep 2023	41	Genetic Counseling Services		Jan 2024	10	ACMG				<input checked="" type="checkbox"/>		<input type="checkbox"/>
97811	ZZZ	R	Sep 2023	48	Acupuncture Services		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
97814	ZZZ	R	Sep 2023	48	Acupuncture Services		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
98975	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
98976	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
98977	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
98978	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
99441	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99442	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99443	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					<input checked="" type="checkbox"/>		<input type="checkbox"/>
9X059	XXX	N	Feb 2023	22	Optical Coherence Tomography (OCT)	B4	Sep 2023	08	AAO, AOA(optometry), ASRS	0.64	0.64		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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
9X075	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C1	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.93	0.93	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X076	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C2	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.60	1.60	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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9X077	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C3	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.60	2.60	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X078	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C4	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	3.50	3.50	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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9X079	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C5	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.70	0.70	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X080	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C6	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.30	1.30	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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9X081	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C7	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.92	1.92	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X082	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C8	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.80	2.60	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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9X083	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C9	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.93	0.90	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X084	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C10	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.60	1.55	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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
9X085	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C11	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.42	2.42	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X086	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C12	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	3.20	3.20	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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
9X087	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C13	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, Aaos, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.70	0.65	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X088	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C14	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, Aaos, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.30	1.20	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.75	1.75	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X090	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C16	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.60	2.60	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
9X091	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C17	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.30	0.30	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
9X100	XXX	N	Sep 2023	41	Genetic Counseling Services		Jan 2024	10	ACMG				<input checked="" type="checkbox"/>	Practice Expense recommendations to be developed for the January 2024 RUC Meeting	<input type="checkbox"/>
9X110	XXX	N	Sep 2023	40	mRNA Influenza Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
9X111	XXX	N	Sep 2023	40	mRNA Influenza Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
G2012	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					<input checked="" type="checkbox"/>		<input type="checkbox"/>
G2252	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					<input checked="" type="checkbox"/>		<input type="checkbox"/>
X200T	YYY	N	Sep 2023	63	Intraoperative Stimulation of Peripheral Nerves		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X201T	YYY	N	Sep 2023	68	Histotripsy of Kidney		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X207T	YYY	N	Sep 2023	74	Noninvasive Arrhythmia Analysis Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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X212T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X213T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X214T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X215T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X219T	YYY	N	Sep 2023	47	Transperineal Laser Ablation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X220T	YYY	N	Sep 2023	49	Gastric Electrophysiology Mapping		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X221T	YYY	N	Sep 2023	59	Oral Mucositis Cooling		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X222T	YYY	N	Sep 2023	51	Bone Substitute Injection		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X223T	YYY	N	Sep 2023	72	Noninvasive Pulmonary Gas Exchange Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X228T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X229T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X230T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X231T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X232T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X233T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X234T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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X235T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X236T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X237T	YYY	N	Sep 2023	76	AI Generated Prostate Cancer Mapping		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X238T	YYY	N	Sep 2023	56	Computer-Aided Duplex Scan of hemodialysis Fistula		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X239T	YYY	N	Sep 2023	67	End-tidal Control (EtC) Agent Monitoring		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X255T	YYY	N	Sep 2023	77	CMR Absolute Quantification of Myocardial Blood Flow		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X258T	YYY	N	Sep 2023	64	Endoscopic Drug Coated GI Balloon		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X259T	YYY	N	Sep 2023	64	Endoscopic Drug Coated GI Balloon		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X260T	YYY	N	Sep 2023	64	Endoscopic Drug Coated GI Balloon		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X261T	YYY	N	Sep 2023	73	Normothermic Liver Perfusion Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X262T	YYY	N	Sep 2023	73	Normothermic Liver Perfusion Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X263T	YYY	N	Sep 2023	73	Normothermic Liver Perfusion Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X270T	YYY	N	Sep 2023	63	Intraoperative Stimulation of Peripheral Nerves		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X271T	YYY	N	Sep 2023	77	CMR Absolute Quantification of Myocardial Blood Flow		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X277T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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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						<input type="checkbox"/>		<input type="checkbox"/>
0404T	YYY	D	Sep 2022	12	Transcervical RF Ablation of Uterine Fibroids		Jan 2023	09					<input type="checkbox"/>		<input type="checkbox"/>
0424T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0425T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0426T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0427T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0428T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0429T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0430T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0431T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0432T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0433T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0434T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0435T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0436T	YYY	D	Sep 2022	17	Phrenic Nerve Stimulation System		Jan 2023	06					<input type="checkbox"/>		<input type="checkbox"/>
0465T	YYY	D	Sep 2022	24	Suprachoroidal Ablation		Jan 2023	10					<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0493T	YYY	D	Sep 2022	EC-D	Parenthetical Revisions - Noncontact SPECT		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0499T	YYY	R	Sep 2022	EC-E	Reinstate Category III Code 0499T		Jan 2023	08					<input type="checkbox"/>		<input type="checkbox"/>
0501T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					<input type="checkbox"/>		<input type="checkbox"/>
0502T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					<input type="checkbox"/>		<input type="checkbox"/>
0503T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					<input type="checkbox"/>		<input type="checkbox"/>
0504T	YYY	D	Sep 2022	27	Fractional Flow Reserve with CT		Jan 2023	11					<input type="checkbox"/>		<input type="checkbox"/>
0512T	YYY	D	May 2023	58	Category III Sundown		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0513T	YYY	D	May 2023	58	Category III Sundown		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0517T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0518T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0519T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0520T	YYY	R	May 2023	55	Wireless Cardiac Stimulation System for Left Ventricular Pacing		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0533T	YYY	D	May 2023	58	Category III Sundown		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0534T	YYY	D	May 2023	58	Category III Sundown		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0535T	YYY	D	May 2023	58	Category III Sundown		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0536T	YYY	D	May 2023	58	Category III Sundown		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

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0552T	YYY	R	May 2022	37	Post Operative Low Level Laser Therapy		Sep 2022	06					<input type="checkbox"/>		<input type="checkbox"/>
0587T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					<input type="checkbox"/>		<input type="checkbox"/>
0588T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					<input type="checkbox"/>		<input type="checkbox"/>
0589T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					<input type="checkbox"/>		<input type="checkbox"/>
0590T	YYY	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					<input type="checkbox"/>		<input type="checkbox"/>
0640T	YYY	R	May 2023	43	Spectroscopy Study – Wound or Flab		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0641T	YYY	D	May 2023	43	Spectroscopy Study – Wound or Flab		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0642T	YYY	D	May 2023	43	Spectroscopy Study – Wound or Flab		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0656T	YYY	R	Sep 2022	26	Vertebral Body Tethering		Jan 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
0657T	YYY	R	Sep 2022	26	Vertebral Body Tethering		Jan 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
06X1T	YYY	N	Sep 2022	26	Vertebral Body Tethering		Jan 2023	05					<input type="checkbox"/>		<input type="checkbox"/>
0715T	YYY	D	Sep 2022	34	Percutaneous Coronary Interventions		Jan 2023	12					<input type="checkbox"/>		<input type="checkbox"/>
0766T	YYY	R	May 2023	54	Peripheral Nerve Transcutaneous Magnetic Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0768T	YYY	D	May 2023	54	Peripheral Nerve Transcutaneous Magnetic Stimulation		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0769T	YYY	D	May 2023	54	Peripheral Nerve Transcutaneous Magnetic Stimulation		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0775T	YYY	D	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis		Jan 2023	04					<input type="checkbox"/>		<input type="checkbox"/>

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0809T	YYY	D	May 2023	40	Hybrid SI Joint Fusion – Delete 0809T		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0X43T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	04					<input type="checkbox"/>		<input type="checkbox"/>
0X44T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	04					<input type="checkbox"/>		<input type="checkbox"/>
0X46T	YYY	N	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					<input type="checkbox"/>		<input type="checkbox"/>
0X48T	YYY	N	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					<input type="checkbox"/>		<input type="checkbox"/>
0X48T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	04					<input type="checkbox"/>		<input type="checkbox"/>
27279	090	R	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I2	Jan 2023	04	AANS/CNS, NASS, OEIS				<input checked="" type="checkbox"/>	No RUC Recommendation	<input type="checkbox"/>
27280	090	R	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I3	Jan 2023	04	AANS/CNS, NASS				<input checked="" type="checkbox"/>	No RUC Recommendation	<input type="checkbox"/>
28292	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			7.44	7.44	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
28297	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			9.29	9.29	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
28740	090	R	Sep 2022	18	Metatarsal Arthrodesis for Bunion Correction		Editorial			9.29	9.29	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
2X000	090	N	Sep 2022	16	Dorsal Sacroiliac Joint Arthrodesis	I1	Jan 2023	04	ACR, ASA, ASIPP, ASRA, NANS, OEIS, SIR	8.95	7.86		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2X002	090	N	Sep 2022	26	Vertebral Body Tethering	J1	Jan 2023	05	AANS/CNS, AAOS, NASS	32.00	32.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2X003	090	N	Sep 2022	26	Vertebral Body Tethering	J2	Jan 2023	05	AANS/CNS, AAOS, NASS	35.50	35.50		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2X004	090	N	Sep 2022	26	Vertebral Body Tethering	J3	Jan 2023	05	AANS/CNS, AAOS, NASS	36.00	36.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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30117	090	F	Sep 2022	22	Posterior Nasal Nerve Ablation	L1	Jan 2023	07	AAO-HNS	3.91	3.91		<input checked="" type="checkbox"/>		<input type="checkbox"/>
30118	090	F	Sep 2022	22	Posterior Nasal Nerve Ablation	L2	Jan 2023	07	AAO-HNS	9.55	9.55		<input checked="" type="checkbox"/>		<input type="checkbox"/>
34510	090	D	May 2023	59	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
3X008	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K1	Jan 2023	06	AASM, ACC, HRS	10.75	9.50		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X009	ZZZ	N	Sep 2022	17	Phrenic Nerve Stimulation System	K2	Jan 2023	06	AASM, ACC, HRS	7.49	5.43		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X010	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K3	Jan 2023	06	AASM, ACC, HRS	10.51	9.55		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X011	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K4	Jan 2023	06	AASM, ACC, HRS	9.71	5.42		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X012	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K5	Jan 2023	06	AASM, ACC, HRS	6.90	3.04		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X013	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K6	Jan 2023	06	AASM, ACC, HRS	9.00	6.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X014	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K7	Jan 2023	06	AASM, ACC, HRS	7.83	6.05		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X015	090	N	Sep 2022	17	Phrenic Nerve Stimulation System	K8	Jan 2023	06	AASM, ACC, HRS	10.13	8.51		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X016	000	N	Sep 2022	22	Posterior Nasal Nerve Ablation	L3	Jan 2023	07	AAO-HNS	2.70	2.70		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3X017	000	N	Sep 2022	22	Posterior Nasal Nerve Ablation	L4	Jan 2023	07	AAO-HNS	2.70	2.70		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
43882	YYY	R	Sep 2022	EC-C	Parenthetical Revisions - Gastric Neurostimulator		Editorial			0.00	0.00	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
58661	010	R	Feb 2023	EC-J	Parenthetical Revision - 58661 (EC-J)		Editorial			11.35	11.35	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
5X000	000	N	Sep 2022	13	Cystourethroscopy with Urethral Therapeutic Drug Delivery	M1	Jan 2023	08	AUA	3.10	3.10		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5X005	010	N	Sep 2022	12	Transcervical RF Ablation of Uterine Fibroids	N1	Jan 2023	09	ACOG	7.21	7.21		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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619X1	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A1	Apr 2022	05	AANS, CNS	25.75	25.75		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
619X2	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A2	Apr 2022	05	AANS, CNS	11.25	11.25		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
619X3	090	N	Feb 2022	10	Skull-Mounted Cranial Neurostimulator	A3	Apr 2022	05	AANS, CNS	15.00	15.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
63685	010	R	Feb 2022	11/43	Spinal Neurostimulator Services	B1	Sep 2022	04	AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS	5.19	5.19	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
63688	010	R	Feb 2022	11/43	Spinal Neurostimulator Services	B2	Sep 2022	04	AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS	5.14	4.35		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64590	010	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction	E1	Apr 2022	07	ACOG, AUA	5.10	5.10		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64595	010	R	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction	E2	Apr 2022	07	ACOG, AUA	4.00	3.79		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64XX2	010	N	Feb 2022	11/43	Spinal Neurostimulator Services	B3	Sep 2022	04	AAPM, ASA, ASIPP, NANS				<input checked="" type="checkbox"/>	Contractor Price	<input checked="" type="checkbox"/>
64XX3	ZZZ	N	Feb 2022	11/43	Spinal Neurostimulator Services	B4	Sep 2022	04	AAPM, ASA, ASIPP, NANS				<input checked="" type="checkbox"/>	Contractor Price	<input checked="" type="checkbox"/>
64XX4	010	N	Feb 2022	11/43	Spinal Neurostimulator Services	B5	Sep 2022	04	AAPM, ASA, ASIPP, NANS				<input checked="" type="checkbox"/>	Contractor Price	<input checked="" type="checkbox"/>
6X000	000	N	Sep 2022	24	Suprachoroidal Ablation	O1	Jan 2023	10	AAO, ASRS	1.53	1.53		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
74710	XXX	D	May 2023	59	Code Set Maintenance		Deleted						<input checked="" type="checkbox"/>		<input type="checkbox"/>
75574	XXX	F	Sep 2022	27	Fractional Flow Reserve with CT	P1	Jan 2023	11	ACC, ACR, SCCT				<input checked="" type="checkbox"/>	No RUC Recommendation	<input type="checkbox"/>

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76998	XXX	F	May 2022	20	Intraoperative Ultrasound Services	F5	Sep 2022	05	AATS, ACC, ACS, ASBrS, STS	1.20	1.20	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
7X000	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F1	Sep 2022	05	AATS, ACC, STS	0.60	0.60		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
7X001	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F2	Sep 2022	05	AATS, ACC, STS	1.90	1.90		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
7X002	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F3	Sep 2022	05	AATS, ACC, STS	1.20	1.20		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
7X003	XXX	N	May 2022	20	Intraoperative Ultrasound Services	F4	Sep 2022	05	AATS, ACC, STS	1.55	1.55		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
7X005	XXX	N	Sep 2022	27	Fractional Flow Reserve with CT	P2	Jan 2023	11	ACC, ACR, SCCT	0.84	0.75		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
81171	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81172	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81243	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81244	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81403	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81404	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81405	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81406	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81407	XXX	R	Sep 2022	30	MoPath Editorial Language Revisions				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81445	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81449	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81450	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing				CLFS				<input type="checkbox"/>		<input type="checkbox"/>
81451	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing				CLFS				<input type="checkbox"/>		<input type="checkbox"/>

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81455	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81456	XXX	R	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
81490	XXX	R	Feb 2023	12	Appendix O Proprietary Name Revision - 81490		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X016	XXX	N	Feb 2023	15	Anti-Mullerian Hormone (AMH)		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X017	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X018	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X019	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X020	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X021	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X022	XXX	N	Feb 2023	11	GSP - Tumor Genomics Testing		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X025	XXX	N	Feb 2023	13	MAAA - Enhanced Liver Fibrosis Assay		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X036	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X037	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X038	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X039	XXX	N	May 2023	17	Acetylcholine Receptor and Muscle Specific Kinase Antibody		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X041	XXX	N	May 2023	23	Hepatitis D (Delta) Quantitative PCR		CLFS						<input type="checkbox"/>		<input type="checkbox"/>

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

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92975	000	F	Sep 2022	34	Percutaneous Coronary Interventions	Q16	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	To be surveyed within the 2025 CPT Cycle	<input type="checkbox"/>
92977	XXX	F	Sep 2022	34	Percutaneous Coronary Interventions	Q17	Jan 2023	12	ACC, SCAI				<input checked="" type="checkbox"/>	To be surveyed within the 2025 CPT Cycle	<input type="checkbox"/>
93593	000	F	Sep 2022	50	Venography Services	D1	Jan 2023	14	ACC, SCAI	3.99	3.99	Yes	<input checked="" type="checkbox"/>	Affirm Oct. 2020 RUC Recommendation	<input checked="" type="checkbox"/>
93594	000	F	Sep 2022	50	Venography Services	D2	Jan 2023	14	ACC, SCAI	6.10	6.10	Yes	<input checked="" type="checkbox"/>	Affirm Oct. 2020 RUC Recommendation	<input checked="" type="checkbox"/>
93595	000	F	Sep 2022	50	Venography Services	D3	Jan 2023	14	ACC, SCAI	6.00	6.00		<input checked="" type="checkbox"/>	Affirm Oct. 2020 RUC Recommendation	<input checked="" type="checkbox"/>
93596	000	F	Sep 2022	50	Venography Services	D4	Jan 2023	14	ACC, SCAI	7.91	7.91		<input checked="" type="checkbox"/>	Affirm Oct. 2020 RUC Recommendation	<input checked="" type="checkbox"/>
93597	000	F	Sep 2022	50	Venography Services	D5	Jan 2023	14	ACC, SCAI	9.99	9.99		<input checked="" type="checkbox"/>	Affirm Oct. 2020 RUC Recommendation	<input checked="" type="checkbox"/>
93598	ZZZ	F	Sep 2022	50	Venography Services	D11	Jan 2023	14	ACC, SCAI	1.75	1.75		<input checked="" type="checkbox"/>	Affirm Oct. 2020 RUC Recommendation	<input checked="" type="checkbox"/>
96446	XXX	R	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)		Sep 2023	10	ACOG, ACS	0.37	0.37	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
96920	000	R	May 2023	EC-E	Laser Treatment – Skin (RUC Report)		Editorial			1.15	1.15	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
96921	000	R	May 2023	EC-E	Laser Treatment – Skin (RUC Report)		Editorial			1.30	1.30	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
96922	000	R	May 2023	EC-E	Laser Treatment – Skin (RUC Report)		Editorial			2.10	2.10	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99202	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.00	0.93	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99203	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.60	1.60	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99204	XXX	R	Feb 2023	6	E/M Revisions		Editorial			2.60	2.60	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99205	XXX	R	Feb 2023	6	E/M Revisions		Editorial			3.50	3.50	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99212	XXX	R	Feb 2023	6	E/M Revisions		Editorial			0.75	0.70	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99213	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.30	1.30	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99214	XXX	R	Feb 2023	6	E/M Revisions		Editorial			2.00	1.92	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99215	XXX	R	Feb 2023	6	E/M Revisions		Editorial			2.80	2.80	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99306	XXX	R	Feb 2023	6	E/M Revisions		Editorial			3.50	3.50	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99308	XXX	R	Feb 2023	6	E/M Revisions		Editorial			1.30	1.30	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99451	XXX	R	Sep 2023	EC-A	Referral Services Guidelines		Editorial			0.70	0.70	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99452	XXX	R	Sep 2023	EC-A	Referral Services Guidelines		Editorial			0.70	0.70	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
9X000	ZZZ	N	Sep 2022	50	Venography Services	D6	Jan 2023	14	ACC, SCAI	1.60	1.20		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X002	ZZZ	N	Sep 2022	50	Venography Services	D7	Jan 2023	14	ACC, SCAI	1.63	1.13		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X003	ZZZ	N	Sep 2022	50	Venography Services	D8	Jan 2023	14	ACC, SCAI	2.05	1.43		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X004	ZZZ	N	Sep 2022	50	Venography Services	D9	Jan 2023	14	ACC, SCAI	2.11	2.11		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X005	ZZZ	N	Sep 2022	50	Venography Services	D10	Jan 2023	14	ACC, SCAI	2.13	2.13		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X022	XXX	N	May 2022	37	Post Operative Low Level Laser Therapy	H1	Sep 2022	06					<input checked="" type="checkbox"/>	No RUC Recommendation	<input checked="" type="checkbox"/>
9X034	ZZZ	N	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	S1	Sep 2023	10	ACOG, ACS	6.53	6.53		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X035	ZZZ	N	Sep 2022	39	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	S2	Sep 2023	10	ACOG, ACS	3.00	3.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X036	ZZZ	N	Sep 2022	10	Pelvic Exam (PE Only)	R1	Jan 2023	13	AAFP, ACOG, ANA, AUA	0.00	0.00		<input checked="" type="checkbox"/>	PE Only	<input type="checkbox"/>
9X045	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K9	Jan 2023	06	AASM, ACC, HRS	1.20	0.85		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X046	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K10	Jan 2023	06	AASM, ACC, HRS	1.00	0.80		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X047	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K11	Jan 2023	06	AASM, ACC, HRS	2.25	1.82		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
9X048	XXX	N	Sep 2022	17	Phrenic Nerve Stimulation System	K12	Jan 2023	06	AASM, ACC, HRS	0.72	0.43		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X070	ZZZ	N	Sep 2022	34	Percutaneous Coronary Interventions	Q14	Jan 2023	12	ACC, SCAI	3.90	2.97		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9X092	XXX	N	Feb 2023	18	Chikungunya Virus Vaccine, Live Attenuated		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
9X093	XXX	N	Feb 2023	19	Pentavalent Meningococcal Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
9X094	XXX	N	May 2023	36	Respiratory Syncytial Virus (RSV), Pediatric, Seasonal		immunoglobulin						<input type="checkbox"/>		<input type="checkbox"/>
9X095	XXX	N	May 2023	36	Respiratory Syncytial Virus (RSV), Pediatric, Seasonal		immunoglobulin						<input type="checkbox"/>		<input type="checkbox"/>
9X097	XXX	N	May 2023	33	mRNA RSV Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
X004T	YYY	N	Feb 2022	11/43	Neurostimulator Services-Bladder Dysfunction		Apr 2022	07					<input type="checkbox"/>		<input type="checkbox"/>
X005T	YYY	N	Feb 2022	11/43	Spinal Neurostimulator Services		Sep 2022	04					<input type="checkbox"/>		<input type="checkbox"/>
X085T	YYY	N	Sep 2022	53/61	SVC-IVC Prosthetic Valve Insertion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X086T	YYY	N	Sep 2022	53/61	SVC-IVC Prosthetic Valve Insertion		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X088T	YYY	N	Feb 2023	27	Psychedelic Drug Monitoring Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X089T	YYY	N	Feb 2023	27	Psychedelic Drug Monitoring Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X090T	YYY	N	Feb 2023	27	Psychedelic Drug Monitoring Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X092T	YYY	N	Sep 2022	38	Virtual Reality (VR) Facilitated Motor-Cognitive Training		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X093T	YYY	N	Sep 2022	51	AI-Assisted Oncologic Treatment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X121T	YYY	N	Feb 2023	31	Ultrasound Based REMS Axial Bone Density Study		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X125T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X126T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X127T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X128T	YYY	N	Feb 2023	35	Right Atrial Leadless Pacemaker		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X129T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X130T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X131T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X132T	YYY	N	Feb 2023	36	Tibial Neurostimulator Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X135T	YYY	N	Feb 2023	07	Remote Patient Multi-Day Comprehensive Uroflowmetry		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X136T	YYY	N	Feb 2023	07	Remote Patient Multi-Day Comprehensive Uroflowmetry		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X139T	YYY	N	May 2023	18	Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X140T	YYY	N	May 2023	18	Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X141T	YYY	N	May 2023	18	Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X142T	YYY	N	May 2023	18	Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X143T	YYY	N	May 2023	18	Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X144T	YYY	N	May 2023	18	Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X145T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X146T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X147T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X148T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X149T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X150T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X151T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X152T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X153T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X154T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X155T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X156T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X157T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X158T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X159T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X160T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X161T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X162T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X163T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X164T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X165T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X166T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X167T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X168T	YYY	N	May 2023	18	Digital Pathology			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X169T	YYY	N	May 2023	48	Electrophysiological Focused Magnetic Stimulation			Cat III					<input type="checkbox"/>		<input type="checkbox"/>

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

CPT 2023 RUC and HCPAC 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
0001A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0002A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0003A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0004A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0005A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0006A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0007A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0008A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0009A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0010A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0011A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0012A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0013A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0014A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0015A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0016A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0016M	XXX	R	Feb 2022	13	Admin MAAA – Oncology (Bladder) – Revise 0016M		CLFS						<input type="checkbox"/>		<input type="checkbox"/>

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0017A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0018A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0019A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0020A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0021A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0022A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0023A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0023A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0024A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0025A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0026A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0027A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0028A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0029A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0030A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0031A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0032A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0033A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0034A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0035A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0036A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0037A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0038A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0039A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0040A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0041A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0042A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0043A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0044A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0045A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0046A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0047A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0048A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0049A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0050A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0051A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0052A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0053A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0054A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0055A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0056A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0057A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0058A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0059A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0060A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0061A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0062A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0063A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0064A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0065A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0066A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0067A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0068A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0069A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0070A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0071A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0072A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0073A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0074A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0075A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0076A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0077A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0078A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0079A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0080A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0081A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0082A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0083A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0084A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0085A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0086A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0087A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0088A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0089A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0090A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0091A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0092A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0093A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0094A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0095A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0096A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0097A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0098A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0099A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0100A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0101A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0102A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0103A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0104A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0105A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0106A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0107A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0108A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0109A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0110A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0111A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0112A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0113A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0114A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0115A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0116A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0117A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0118A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0119A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0120A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0121A	XXX	N	May 2023	01	SARS-CoV-2 Immunization Administration-Pfizer (Single Dose, 12 Years and Up)	CC1	Vaccine		AAFP, AAP, ACP, ANA				<input type="checkbox"/>		<input type="checkbox"/>
0121A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0122A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0123A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0124A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0124A	XXX	R	May 2023	01	SARS-CoV-2 Immunization Administration-Pfizer (Single Dose, 12 Years and Up)		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
0125A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0126A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0127A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0128A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0129A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0130A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0131A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0132A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0133A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0134A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0134A	XXX	R	May 2023	05	SARS-CoV-2 Immunization Administration-Moderna (Additional Dose, 12 years and older)		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
0135A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0136A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0137A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0138A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0139A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0140A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0141A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0141A	XXX	N	May 2023	04	SARS-CoV-2 Immunization Administration-Moderna (1st and 2nd Dose, 6 months to 11 years)	CC5	Vaccine		AAFP, AAP, ANA				<input type="checkbox"/>		<input type="checkbox"/>
0142A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0142A	XXX	N	May 2023	04	SARS-CoV-2 Immunization Administration-Moderna (1st and 2nd Dose, 6 months to 11 years)	CC6	Vaccine		AAFP, AAP, ANA				<input type="checkbox"/>		<input type="checkbox"/>
0143A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0144A	XXX	R	May 2023	04	SARS-CoV-2 Immunization Administration-Moderna (1st and 2nd Dose, 6 months to 11 years)		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
0144A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0145A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0146A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0147A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0148A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0149A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0150A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0151A	XXX	N	May 2023	02	SARS-CoV-2 Immunization Administration-Pfizer (Single Dose, 5-11 years)	CC2	Vaccine		AAFP, AAP, ANA				<input type="checkbox"/>		<input type="checkbox"/>
0151A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0152A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0153A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0154A	XXX	R	May 2023	02	SARS-CoV-2 Immunization Administration-Pfizer (Single Dose, 5-11 years)		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
0154A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0155A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0156A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0157A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0158A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0159A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0160A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0161A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0162A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0163A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0163T	YYY	D	Sep 2021	12	Total Disc Arthroplasty		April 2022	04					<input type="checkbox"/>		<input type="checkbox"/>
0164A	XXX	R	May 2023	06	SARS-CoV-2 Immunization Administration-Moderna (Additional Dose, 6 months through 5 years)		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
0164A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0165A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0166A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0167A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0168A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0169A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0170A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0171A	XXX	N	May 2023	03	SARS-CoV-2 Immunization Administration-Pfizer (1st and 2nd Dose, 6 months to 4 years)	CC3	Vaccine		AAFP, AAP, ANA				<input type="checkbox"/>		<input type="checkbox"/>
0171A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0172A	XXX	N	May 2023	03	SARS-CoV-2 Immunization Administration-Pfizer (1st and 2nd Dose, 6 months to 4 years)	CC4	Vaccine		AAFP, AAP, ANA				<input type="checkbox"/>		<input type="checkbox"/>
0172A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0173A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0173A	XXX	R	May 2023	03	SARS-CoV-2 Immunization Administration-Pfizer (1st and 2nd Dose, 6 months to 4 years)		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
0174A	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0174A	XXX	R	May 2023	03	SARS-CoV-2 Immunization Administration-Pfizer (1st and 2nd Dose, 6 months to 4 years)		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
0273U		R	Feb 2022	EC-G	PLA Code Descriptor Revision		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
0312T	YYY	D	May 2022	64	Category III - Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0313T	YYY	D	May 2022	64	Category III - Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0314T	YYY	D	May 2022	64	Category III - Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0315T	YYY	D	May 2022	64	Category III - Sundown		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0316T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0317T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0402T	YYY	R	Sep 2021	61	Category III - Transepithelial Corneal Collagen Crosslinking			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0464T	YYY	D	Feb 2022	39	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0465T	YYY	D	Feb 2022	39	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0469T	YYY	D	Feb 2022	39	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0470T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0471T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0472T	YYY	D	Feb 2022	39	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0473T	YYY	D	Feb 2022	39	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0474T	YYY	D	Feb 2022	39	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0475T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0476T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0477T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0478T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0479T	YYY	D	Feb 2022	39	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0480T	YYY	D	Feb 2022	39	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0481T	YYY	D	Feb 2022	39	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0483T	YYY	D	Feb 2022	39	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0484T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0485T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0486T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0487T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0488T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0489T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0490T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0491T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0492T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0493T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0494T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0495T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0496T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0497T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0498T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0499T	YYY	D	May 2022	64	Category III - Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0500T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0501T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0502T	YYY	D	Feb 2022	39	Category III – Sundown			Cat III					<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0503T	YYY	D	Feb 2022	39	Category III – Sun-down		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0504T	YYY	D	Feb 2022	39	Category III – Sun-down		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0514T	YYY	D	Sep 2021	62	Category III - Intraoperative Visual Axis Identification		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
0591T	YYY	R	Sep 2021	71	Category III - Health and Well-Being Coaching Guideline Revision		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0592T	YYY	R	Sep 2021	71	Category III - Health and Well-Being Coaching Guideline Revision		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0593T	YYY	R	Sep 2021	71	Category III - Health and Well-Being Coaching Guideline Revision		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0702T	YYY	D	Sep 2021	43	Cognitive Behavioral Therapy Monitoring		January 2022	12					<input type="checkbox"/>		<input type="checkbox"/>
0703T	YYY	D	Sep 2021	43	Cognitive Behavioral Therapy Monitoring		January 2022	12					<input type="checkbox"/>		<input type="checkbox"/>
0X00T	YYY	N	Feb 2022	34	Category III – Perianal Tissue Injection		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X04T	YYY	N	Sep 2021	64	Category III - Quantitative CT Tissue Characterization		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X05T	YYY	N	Sep 2021	64	Category III - Quantitative CT Tissue Characterization		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X06T	YYY	R	Feb 2022	40	Category III – Remote Therapeutic Activity– Revise 0X06T, 0X07T		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X07T	YYY	R	Feb 2022	40	Category III – Remote Therapeutic Activity– Revise 0X06T, 0X07T		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0X10T	YYY	N	Sep 2021	80	Category III - Xenograft Scaffold for Osteochondral Regeneration		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X11T	YYY	N	Sep 2021	54	Category III - Audio Detected Coronary Artery Disease Risk Score		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X12T	YYY	N	Feb 2022	28	Category III – Absolute Quantification Myocardial Blood Flow (AQMBF)		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X13T	YYY	N	Feb 2022	30	Category III – Bioprosthetic Venous Value Category III – Bioprosthetic Venous Value		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X14T	YYY	N	Sep 2021	68	Category III - Laser Trabeculotomy with Optical Coherence Tomography		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X18T	YYY	N	Sep 2021	45	Category III - Coronary Therapeutic Services and Procedures		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X19T	YYY	N	Sep 2021	74	Category III - Cranial Intraoperative Radiation Therapy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X27T	YYY	N	Sep 2021	67	Category III - Vestibular Implant Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X28T	YYY	N	Sep 2021	67	Category III - Vestibular Implant Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X29T	YYY	N	Sep 2021	70	Category III - AI Facial Phenotypic Analysis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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0X31T	YYY	N	Sep 2021	67	Category III - Vestibular Implant Services			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0X32T	YYY	N	Sep 2021	67	Category III - Vestibular Implant Services			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0X33T	YYY	N	Sep 2021	67	Category III - Vestibular Implant Services			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0X35T	YYY	N	Feb 2022	31	Category III – Cardiac Functional Radioablation			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0X38T	YYY	N	Feb 2022	26	Category III – Magnetic Field Induction Malignant Prostate Tissue			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0X39T	YYY	N	Feb 2022	26	Category III – Magnetic Field Induction Malignant Prostate Tissue			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0X41T	YYY	N	Feb 2022	27	Category III – Automated Insulin Titration			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0X42T	YYY	N	Feb 2022	27	Category III – Automated Insulin Titration			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0X82T	YYY	N	Sep 2021	65	Category III - Quantitative Magnetic Resonance Cholangiopancreatography (MRCP)			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0X83T	YYY	N	Sep 2021	65	Category III - Quantitative Magnetic Resonance Cholangiopancreatography (MRCP)			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
0X84T	YYY	N	Sep 2021	75	Category III - Colonic Lavage			Cat III					<input type="checkbox"/>		<input type="checkbox"/>

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0X85T	YYY	N	Sep 2021	72	Category III - Intramuscular Drug Administration by Electroporation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X86T	YYY	N	Sep 2021	63	Category III - Percutaneous Electrical Nerve Field Stimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X89T	YYY	N	Sep 2021	59	Category III - Posterior Vertebral Joint Replacement		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X94T	YYY	N	Sep 2021	58	Category III - Autologous Adipose-Derived Regenerative Cell Therapy for Partial Thickness Rotator Cuff Tear		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X95T	YYY	N	Sep 2021	58	Category III - Autologous Adipose-Derived Regenerative Cell Therapy for Partial Thickness Rotator Cuff Tear		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
0X96T	YYY	N	Sep 2021	76	Category III - Transperineal Laser Ablation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
157X1	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C1	April 2021	09	ACS, ASCRS, SAGES	8.50	8.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
15850	XXX	D	Sep 2021	25	Removal of Sutures or Staples		January 2022	04					<input checked="" type="checkbox"/>		<input type="checkbox"/>
15851	000	R	Sep 2021	25	Removal of Sutures or Staples	W1	January 2022	04	ACS, ASCRS, ASSH	1.20	1.10		<input checked="" type="checkbox"/>		<input type="checkbox"/>
158X1	ZZZ	N	Sep 2021	25	Removal of Sutures or Staples	W2	January 2022	04	ACS, ASCRS, SAGES				<input checked="" type="checkbox"/>	PE Only	<input type="checkbox"/>
158X2	ZZZ	N	Sep 2021	25	Removal of Sutures or Staples	W3	January 2022	04	ACS, ASCRS, SAGES				<input checked="" type="checkbox"/>	PE Only	<input type="checkbox"/>

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20700	ZZZ	R	Sep 2021	15	Drug Delivery Code Revisions			Editorial		1.50	1.50	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20701	ZZZ	R	Sep 2021	15	Drug Delivery Code Revisions			Editorial		1.13	1.13	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20702	ZZZ	R	Sep 2021	15	Drug Delivery Code Revisions			Editorial		2.50	2.50	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20703	ZZZ	R	Sep 2021	15	Drug Delivery Code Revisions			Editorial		1.80	1.80	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20704	ZZZ	R	Sep 2021	15	Drug Delivery Code Revisions			Editorial		2.60	2.60	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20705	ZZZ	R	Sep 2021	15	Drug Delivery Code Revisions			Editorial		2.15	2.15	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20802	090	R	Sep 2021	18	Replantation Paranthetical Revisions			Editorial		42.62	42.62	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20805	090	R	Sep 2021	18	Replantation Paranthetical Revisions			Editorial		51.46	51.46	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20808	090	R	Sep 2021	18	Replantation Paranthetical Revisions			Editorial		63.09	63.09	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20816	090	R	Sep 2021	18	Replantation Paranthetical Revisions			Editorial		31.95	31.95	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20822	090	R	Sep 2021	18	Replantation Paranthetical Revisions			Editorial		26.66	26.66	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20824	090	R	Sep 2021	18	Replantation Paranthetical Revisions			Editorial		31.95	31.95	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20827	090	R	Sep 2021	18	Replantation Paranthetical Revisions			Editorial		27.48	27.48	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
20838	090	R	Sep 2021	18	Replantation Paranthetical Revisions			Editorial		42.88	42.88	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
22630	090	R	Sep 2021	EC-A	Lumbar Spine Paranthetical and Code Descriptor Revisions			Editorial		22.09	22.09	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>

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22632	ZZZ	R	Sep 2021	EC-A	Lumbar Spine Parathetical and Code Descriptor Revisions		Editorial			5.22	5.22	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
22633	090	R	Sep 2021	EC-A	Lumbar Spine Parathetical and Code Descriptor Revisions		Editorial			27.75	27.75	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
22634	ZZZ	R	Sep 2021	EC-A	Lumbar Spine Parathetical and Code Descriptor Revisions		Editorial			8.16	8.16	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
22857	090	R	Sep 2021	12	Total Disc Arthroplasty	T1	April 2022	04	AANS, CNS, AAOS, ISASS, NASS NASS ISASS NASS AAOS ISASS NASS AAOS ISASS NASS	27.13	27.13	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
228XX	ZZZ	N	Sep 2021	12	Total Disc Arthroplasty	T2	April 2022	04	AANS, CNS, AAOS, ISASS, NASS NASS ISASS NASS AAOS ISASS NASS AAOS ISASS NASS	7.50	7.50		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
27279	YYY	R	May 2022	50	Category III – Dorsal Sacroiliac Joint Arthrodesis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

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27280	YYY	R	May 2022	50	Category III – Dorsal Sacroiliac Joint Arthrodesis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
30468	000	F	Sep 2021	26	Energy Based Repair of Nasal Valve Collapse	X1	January 2022	07	AAO-HNS	2.80	2.80	Yes	<input checked="" type="checkbox"/>	Affirmed January 2020 RUC Recommendation	<input type="checkbox"/>
338X3	000	N	Feb 2021	15	Endovascular Pulmonary Arterial Revascularization	A1	October 2021	04	ACC, SCAI	14.00	14.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
338X4	000	N	Feb 2021	15	Endovascular Pulmonary Arterial Revascularization	A2	October 2021	04	ACC, SCAI	18.00	18.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
338X5	000	N	Feb 2021	15	Endovascular Pulmonary Arterial Revascularization	A3	October 2021	04	ACC, SCAI	17.33	17.33		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
338X6	000	N	Feb 2021	15	Endovascular Pulmonary Arterial Revascularization	A4	October 2021	04	ACC, SCAI	20.00	20.00		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
338X7	ZZZ	N	Feb 2021	15	Endovascular Pulmonary Arterial Revascularization	A5	October 2021	04	ACC, SCAI	7.27	7.27		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
35883	090	R	May 2022	EC-D	Code Descriptor (Editorial) - 35883		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
368X1	000	N	Sep 2021	23	Percutaneous Arteriovenous Fistula Creation	V1	January 2022	06	ACR, RPA, SIR, SVS	7.50	7.50		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
368X2	000	N	Sep 2021	23	Percutaneous Arteriovenous Fistula Creation	V2	January 2022	06	ACR, RPA, SIR, SVS	9.60	9.60		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
37X01	000	N	Sep 2021	26	Energy Based Repair of Nasal Valve Collapse	X2	January 2022	07	AAO-HNS	2.70	2.70		<input checked="" type="checkbox"/>		<input type="checkbox"/>
43197	YYY	R	Feb 2022	EC-C	Parenthetical Revision (Esophagoscopy EGD - Exclude 43X22)		Editorial			1.52	1.52	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
43198	YYY	R	Feb 2022	EC-C	Parenthetical Revision (Esophagoscopy EGD - Exclude 43X22)		Editorial			1.82	1.82	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>

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43235	000	F	Feb 2021	16	Endoscopic Bariatric Device Procedures	B1	April 2021	08	ACG, AGA, ASGE, SAGES	2.09	2.09	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
43235	YYY	R	Feb 2022	EC-C	Parenthetical Revision (Esophagoscopy EGD - Exclude 43X22)		Editorial			2.09	2.09	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
43X21	000	N	Feb 2021	16	Endoscopic Bariatric Device Procedures	B2	April 2021	08	ACG, AGA, ASGE, SAGES	3.40	3.11		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
43X22	000	N	Feb 2021	16	Endoscopic Bariatric Device Procedures	B3	April 2021	08	ACG, AGA, ASGE, SAGES	2.80	2.80		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
49560	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49561	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49565	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49566	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49568	ZZZ	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49570	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49572	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49580	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49582	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49585	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49587	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49590	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49652	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>

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49653	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49654	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49655	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49656	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49657	090	D	Feb 2021	18	Anterior Abdominal Hernia Repair		April 2021	09					<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X01	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C2	April 2021	09	ACS, ASCRS, SAGES	6.27	6.27		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X02	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C3	April 2021	09	ACS, ASCRS, SAGES	9.00	9.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X03	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C4	April 2021	09	ACS, ASCRS, SAGES	10.80	10.80		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X04	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C5	April 2021	09	ACS, ASCRS, SAGES	16.65	14.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X05	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C6	April 2021	09	ACS, ASCRS, SAGES	17.00	14.88		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X06	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C7	April 2021	09	ACS, ASCRS, SAGES	24.24	20.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X07	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C8	April 2021	09	ACS, ASCRS, SAGES	7.75	7.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X08	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C9	April 2021	09	ACS, ASCRS, SAGES	10.79	10.79		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X09	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C10	April 2021	09	ACS, ASCRS, SAGES	12.00	12.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X10	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C11	April 2021	09	ACS, ASCRS, SAGES	18.50	16.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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49X11	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C12	April 2021	09	ACS, ASCRS, SAGES	18.53	16.97		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X12	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C13	April 2021	09	ACS, ASCRS, SAGES	25.00	24.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X13	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C14	April 2021	09	ACS, ASCRS, SAGES	15.50	14.24		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X14	000	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C15	April 2021	09	ACS, ASCRS, SAGES	20.25	18.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
49X15	YYY	R	May 2022	EC-I	Parentetical Revision - Anterior Abdominal Hernia Repair		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
49X15	ZZZ	N	Feb 2021	18	Anterior Abdominal Hernia Repair	C16	April 2021	09	ACS, ASCRS, SAGES	5.00	5.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
50080	090	R	Sep 2021	22	Percutaneous Nephrolithotomy	U1	January 2022	08	AUA	16.00	13.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
50081	090	R	Sep 2021	22	Percutaneous Nephrolithotomy	U2	January 2022	08	AUA	22.00	22.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
55821	090	F	Sep 2021	27	Lapaorscopic Simple Prostatectomy	Y1	January 2022	09	AUA	15.18	15.18		<input checked="" type="checkbox"/>		<input type="checkbox"/>
55831	090	F	Sep 2021	27	Lapaorscopic Simple Prostatectomy	Y2	January 2022	09	AUA	15.60	15.60		<input checked="" type="checkbox"/>		<input type="checkbox"/>
55866	090	F	Sep 2021	27	Lapaorscopic Simple Prostatectomy	Y3	January 2022	09	AUA	25.18	22.46		<input checked="" type="checkbox"/>		<input type="checkbox"/>
558XX	090	N	Sep 2021	27	Lapaorscopic Simple Prostatectomy	Y4	January 2022	09	AUA	22.00	19.53		<input checked="" type="checkbox"/>		<input type="checkbox"/>
63035	ZZZ	R	Sep 2021	EC-A	Lumbar Spine Paranthetical and Code Descriptor Revisions		Editorial			3.15	3.15	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>

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63044	ZZZ	R	Sep 2021	EC-A	Lumbar Spine Parathetical and Code Descriptor Revisions		Editorial			0.00	0.00	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
63048	ZZZ	R	Sep 2021	EC-A	Lumbar Spine Parathetical and Code Descriptor Revisions		Editorial			3.47	3.47	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
63053	ZZZ	R	Sep 2021	EC-A	Lumbar Spine Parathetical and Code Descriptor Revisions		Editorial			3.19	3.19	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
63057	ZZZ	R	Sep 2021	EC-A	Lumbar Spine Parathetical and Code Descriptor Revisions		Editorial			5.25	5.25	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64400	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M1	October 2021	05	AAN, AAPM, AAPM&R, ASA, SIS	1.00	1.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64405	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M2	October 2021	05	AAN, AAPM, AAPM&R, ASA, NANS, SIS	0.94	0.94	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64408	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M3	October 2021	05	ASA, NANS, SIS	0.90	0.90		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64415	000	R	May 2021	14	Somatic Nerve Injection Code Revisions	M4	October 2021	05	ASA, ASIPP	1.50	1.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64416	000	R	May 2021	14	Somatic Nerve Injection Code Revisions	M5	October 2021	05	ASA, ASIPP	1.80	1.80		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64417	000	R	May 2021	14	Somatic Nerve Injection Code Revisions	M6	October 2021	05	ASA, ASIPP	1.31	1.31		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64418	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M7	October 2021	05	ASA, NANS, SIS	1.10	1.10	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64420	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M8	October 2021	05	AAPM, AAPM&R, ASA NANS, SIS	1.18	1.18		<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
64421	ZZZ	F	May 2021	14	Somatic Nerve Injection Code Revisions	M9	October 2021	05	AAPM, AAPM&R, ASA, NANS, SIS	0.60	0.60		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64425	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M10	October 2021	05	AAPM, AAPM&R, ASA, NANS, SIS	1.19	1.19		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64430	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M11	October 2021	05	ASA, NANS, SIS	1.15	1.15		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64435	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M12	October 2021	05	ASA, NANS, SIS	0.75	0.75	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64445	000	R	May 2021	14	Somatic Nerve Injection Code Revisions	M13	October 2021	05	AAPM, AAPM&R, ASA, ASIPP	1.39	1.39		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64446	000	R	May 2021	14	Somatic Nerve Injection Code Revisions	M14	October 2021	05	ASA, ASIPP	1.75	1.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64447	000	R	May 2021	14	Somatic Nerve Injection Code Revisions	M15	October 2021	05	ASA, ASIPP	1.34	1.34		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64448	000	R	May 2021	14	Somatic Nerve Injection Code Revisions	M16	October 2021	05	ASA, ASIPP	1.68	1.68		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64449	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M17	October 2021	05	ASA, NANS, SIS	1.55	1.55		<input checked="" type="checkbox"/>		<input type="checkbox"/>
64450	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M18	October 2021	05	AAPM, AAPM&R, APMA, ASA, NANS, SIS	0.75	0.75	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64451	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M19	October 2021	05	AAPM, AAPM&R, ASA, NANS, SIS	1.52	1.52	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64454	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M20	October 2021	05	AAPM, AAPM&R, ASA, ASA,NANS, SIS	1.52	1.52	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>

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64455	000	F	May 2021	14	Somatic Nerve Injection Code Revisions	M21	October 2021	05	APMA, NANS, SIS	0.75	0.75	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64490	000	R	Sep 2021	21	64490-64495 Guideline Revisions		Editorial			1.82	1.82	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64491	ZZZ	R	Sep 2021	21	64490-64495 Guideline Revisions		Editorial			1.16	1.16	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64492	ZZZ	R	Sep 2021	21	64490-64495 Guideline Revisions		Editorial			1.16	1.16	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64493	000	R	Sep 2021	21	64490-64495 Guideline Revisions		Editorial			1.52	1.52	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64494	ZZZ	R	Sep 2021	21	64490-64495 Guideline Revisions		Editorial			1.00	1.00	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
64495	ZZZ	R	Sep 2021	21	64490-64495 Guideline Revisions		Editorial			1.00	1.00	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
66174	090	R	May 2022	11	Transluminal Dilatation of Aqueous Outflow Canal - Revise 66174		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
66175	090	R	May 2022	11	Transluminal Dilatation of Aqueous Outflow Canal - Revise 66174		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
69714	090	R	May 2021	13	Transcutaneous Passive Implant-Temporal Bone	N1	January 2022	10	AAOHNS	8.00	8.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
69715	090	D	May 2021	13	Transcutaneous Passive Implant-Temporal Bone		January 2022	10					<input checked="" type="checkbox"/>		<input type="checkbox"/>
69716	090	R	May 2021	13	Transcutaneous Passive Implant-Temporal Bone	N2	January 2022	10	AAOHNS	9.03	9.03		<input checked="" type="checkbox"/>		<input type="checkbox"/>
69717	090	R	May 2021	13	Transcutaneous Passive Implant-Temporal Bone	N4	January 2022	10	AAOHNS	8.48	8.48		<input checked="" type="checkbox"/>		<input type="checkbox"/>
69718	090	D	May 2021	13	Transcutaneous Passive Implant-Temporal Bone		January 2022	10					<input checked="" type="checkbox"/>		<input type="checkbox"/>
69719	090	R	May 2021	13	Transcutaneous Passive Implant-Temporal Bone	N5	January 2022	10	AAOHNS	9.46	9.46		<input checked="" type="checkbox"/>		<input type="checkbox"/>

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69726	090	R	May 2021	13	Transcutaneous Passive Implant-Temporal Bone	N7	January 2022	10	AAOHNS	7.50	7.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
69727	090	R	May 2021	13	Transcutaneous Passive Implant-Temporal Bone	N8	January 2022	10	AAOHNS	7.38	7.38		<input checked="" type="checkbox"/>		<input type="checkbox"/>
69XX0	090	N	May 2021	13	Transcutaneous Passive Implant-Temporal Bone	N3	January 2022	10	AAOHNS	9.97	9.97		<input checked="" type="checkbox"/>		<input type="checkbox"/>
69XX1	090	N	May 2021	13	Transcutaneous Passive Implant-Temporal Bone	N6	January 2022	10	AAOHNS	10.25	10.25		<input checked="" type="checkbox"/>		<input type="checkbox"/>
69XX2	090	N	May 2021	13	Transcutaneous Passive Implant-Temporal Bone	N9	January 2022	10	AAOHNS	8.50	8.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
76881	XXX	F	Sep 2021	32	Neuromuscular Ultrasound	Z1	January 2022	11	AAN, AANEM, AAPM&R, ACR, ACRh, APMA	0.90	0.90		<input checked="" type="checkbox"/>		<input type="checkbox"/>
76882	XXX	R	Sep 2021	32	Neuromuscular Ultrasound	Z2	January 2022	11	AAN, AANEM, AAPM&R, ACR, ACRh, APMA	0.69	0.69		<input checked="" type="checkbox"/>		<input type="checkbox"/>
76942	XXX	R	May 2021	14	Somatic Nerve Injection Code Revisions	M22	October 2021	05	AAPM, AAPM&R, ACR, SIR, SIS AAPM&R	0.67	0.67	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
76XX0	XXX	N	Sep 2021	32	Neuromuscular Ultrasound	Z3	January 2022	11	AAN, AANEM, AAPM&R, ACR, ACRh	1.21	1.21		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
77002	ZZZ	R	May 2021	14	Somatic Nerve Injection Code Revisions	M23	October 2021	05	AAPM, AAPM&R, ACR, SIR, SIS AAPM&R	0.54	0.54	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
77003	ZZZ	R	May 2021	14	Somatic Nerve Injection Code Revisions	M24	October 2021	05	ACR, SIR, SIS	0.60	0.60	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>

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78803	XXX	R	May 2022	19	SPECT Services - Editorial Changes			Editorial					<input type="checkbox"/>		<input type="checkbox"/>
78830	XXX	R	May 2022	19	SPECT Services - Editorial Changes			Editorial					<input type="checkbox"/>		<input type="checkbox"/>
78831	XXX	R	May 2022	19	SPECT Services - Editorial Changes			Editorial					<input type="checkbox"/>		<input type="checkbox"/>
78832	XXX	R	May 2022	19	SPECT Services - Editorial Changes			Editorial					<input type="checkbox"/>		<input type="checkbox"/>
81445	XXX	R	Sep 2021	39	GPS-Neoplasm 81445-81455			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
81450	XXX	R	Sep 2021	39	GPS-Neoplasm 81445-81455			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
81455	XXX	R	Sep 2021	39	GPS-Neoplasm 81445-81455			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
814X1	XXX	N	Sep 2021	39	GPS-Neoplasm 81445-81455			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
814X2	XXX	N	Sep 2021	39	GPS-Neoplasm 81445-81455			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
814X3	XXX	N	Sep 2021	39	GPS-Neoplasm 81445-81455			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
814XX	XXX	N	Sep 2021	38	GSP-Inherited Bone Marrow Failure Syndrome (IBMFS)			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
84XXX	XXX	N	Sep 2021	42	Thiopurine Methyltransferase (TPMT) Enzyme Activity			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
86052	XXX	R	May 2022	22	APQ4 Antibody Testing - Screening versus Titer			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
86053	XXX	R	May 2022	22	APQ4 Antibody Testing - Screening versus Titer			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
86362	XXX	R	May 2022	27	MOG-IgG1 Antibody Testing - Screening versus Titer			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
86363	XXX	R	May 2022	27	MOG-IgG1 Antibody Testing - Screening versus Titer			CLFS					<input type="checkbox"/>		<input type="checkbox"/>
8X000	XXX	N	Sep 2021	41	GSP-Drug Metabolism			CLFS					<input type="checkbox"/>		<input type="checkbox"/>

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8X002	XXX	N	May 2022	26	Hep B Surface Antigen Immunoassay								<input type="checkbox"/>		<input type="checkbox"/>
8X004	YYY	N	May 2022	22	APQ4 Antibody Testing - Screening versus Titer		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X005	YYY	N	May 2022	22	APQ4 Antibody Testing - Screening versus Titer		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X007	YYY	N	May 2022	27	MOG-IgG1 Antibody Testing - Screening versus Titer		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X008	YYY	N	May 2022	27	MOG-IgG1 Antibody Testing - Screening versus Titer		CLFS						<input type="checkbox"/>		<input type="checkbox"/>
8X009	XXX	N	May 2022	30	Tick-Borne Organisms Detection by PCR								<input type="checkbox"/>		<input type="checkbox"/>
8X010	XXX	N	May 2022	30	Tick-Borne Organisms Detection by PCR								<input type="checkbox"/>		<input type="checkbox"/>
8X011	XXX	N	May 2022	30	Tick-Borne Organisms Detection by PCR								<input type="checkbox"/>		<input type="checkbox"/>
8X012	XXX	N	May 2022	30	Tick-Borne Organisms Detection by PCR								<input type="checkbox"/>		<input type="checkbox"/>
90460	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
90461	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
90462	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
90463	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
90464	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
90465	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
90466	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
90467	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
90468	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
90469	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
90470	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
90471	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
90472	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set			Editorial					<input type="checkbox"/>		<input type="checkbox"/>
90473	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set			Editorial					<input type="checkbox"/>		<input type="checkbox"/>
90474	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set			Editorial					<input type="checkbox"/>		<input type="checkbox"/>
90587	XXX	R	Sep 2021	49	Dengue Vaccine 2 - Dose Schedule			Vaccine					<input type="checkbox"/>		<input type="checkbox"/>
905XX	XXX	N	Sep 2021	49	Dengue Vaccine 2 - Dose Schedule			Vaccine					<input type="checkbox"/>		<input type="checkbox"/>
90739	XXX	R	Sep 2021	46	Hepatitis B Vaccine (HepB) - Revise 90739			Vaccine					<input type="checkbox"/>		<input type="checkbox"/>
90785	ZZZ	R	Sep 2021	EC-B	Psychiatry Paranthetical Revision			Editorial		0.33	0.33	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
908X0	ZZZ	D	Sep 2021	11	Prolonged Services – Psychotherapy			Deleted					<input type="checkbox"/>		<input type="checkbox"/>
91300	XXX	D	Aug 2023	01	FromSubjectReceive dSizeCategories Schofield, MarshaRe: COVID-19 New Administration Code12:19 PM241 KB			Deleted					<input type="checkbox"/>		<input type="checkbox"/>
91301	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set			Deleted					<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
91302	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91303	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91304	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91304	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
91305	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91306	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91307	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91308	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91309	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
91310	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91311	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91312	XXX	R	May 2023	01	SARS-CoV-2 Immunization Administration-Pfizer (Single Dose, 12 Years and Up)		Vaccine		AAFP, AAP, ACP, ANA				<input type="checkbox"/>		<input type="checkbox"/>
91312	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91313	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91313	XXX	R	May 2023	05	SARS-CoV-2 Immunization Administration-Moderna (Additional Dose, 12 years and older)		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
91314	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration-Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91314	XXX	R	May 2023	04	SARS-CoV-2 Immunization Administration-Moderna (1st and 2nd Dose, 6 months to 11 years)		Vaccine		AAFP, AAP, ANA				<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
91315	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91315	XXX	R	May 2023	02	SARS-CoV-2 Immunization Administration- Pfizer (Single Dose, 5-11 years)		Vaccine		AAFP, AAP, ANA				<input type="checkbox"/>		<input type="checkbox"/>
91316	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91316	XXX	R	May 2023	06	SARS-CoV-2 Immunization Administration- Moderna (Additional Dose, 6 months through 5 years)		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
91317	XXX	D	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Deleted						<input type="checkbox"/>		<input type="checkbox"/>
91317	XXX	R	May 2023	03	SARS-CoV-2 Immunization Administration- Pfizer (1st and 2nd Dose, 6 months to 4 years)		Vaccine		AAFP, AAP, ANA				<input type="checkbox"/>		<input type="checkbox"/>
91318	XXX	R	Sep 2023	:mail E	CPT Editorial Panel Executive Committee – Revision to Pfizer Covid-19 Vaccine Codes		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
91319	XXX	R	Sep 2023	:mail E	CPT Editorial Panel Executive Committee – Revision to Pfizer Covid-19 Vaccine Codes		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
92065	XXX	R	Feb 2021	35	Orthoptic Training	D1	April 2021	10	AAO, AOA	0.71	0.71		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
920XX	XXX	N	Feb 2021	35	Orthoptic Training	D2	April 2021	10	AAO, AOA				<input checked="" type="checkbox"/>	PE Only	<input checked="" type="checkbox"/>
92229	YYY	R	Feb 2022	25	Retinal Imaging – Revise 92229		Editorial			0.00	0.00	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
92284	XXX	R	May 2021	EC-M	Dark Adaptation Adaptation		Editorial			0.24	0.24	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93563	ZZZ	F	May 2021	36	Pulmonary Angiography	P1	October 2021	08	ACC, SCAI	1.11	1.11	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93564	ZZZ	F	May 2021	36	Pulmonary Angiography	P2	October 2021	08	ACC, SCAI	1.13	1.13	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93565	ZZZ	F	May 2021	36	Pulmonary Angiography	P3	October 2021	08	ACC, SCAI	0.86	0.86	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93566	ZZZ	F	May 2021	36	Pulmonary Angiography	P4	October 2021	08	ACC, SCAI	0.86	0.86	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93567	ZZZ	F	May 2021	36	Pulmonary Angiography	P5	October 2021	08	ACC, SCAI	0.97	0.97	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93568	ZZZ	R	May 2021	36	Pulmonary Angiography	P6	October 2021	08	ACC, SCAI	0.88	0.88	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93654	000	R	May 2022	EC-E	Parenthetical Revision (Cardiovasc) Ablation Error		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
93656	000	R	Feb 2022	EC-B	Parenthetical Revision (Cardio) – 93656 & 93662		Editorial			19.77	19.77	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93662	ZZZ	R	Feb 2022	EC-B	Parenthetical Revision (Cardio) – 93656 & 93662		Editorial			1.44	1.44	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
93XX0	ZZZ	N	May 2021	36	Pulmonary Angiography	P7	October 2021	08	ACC, SCAI	1.05	1.05		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
93XX1	ZZZ	N	May 2021	36	Pulmonary Angiography	P8	October 2021	08	ACC, SCAI	1.75	1.75		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
93XX2	ZZZ	N	May 2021	36	Pulmonary Angiography	P9	October 2021	08	ACC, SCAI	1.84	1.84		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
93XX3	ZZZ	N	May 2021	36	Pulmonary Angiography	P10	October 2021	08	ACC, SCAI	1.92	1.92		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
959XX	XXX	N	May 2021	27	Quantitative Pupillometry Services	Q1	October 2021	09	AAO, AAP	0.25	0.25		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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96158	XXX	R	Sep 2021	EC-D	Health Behavior Assessment and Intervention Paranthetical Revision		Editorial			1.45	1.45	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
96159	ZZZ	R	May 2022	EC-F	Parentetical Revision - Health Behavior Assessment		Editorial						<input checked="" type="checkbox"/>		<input type="checkbox"/>
96372	XXX	R	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
96X70	XXX	N	Feb 2021	39	Caregiver Behavior Management Training	E1	April 2021	11	AACAP, AND, APA (Psychology)	0.50	0.43		<input checked="" type="checkbox"/>		<input type="checkbox"/>
96X71	ZZZ	N	Feb 2021	39	Caregiver Behavior Management Training	E2	April 2021	11	AACAP, AND, APA (Psychology)	0.17	0.12		<input checked="" type="checkbox"/>		<input type="checkbox"/>
97150	XXX	R	May 2021	28	Therapeutic Procedures Work Hardening Therapeutic Procedures Work Hardening		Editorial			0.29	0.29	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
97545	XXX	R	May 2021	28	Therapeutic Procedures Work Hardening Therapeutic Procedures Work Hardening		Editorial			0.00	0.00	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
97546	XXX	R	May 2021	28	Therapeutic Procedures Work Hardening Therapeutic Procedures Work Hardening		Editorial			0.00	0.00	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
98975	XXX	R	Sep 2021	43	Cognitive Behavioral Therapy Monitoring	AA1	January 2022	12	AAP, ANA	0.00	0.00	Yes	<input checked="" type="checkbox"/>	PE Only, Affirmed January 2021 RUC Recommendation	<input checked="" type="checkbox"/>

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98976	XXX	F	Sep 2021	43	Cognitive Behavioral Therapy Monitoring	AA2	January 2022	12	AAP, ANA	0.00	0.00	Yes	<input checked="" type="checkbox"/>	PE Only, Affirmed January 2021 RUC Recommendation	<input checked="" type="checkbox"/>
98977	XXX	F	Sep 2021	43	Cognitive Behavioral Therapy Monitoring	AA3	January 2022	12	AAP, ANA	0.00	0.00	Yes	<input checked="" type="checkbox"/>	PE Only, Affirmed January 2021 RUC Recommendation	<input checked="" type="checkbox"/>
98980	XXX	F	Sep 2021	43	Cognitive Behavioral Therapy Monitoring	AA5	January 2022	12	AAP, ANA	0.62	0.62	Yes	<input checked="" type="checkbox"/>	Affirmed January 2021 RUC recommendation	<input checked="" type="checkbox"/>
98981	ZZZ	F	Sep 2021	43	Cognitive Behavioral Therapy Monitoring	AA6	January 2022	12	AAP, ANA	0.61	0.61	Yes	<input checked="" type="checkbox"/>	Affirmed January 2021 RUC recommendation	<input checked="" type="checkbox"/>
989X6	XXX	N	Sep 2021	43	Cognitive Behavioral Therapy Monitoring	AA4	January 2022	12	APA (Psychiatric), APA (Psychological)				<input checked="" type="checkbox"/>	PE Only, Contractor Price	<input checked="" type="checkbox"/>
99217	XXX	D	Feb 2021	06	Inpatient and Observation Care Services		January 2022	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99218	XXX	D	Feb 2021	06	Inpatient and Observation Care Services		January 2022	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99219	XXX	D	Feb 2021	06	Inpatient and Observation Care Services		January 2022	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99220	XXX	D	Feb 2021	06	Inpatient and Observation Care Services		January 2022	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>

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99221	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F1	January 2022	13	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACOG, ACP, ACS, AGS, ANA, ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, IDSA, NASS, SAGES, SHM, STS, SVS	1.92	1.63	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
99222	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F2	January 2022	13	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACOG, ACP, ACS, AGS, ANA, ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, IDSA, NASS, SAGES, SHM, STS, SVS	2.61	2.60	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
99223	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F3	January 2022	13	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACOG, ACP, ACS, AGS, ANA, ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, IDSA, NASS, SAGES, SHM, STS, SVS	3.86	3.50	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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99224	XXX	D	Feb 2021	06	Inpatient and Observation Care Services		January 2022	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99225	XXX	D	Feb 2021	06	Inpatient and Observation Care Services		January 2022	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99226	XXX	D	Feb 2021	06	Inpatient and Observation Care Services		January 2022	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99231	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F4	January 2022	13	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACOG, ACP, ACS, AGS, ANA, ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, IDSA, NASS, SAGES, SHM, STS, SVS	1.00	1.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99232	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F5	January 2022	13	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACOG, ACP, ACS, AGS, ANA, ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, IDSA, NASS, SAGES, SHM, STS, SVS	1.59	1.59		<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99233	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F6	January 2022	13	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACOG, ACP, ACS, AGS, ANA, ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, IDSA, NASS, SAGES, SHM, STS, SVS	2.40	2.40		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99234	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F7	January 2022	13	AAHPM, AAN, AAOS, AAP, AATS, ACC, ACOG, ACP, AGS, ANA, ATS, CHEST, IDSA, NASS, SHM, STS	2.56	2.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99235	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F8	January 2022	13	AAHPM, AAN, AAOS, AAP, AATS, ACC, ACOG, ACP, AGS, ANA, ATS, CHEST, IDSA, NASS, SHM, STS	3.24	3.24	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99236	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F9	January 2022	13	AAHPM, AAN, AAOS, AAP, AATS, ACC, ACOG, ACP, AGS, ANA, ATS, CHEST, IDSA, NASS, SHM, STS	4.30	4.30		<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99238	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F10	January 2022	13	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACOG, ACP, ACS, AGS, ANA, ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, IDSA, NASS, SAGES, SHM, STS, SVS	1.50	1.50	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
99239	XXX	R	Feb 2021	06	Inpatient and Observation Care Services	F11	January 2022	13	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACOG, ACP, ACS, AGS, ANA, ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, IDSA, NASS, SAGES, SHM, STS, SVS	2.15	2.15	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
99241	XXX	D	Feb 2021	07	Consultations		October 2021	14				<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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99242	XXX	R	Feb 2021	07	Consultations	G1	October 2021	12	AADA, AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACG/AGA/ASGE, ACNM, ACOG, ACRh, ACS, APA (psychiatry), ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, NASS, SNMMI, STS, SVS	1.08	1.08	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
99243	XXX	R	Feb 2021	07	Consultations	G2	October 2021	12	AADA, AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACG/AGA/ASGE, ACNM, ACOG, ACRh, ACS, APA (psychiatry), ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, NASS, SNMMI, STS, SVS	1.80	1.80	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

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99244	XXX	R	Feb 2021	07	Consultations	G3	October 2021	12	AADA, AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACG/AGA/ASGE, ACNM, ACOG, ACRh, ACS, APA (psychiatry), ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, NASS, SNMMI, STS, SVS	2.80	2.69	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
99245	XXX	R	Feb 2021	07	Consultations	G4	October 2021	12	AADA, AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACG/AGA/ASGE, ACNM, ACOG, ACRh, ACS, APA (psychiatry), ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, NASS, SNMMI, STS, SVS	3.75	3.75	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
99251	XXX	D	Feb 2021	07	Consultations		January 2022	14				<input checked="" type="checkbox"/>		<input type="checkbox"/>	

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99252	XXX	R	Feb 2021	07	Consultations	G5	January 2022	14	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACG/AGA/AS GE, ACNM, ACOG, ACR _h , ACS, APA (psychiatry), ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, NASS, SAGES, SNMMI, STS, SVS	1.50	1.50	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99253	XXX	R	Feb 2021	07	Consultations	G6	January 2022	14	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACG/AGA/AS GE, ACNM, ACOG, ACR _h , ACS, APA (psychiatry), ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, NASS, SAGES, SNMMI, STS, SVS	2.00	2.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99254	XXX	R	Feb 2021	07	Consultations	G7	January 2022	14	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACG/AGA/ASGE, ACNM, ACOG, ACRh, ACS, APA (psychiatry), ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, NASS, SAGES, SNMMI, STS, SVS	3.00	2.72		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99255	XXX	R	Feb 2021	07	Consultations	G8	January 2022	14	AAHPM, AAN, AANS, AAOS, AAP, AATS, ACC, ACG/AGA/ASGE, ACNM, ACOG, ACRh, ACS, APA (psychiatry), ASCO, ASCRS (colon), ASSH, ATS, CHEST, CNS, NASS, SAGES, SNMMI, STS, SVS	4.00	3.86		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99281	XXX	R	Feb 2021	08	Emergency Department Services	H1	April 2021	12	AAP, ACEP, ANA	0.25	0.25		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99282	XXX	R	Feb 2021	08	Emergency Department Services	H2	April 2021	12	AAP, ACEP, ANA	0.93	0.93	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99283	XXX	R	Feb 2021	08	Emergency Department Services	H3	April 2021	12	AAP, ACEP, ANA	1.60	1.60	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99284	XXX	R	Feb 2021	08	Emergency Department Services	H4	April 2021	12	AAP, ACEP, ANA	2.74	2.60		<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99285	XXX	R	Feb 2021	08	Emergency Department Services	H5	April 2021	12	AAP, ACEP, ANA	4.00	4.00	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99304	XXX	R	Feb 2021	09	Nursing Facility Services	11	April 2021	13	AAPM&R, ACP, AGS, AMDA, ANA, APMA (99304 only)	1.60	1.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99305	XXX	R	Feb 2021	09	Nursing Facility Services	12	April 2021	13	AAPM&R, ACP, AGS, AMDA, ANA, APMA (99304 only)	2.50	2.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99306	XXX	R	Feb 2021	09	Nursing Facility Services	13	April 2021	13	AAPM&R, ACP, AGS, AMDA, ANA, APMA (99304 only)	3.50	3.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99307	XXX	R	Feb 2021	09	Nursing Facility Services	14	April 2021	13	AAPM&R, ACP, AGS, AMDA, ANA, APMA (99304 only)	0.70	0.70		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99308	XXX	R	Feb 2021	09	Nursing Facility Services	15	April 2021	13	AAPM&R, ACP, AGS, AMDA, ANA, APMA (99304 only)	1.30	1.30		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99309	XXX	R	Feb 2021	09	Nursing Facility Services	16	April 2021	13	AAPM&R, ACP, AGS, AMDA, ANA, APMA (99304 only)	1.92	1.92		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99310	XXX	R	Feb 2021	09	Nursing Facility Services	17	April 2021	13	AAPM&R, ACP, AGS, AMDA, ANA, APMA (99304 only)	2.80	2.80		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99315	XXX	R	May 2022	67	E/M Additional Cleanup		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
99315	XXX	F	May 2021	09	Nursing Facility Discharge Day Management Services	18	October 2021	11	AAPM&R, ACP, AGS, AMDA, ANA	1.50	1.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99316	XXX	R	May 2022	67	E/M Additional Cleanup		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
99316	XXX	F	May 2021	09	Nursing Facility Discharge Day Management Services	I9	October 2021	11	AAPM&R, ACP, AGS, AMDA, ANA	2.50	2.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99318	XXX	D	Feb 2021	09	Nursing Facility Services		April 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99324	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99325	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99326	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99327	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99328	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99334	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99335	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99336	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99337	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99339	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99340	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99341	XXX	R	Feb 2021	10	Home and Residence Services	J1	October 2021	13	AAHPM, AGS, ANA, APMA	1.50	1.00		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99342	XXX	R	Feb 2021	10	Home and Residence Services	J2	October 2021	13	AAHPM, AGS, ANA, APMA	2.00	1.65		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99343	XXX	D	Feb 2021	10	Home and Residence Services		October 2021	13					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99344	XXX	R	Feb 2021	10	Home and Residence Services	J3	October 2021	13	AAHPM, AGS, ANA	3.50	2.87		<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99345	XXX	R	Feb 2021	10	Home and Residence Services	J4	October 2021	13	AAHPM, AGS, ANA	4.00	3.88		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99347	XXX	R	Feb 2021	10	Home and Residence Services	J5	October 2021	13	AAHPM, AGS, ANA, APMA	1.30	0.90		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99348	XXX	R	Feb 2021	10	Home and Residence Services	J6	October 2021	13	AAHPM, AGS, ANA, APMA	1.92	1.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99349	XXX	R	Feb 2021	10	Home and Residence Services	J7	October 2021	13	AAHPM, AGS, ANA	2.70	2.44		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99350	XXX	R	Feb 2021	10	Home and Residence Services	J8	October 2021	13	AAHPM, AGS, ANA	3.55	3.60		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99354	ZZZ	D	Feb 2021	11	Prolonged Services – with Direct Patient Contact Prolonged Service on Date Other Than the Face-to-Face E/M Service Without Direct Patient Contact		January 2022	15					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99355	ZZZ	D	Feb 2021	11	Prolonged Services – with Direct Patient Contact Prolonged Service on Date Other Than the Face-to-Face E/M Service Without Direct Patient Contact		January 2022	15					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99356	ZZZ	D	Feb 2021	11	Prolonged Services – with Direct Patient Contact Prolonged Service on Date Other Than the Face-to-Face E/M Service Without Direct Patient Contact		January 2022	15					<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99357	ZZZ	D	Feb 2021	11	Prolonged Services – with Direct Patient Contact Prolonged Service on Date Other Than the Face-to-Face E/M Service Without Direct Patient Contact		January 2022	15					<input checked="" type="checkbox"/>		<input type="checkbox"/>
99358	XXX	F	Feb 2021	11	Prolonged Services – with Direct Patient Contact Prolonged Service on Date Other Than the Face-to-Face E/M Service Without Direct Patient Contact	K1	October 2021	14	AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS	1.80	1.80		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99359	ZZZ	F	Feb 2021	11	Prolonged Services – with Direct Patient Contact Prolonged Service on Date Other Than the Face-to-Face E/M Service Without Direct Patient Contact	K2	October 2021	14	AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS	1.00	0.75		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99368	XXX	R	May 2022	66	PCM - EC Issue		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
993X0	ZZZ	N	Feb 2021	11	Prolonged Services - On the Date of an E/M	K6	January 2022	15	AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, SHM, STS	0.81	0.81		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99415	ZZZ	F	Feb 2021	11	Prolonged Services - Clinical Staff Services (PE Only)	K3	April 2021	15	AAHPM, AAP, ACP, AGS, ANA, ASCO, ATS, CHEST, SVS	0.00	0.00		<input checked="" type="checkbox"/>	PE Only	<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99416	ZZZ	F	Feb 2021	11	Prolonged Services - Clinical Staff Services (PE Only)	K4	April 2021	15	AAHPM, AAP, ACP, AGS, ANA, ASCO, ATS, CHEST, SVS	0.00	0.00		<input checked="" type="checkbox"/>	PE Only	<input type="checkbox"/>
99417	ZZZ	R	Feb 2021	11	Prolonged Services - On the Date of an E/M	K5	January 2022	15	AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS	0.61	0.61		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99424	XXX	R	May 2022	66	PCM - EC Issue		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
99425	ZZZ	R	May 2022	66	PCM - EC Issue		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
99426	XXX	R	May 2022	66	PCM - EC Issue		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
99427	ZZZ	R	May 2022	66	PCM - EC Issue		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
99446	XXX	R	May 2021	06	Non-Face-to-Face Interprofessional Consultations		Editorial			0.35	0.35	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99447	XXX	R	May 2021	06	Non-Face-to-Face Interprofessional Consultations		Editorial			0.70	0.70	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99448	XXX	R	May 2021	06	Non-Face-to-Face Interprofessional Consultations		Editorial			1.05	1.05	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99449	XXX	R	May 2021	06	Non-Face-to-Face Interprofessional Consultations		Editorial			1.40	1.40	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99451	XXX	R	May 2021	06	Non-Face-to-Face Interprofessional Consultations		Editorial			0.70	0.70	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99464	YYY	R	Feb 2022	6	Delivery Room 99464, 99465 Parenthetical Revisions		Editorial			1.50	1.50	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>
99465	YYY	R	Feb 2022	6	Delivery Room 99464, 99465 Parenthetical Revisions		Editorial			2.93	2.93	Yes	<input checked="" type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99483	XXX	R	Feb 2021	11	Cognitive Assessment and Care Plan Services	L1	April 2021	16	AAN, ACP, AGS	3.80	3.50		<input checked="" type="checkbox"/>		<input type="checkbox"/>
99495	XXX	R	May 2022	67	E/M Additional Cleanup		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
99496	XXX	R	May 2022	67	E/M Additional Cleanup		Editorial						<input type="checkbox"/>		<input type="checkbox"/>
9X018	XXX	N	May 2022	42	Respiratory Syncytial Virus Vaccine		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
9X096	XXX	N	Feb 2023	21	Respiratory Syncytial Virus Adjuvanted		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
9X112	XXX	N	Sep 2023	42	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration		September 2023	19	AAP	0.24	0.24		<input type="checkbox"/>		<input checked="" type="checkbox"/>
9X130	XXX	N	Sep 2023	42	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration		September 2023	19	AAP	0.17	0.17		<input type="checkbox"/>		<input checked="" type="checkbox"/>
9XXX1	XXX	N	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
9XXX2	XXX	N	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
9XXX3	XXX	N	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
9XXX4	XXX	N	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
9XXX5	XXX	N	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set		Vaccine						<input type="checkbox"/>		<input type="checkbox"/>
9XXX6	XXX	N	Aug 2023	01	SARS-CoV-2 Immunization Administration- Moderna & Pfizer Revised Code Set	DD1	September 2023	18	AAP, ACOG	0.25	0.25		<input type="checkbox"/>		<input checked="" type="checkbox"/>
G2170	YYY	D	Sep 2021	23	Percutaneous Arteriovenous Fistula Creation		January 2022	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
G2171	YYY	D	Sep 2021	23	Percutaneous Arteriovenous Fistula Creation		January 2022	06					<input checked="" type="checkbox"/>		<input type="checkbox"/>
X012T	YYY	N	Feb 2022	29	Category III – Biomechanical CT with Vertebral Fracture Assessment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X015T	YYY	N	Feb 2022	31	Category III – Cardiac Functional Radioablation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X017T	YYY	N	Feb 2022	31	Category III – Cardiac Functional Radioablation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X018T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X019T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X020T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X021T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X022T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X023T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X024T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X025T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X026T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X027T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X028T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X029T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X030T	YYY	N	May 2022	44	Category III - Digital Pathology		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X031T	YYY	N	May 2022	61	Category III – Digital X-Ray Radiogrammetry (DXR-BMD) for Bone Density Assessment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X032T	YYY	N	May 2022	61	Category III – Digital X-Ray Radiogrammetry (DXR-BMD) for Bone Density Assessment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X034T	YYY	N	May 2022	50	Category III – Dorsal Sacroiliac Joint Arthrodesis		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X039T	YYY	N	May 2022	51	Category III – Mechanical Hypothermic Management		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X040T	YYY	N	May 2022	62	Category III – Transcutaneous Auricular Neurostimulation		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X041T	YYY	N	May 2022	56	Category III – Rectal Administration of Biotherapeutic Agent		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X043T	YYY	N	May 2022	60	Category III - Indirect Bronchoscopic Delivery of Radiofrequency Energy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X044T	YYY	N	May 2022	45	Category III - AI Analysis for Cardiac Function Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X045T	YYY	N	May 2022	45	Category III - AI Analysis for Cardiac Function Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X048T	YYY	N	May 2022	53	Category III - AI Assisted Epidural Placement		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X050T	YYY	N	May 2022	47	Category III - Virtual Reality - Meditated Therapy		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X051T	YYY	N	May 2022	48	Category III - Virtual Reality (VR) Procedural Dissociation Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X052T	YYY	N	May 2022	48	Category III - Virtual Reality (VR) Procedural Dissociation Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X053T	YYY	N	May 2022	48	Category III - Virtual Reality (VR) Procedural Dissociation Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X054T	YYY	N	May 2022	48	Category III - Virtual Reality (VR) Procedural Dissociation Services		Cat III						<input type="checkbox"/>		<input type="checkbox"/>
X055T	YYY	N	May 2022	54	Category III - Computer-Based Musculoskeletal Assessment		Cat III						<input type="checkbox"/>		<input type="checkbox"/>

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
X060T	YYY	N	May 2022	46	Category III - Transcutaneous Magnetic Nerve Stimulation			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X061T	YYY	N	May 2022	46	Category III - Transcutaneous Magnetic Nerve Stimulation			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X062T	YYY	N	May 2022	46	Category III - Transcutaneous Magnetic Nerve Stimulation			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X063T	YYY	N	May 2022	46	Category III - Transcutaneous Magnetic Nerve Stimulation			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X069T	YYY	N	May 2022	55	Category III - Non-Invasive GI Myoelectrical Measurement			Cat III					<input type="checkbox"/>		<input type="checkbox"/>
X083T	YYY	N	May 2022	60	Category III - Indirect Bronchoscopic Delivery of Radiofrequency Energy			Cat III					<input type="checkbox"/>		<input type="checkbox"/>

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

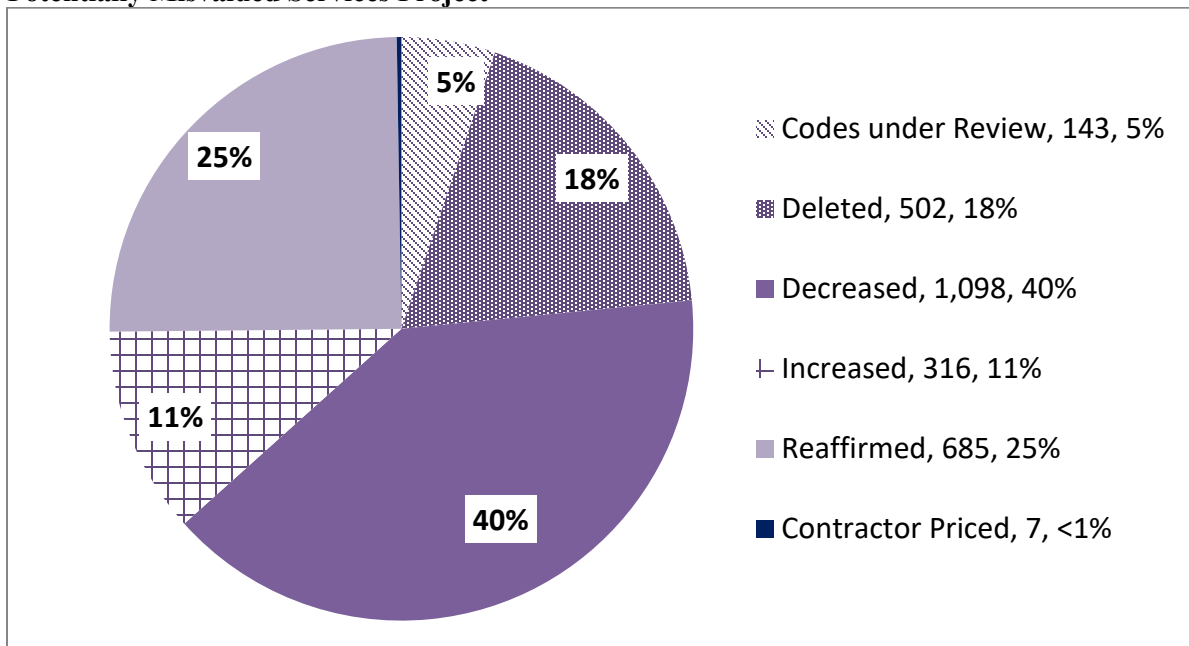
CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	CMS/Other Source Utilization Over 100,000	Codes Reported Together 75% or More	High Volume Growth	New Technology/ New Services	Site of Service Anomaly
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker	12	Maintain (7.80) and Review in 3 years (Sept 2026).					X
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker	12	Maintain (8.59) and Review in 3 years (Sept 2026).					X
76981	Ultrasound, elastography; parenchyma (eg, organ)	Ultrasound Elastography	13	0.59				X	
76982	Ultrasound, elastography; first target lesion	Ultrasound Elastography	13	0.59				X	
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	Ultrasound Elastography	13	0.47				X	
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	CT Guidance Needle Placement	14	1.50	X	X			
G0442	Annual alcohol misuse screening, 5 to 15 minutes	Annual Alcohol Screening	15	0.18			X		
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Annual Alcohol Screening	15	0.63			X		
G0444	Annual depression screening, 5 to 15 minutes	Annual Depression Screening	16	0.18	X		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	17	0.45			X		
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	Behavioral Counseling/Therapy	17	0.45	X		X		
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	Behavioral Counseling/Therapy	17	0.45	X		X		

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified over 2,700 services through over 20 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the “new technology” list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, has examined 2,751 potentially misvalued services. The RUC has reviewed approximately 97% of the Medicare Physician Payment Schedule allowed charges. Codes that have not been reviewed are low volume and represent a minimal amount of allowed charges. The RUC via its potentially misvalued services review has recommended reductions and deletions to 1,600 services, redistributing \$5 billion annually. Below are the outcomes of the committee’s review.

Potentially Misvalued Services Project



Source: American Medical Association

New Technology

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

with the list, which currently contains 828 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 265 services every April after three years of Medicare claims data is available for each service.

Methodology Improvements

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

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

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

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

Site of Service Anomalies

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

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

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

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

The RUC will reassess the data each year going forward to determine if any new site of service anomalies arise. In 2015, the RUC identified three services in which the Medicare data from 2011-2013 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation

and Management services within the global period. These services were referred to CPT and recommendations were submitted to CMS for the 2018 Medicare Physician Payment Schedule. In 2016, the RUC identified one site of service anomaly CPT code and submitted the recommendation to CMS for the 2019 Medicare Physician Payment Schedule. In 2017, the RUC identified one site of service anomaly CPT code which was revised at the CPT Editorial Panel and the RUC submitted recommendations for the 2020 Medicare Physician Payment Schedule.

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

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

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

In 2023, the RUC identified one code with Medicare data from 2019-2021 indicating it was performed less than 50% of the time in the inpatient setting, yet included inpatient hospital Evaluation and Management services within the global period and 2021 Medicare utilization over 10,000. This service was also identified as reported with another code 75% of the time or more, therefore, the RUC recommended that this service be surveyed after any code bundling solution occurs at CPT. The RUC also identified two services with Medicare data from 2019-2021 and utilization over 10,000 in which the service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. The RUC submitted one recommendation for the 2025 Medicare Physician Payment Schedule and will review it again in three years. The RUC will examine the remaining service for the 2026 Medicare Physician Payment Schedule.

High Volume Growth

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

The RUC recommended removing 15 services from the screen as the volume growth did not impact the resources required to provide these services. The CPT® Editorial Panel deleted 34 codes. The RUC submitted 44 recommendations to CMS for services for the 2012-2017 Medicare Physician Payment

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

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 62 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The RUC referred one issue to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted ten codes and the RUC submitted recommendations for 48 services for the 2015-2019 and 2023 Medicare Physician Payment Schedules.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 31 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review one service after additional utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 17 services for the 2017-2020 Medicare Physician Payment Schedules.

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

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

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

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

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

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

CMS Fastest Growing

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

The RUC recommended removing 27 services from the screen as the volume growth did not impact the resources required to provide the service. The CPT® Editorial Panel deleted 43 codes. The RUC submitted 41 recommendations to CMS for the 2012-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

High IWPOT

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 (IWPOT) 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 IWPOT was considered appropriate. The RUC completed review of services under this screen.

Services Surveyed by One Specialty – Now Performed by a Different Specialty

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

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

In October 2019, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified, one was deleted by CPT Editorial Panel and other was referred to develop a CPT Assistant article for education. The RUC completed review of services under this screen.

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

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

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

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

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

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

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

In October 2020, the RUC ran this service on Harvard valued services with 2019e Medicare utilization over 30,000 and one service was identified. The RUC submitted a recommendation for this service for the 2023 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Medicare Allowed Charges >\$10 million

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

CMS/Other

Utilization over 500,000

In April 2011, the RUC identified 410 codes with a source of “CMS/Other.” CMS/Other codes are services which were not reviewed by the Harvard studies or the RUC and were either gap filled, most often via crosswalk by CMS or were part of a radiology fee schedule. “CMS/Other” source codes would not have been flagged in the Harvard only screens, therefore the RUC recommended that a list of all CMS/Other codes be developed and reviewed. The RUC established the threshold for CMS/Other source codes with Medicare utilization of 500,000 or more, which resulted in 19 codes. The RUC expanded this screen to 21 services to include the proper family of services. The RUC removed one service from the screen. The CPT® Editorial Panel deleted three services. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules and one service for the 2023 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Utilization over 250,000

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

Utilization over 100,000

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

Utilization over 30,000

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

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

Utilization over 20,000

In October 2019, the RUC lowered the threshold for this screen of CMS/Other source codes with 2018e Medicare utilization over 20,000, which resulted in nine services and expanded to 16 to include the family of services. The RUC removed one code from the screen. The CPT Editorial Panel deleted five codes.

The RUC submitted recommendations for 10 services for the 2021-2024 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

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

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

Bundled CPT® Services

Reported 95% or More Together

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

Reported 75% or More Together

In February 2010, the Workgroup continued review of services provided on the same day by the same provider, this time lowering the threshold to 75% or more together. The Relativity Assessment Workgroup again analyzed the Medicare claims data and found 151 code pairs which met the threshold. The Workgroup then collected these code pairs into similar “groups” to ensure that the entire family of services would be coordinated under one code bundling proposal. The grouping effort resulted in 20 code groups, totaling 80 codes, and were sent to specialty societies to solicit action plans for consideration at the April 2010 RUC meeting. Resulting from the Relativity Assessment Workgroup review, 81 additional codes were added for review as part of the family of services to ensure duplication of work and practice expense was mitigated throughout the entire set of services. Of the 161 total codes under review, the CPT® Editorial Panel deleted 35 individual component codes and replaced the component coding with 126 new and/or revised codes that described the bundles of services. The RUC completed review of all services under this screen.

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its second cycle of analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 30 code pair groups and recommended code bundling for 64 individual codes. In October 2012, the CPT® Editorial Panel started the review of code bundling solutions. Of the 153 total codes under review, the CPT® Editorial Panel deleted 50 services. The RUC has submitted 103 code recommendations for the 2014-2019 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In January and April 2015, the Joint CPT/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its third cycle analysis of code pairs reported together with 75% or greater frequency. The Workgroup reviewed 8 code pair groups and recommended code bundling for 18 individual codes. In October 2015, the CPT Editorial Panel started review of the code bundling solutions.

Of the 75 total codes under review, the CPT Editorial Panel deleted 26 services. The RUC reviewed two services after additional data was obtained and determined that they be maintained. The RUC submitted 47 code recommendations for the 2017-2019 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In October 2017 the Relativity Assessment Workgroup performed the fourth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria four groups or 8 codes were identified. The Relativity Assessment Workgroup determined two groups totaling four codes require code bundling solutions. Of the 12 total codes under review, the CPT Editorial Panel deleted one service. The RUC submitted 11 code recommendations for the 2020 and 2021 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In April 2022, the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 19 code pairs were identified, which was expanded to 23 services to include families of services. The RUC removed five services from this screen, as these services are distinct separate services that do not warrant bundling. The RUC referred six services to CPT Assistant for correct coding guidance, and referred 11 services to the CPT Editorial Panel for code bundling solutions. The remaining service will be reviewed by the Relativity Assessment Workgroup when additional utilization data is available.

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

Low Value/Billed in Multiple Units

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

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

Low Value/High Volume Codes

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

Multi-Specialty Points of Comparison List

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

CMS High Expenditure Procedural Codes

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

The RUC reviewed the 70 services identified and expanded the list to 145 services to include additional codes as part of the family. The CPT® Editorial Panel deleted 20 codes. The RUC submitted 125 recommendations to CMS for the 2013-2019 Medicare Physician Payment Schedules. The RUC completed review of services under the first iteration of this screen.

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

The RUC expanded the list of services to 238 services to include additional codes as part of the family. The CPT Editorial Panel deleted 30 codes. The RUC submitted 208 recommendations to CMS for the 2017-2019 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Services with Stand-Alone PE Procedure Time

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

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 IWP/UT

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

Contractor Priced with High Volume

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

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

CPT Modifier -51 Exempt List

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

High Volume Category III Codes

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

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

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

PE Units Screen

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

Public Comment Requests

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

Final Rule for 2013

In the Final Rule for the 2013 Medicare Physician Payment Schedule, the public and CMS identified 35 potentially misvalued services, which was expanded to 39 services to include the entire code family. The RUC reviewed these services and recommended that eight services be removed from review as two G-codes lacked specialty society interest and six services are not potentially misvalued since there is no reliable way to determine an incremental difference from open thoracotomy to thorascopic procedures. The CPT Editorial Panel deleted two services. The RUC submitted recommendations for 29 services for the 2014-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2014

CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and appropriate families, totaling 90 services. The CPT[®] Editorial Panel deleted 11 services. The RUC submitted recommendations to CMS for 79 services for the 2015-2018 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2015

In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 53 services to include additional codes as part of this family. The CPT Editorial Panel deleted 16 services. The RUC submitted 37 recommendations for the 2016-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2016

In the Final Rule for 2016 the public and CMS nominated 25 services as potentially misvalued, which the RUC expanded to 53 services to include an additional code as part of the family. The CPT Editorial Panel deleted eight services. The RUC submitted 45 recommendations for the 2017-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2017

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

Final Rule for 2018

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

Final Rule for 2019

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

Final Rule for 2020

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

Final Rule for 2021

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

Final Rule for 2022

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

Final Rule for 2023

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

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*	2,751
<i>Codes Completed</i>	2,608
Work and PE Maintained	685
Work Increased	316
Work Decreased	918
Direct Practice Expense Revised (beyond work changes)	180
Deleted from CPT®	498
Requested CMS delete G code	4
Contractor Priced	7
<i>Codes Under Review</i>	143
Referred to CPT® Editorial Panel or CPT Assistant	71
RUC to Review for <i>CPT 2025</i>	26
RUC to review future review after additional data obtained	46

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

The RUC's efforts for 2009-2023 have resulted in more than \$5 billion in annual redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2022 **2021 Medicare Utilization:** 32,146 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:**

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

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

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2021 Medicare Utilization:** 29,379 **2023 Work RVU:** 7.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Remove from Screen

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

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

Most Recent RUC Meeting: October 2020 **Tab:** 13 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2021 Medicare Utilization:** 97,493 **2023 Work RVU:** 10.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** RAW **Screen:** High Volume Category III 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
Result:

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

0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on ct/mri images (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** RAW **Screen:** High Volume Category III 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
Result:

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

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

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2021 Medicare Utilization:** 60,260

2023 Work RVU: 15.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2021 Medicare Utilization:** 1,082,677 **2023 Work RVU:** 5.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Maintain

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

00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ercp) **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2021 Medicare Utilization:** 95,856 **2023 Work RVU:** 6.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Increase

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

00740 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum **Global:** **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **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** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

00810 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum **Global:** **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: July 2015 **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 September 2016
Referred to CPT Asst **Published in CPT Asst:**

00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: September 2016 **2021 Medicare Utilization:** 1,059,171

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

RUC Recommendation: 4 base units

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

00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: September 2016 **2021 Medicare Utilization:** 500,444

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

RUC Recommendation: 3 base units

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

00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum **Global:** XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: September 2016 **2021 Medicare Utilization:** 507,450

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

RUC Recommendation: 5 base units

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

Status Report: CMS Requests and Relativity Assessment Issues

00918 Anesthesia for transurethral procedures (including urethrocytoscopy); 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
Result: Remove from Screen

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

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

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 2,482 **2023 Work RVU:** 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Maintain

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

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

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2021 Medicare Utilization:** 44,007 **2023 Work RVU:** 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Maintain

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2021 Medicare Utilization:** 57,554 **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

01930 Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified **Global:** XXX **Issue:** Anesthesia for Interventional Radiology **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASA

First Identified: February 2008 **2021 Medicare Utilization:** 14,318

2023 Work RVU: 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

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

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

First Identified: January 2021 **2021 Medicare Utilization:** 21,981

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

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

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

First Identified: October 2016 **2021 Medicare Utilization:** 265,058

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: January 2021

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

First Identified: January 2021

2021 Medicare Utilization:

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

RUC Recommendation: 4

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

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

Most Recent RUC Meeting: January 2021

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

First Identified: January 2021

2021 Medicare Utilization:

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

RUC Recommendation: 4

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

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

Most Recent RUC Meeting: January 2021

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

First Identified: January 2021

2021 Medicare Utilization:

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

RUC Recommendation: 4

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 4.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Decrease

RUC Recommendation: 4 **Referred to CPT** October 2020 **Referred to CPT Asst** **Published in CPT Asst:**

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Increase

RUC Recommendation: 6 **Referred to CPT** October 2020 **Referred to CPT Asst** **Published in CPT Asst:**

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 5.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Increase

RUC Recommendation: 6 **Referred to CPT** October 2020 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, AAPM&R, NASS **First Identified:** April 2022 **2021 Medicare Utilization:** 2,835

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **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
Result: Maintain

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

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

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 1,305

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2021 Medicare Utilization:** 10,561 **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

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

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

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2021 Medicare Utilization:** 51

2023 Work RVU: 1.14
2023 NF PE RVU: 93.00
2023 Fac PE RVU: 0.45
Result: Contractor Price

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2021 Medicare Utilization:** 19 **2023 Work RVU:** 1.34 **2023 NF PE RVU:** 1.52 **2023 Fac PE RVU:** 0.53 **Result:** Contractor Price

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2021 Medicare Utilization:** 43 **2023 Work RVU:** 1.91 **2023 NF PE RVU:** 91.72 **2023 Fac PE RVU:** 0.76 **Result:** Contractor Price

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2021 Medicare Utilization:** 3,088 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2021 Medicare Utilization:** 1 **2023 Work RVU:** 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Maintain

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

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

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2022 **2021 Medicare Utilization:** 5,605 **2023 Work RVU:** 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result:

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

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

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

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 5,528 **2023 Work RVU:** 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Contractor Price

RUC Recommendation: Contractor Price

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

10004 Fine needle aspiration biopsy, without imaging guidance; each additional lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2021 Medicare Utilization:** 287

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

RUC Recommendation: 0.80

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

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

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

First Identified: June 2017 **2021 Medicare Utilization:** 128,051

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

RUC Recommendation: 1.63

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

Status Report: CMS Requests and Relativity Assessment Issues

10006 Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2021 Medicare Utilization:** 30,901 **2023 Work RVU:** 1.00 **2023 NF PE RVU:** 0.69 **2023 Fac PE RVU:** 0.38 **Result:** Decrease

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

10007 Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion **Global:** XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2021 Medicare Utilization:** 429 **2023 Work RVU:** 1.81 **2023 NF PE RVU:** 6.90 **2023 Fac PE RVU:** 0.62 **Result:** Decrease

RUC Recommendation: 1.81 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

10008 Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2021 Medicare Utilization:** 29 **2023 Work RVU:** 1.18 **2023 NF PE RVU:** 2.96 **2023 Fac PE RVU:** 0.20 **Result:** Decrease

RUC Recommendation: 1.18 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10009 Fine needle aspiration biopsy, including ct guidance; first lesion **Global:** XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2021 Medicare Utilization:** 2,883 **2023 Work RVU:** 2.26
2023 NF PE RVU: 10.59
2023 Fac PE RVU: 0.74
Result: Decrease

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

10010 Fine needle aspiration biopsy, including ct guidance; each additional lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2021 Medicare Utilization:** 53 **2023 Work RVU:** 1.65
2023 NF PE RVU: 5.32
2023 Fac PE RVU: 0.28
Result: Decrease

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

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

Most Recent RUC Meeting: January 2018 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2021 Medicare Utilization:** 64 **2023 Work RVU:** 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Contractor Price

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: January 2018 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2021 Medicare Utilization:** 34 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Contractor Price

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 21 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2021 Medicare Utilization:** 12,848 **2023 Work RVU:** 1.03 **2023 NF PE RVU:** 1.88 **2023 Fac PE RVU:** 0.46 **Result:** Decrease

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

10022 Fine needle aspiration; with imaging guidance **Global:** **Issue:** Fine Needle Aspiration **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **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** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

10030 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012

2021 Medicare Utilization: 7,984

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

RUC Recommendation: 3.00

Referred to CPT October 2012

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

10040 Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) **Global:** 010 **Issue:** Acne Surgery **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 13 **Specialty Developing Recommendation:** AAD

First Identified: October 2015

2021 Medicare Utilization: 41,148

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

RUC Recommendation: 0.91

Referred to CPT

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

10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single **Global:** 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 07 **Specialty Developing Recommendation:** APMA

First Identified: February 2010

2021 Medicare Utilization: 297,751

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

RUC Recommendation: 1.50

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

10061 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple **Global:** 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA

First Identified: October 2009 **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:** **Result:** Deleted from CPT

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

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:** **Result:** Deleted from CPT

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

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 **Result:** Increase

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

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 **Result:** Decrease

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

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

Result: Increase

RUC Recommendation: 4.56

Referred to CPT October 2009

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

11045 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab: 04 **Specialty Developing Recommendation:** ACS, APMA, APTA

First Identified: February 2010

2021 Medicare Utilization: 599,986

2023 Work RVU: 0.50

2023 NF PE RVU: 0.61

2023 Fac PE RVU: 0.17

Result: Increase

RUC Recommendation: 0.69

Referred to CPT

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

11046 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly / High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2022

Tab: 13 **Specialty Developing Recommendation:** ACS, APMA, APTA

First Identified: February 2010

2021 Medicare Utilization: 307,724

2023 Work RVU: 1.03

2023 NF PE RVU: 0.95

2023 Fac PE RVU: 0.40

Result: Decrease

RUC Recommendation: Review action plan. 1.29

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

11047 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020

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

First Identified: February 2010

2021 Medicare Utilization: 91,066

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

RUC Recommendation: 2.00

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

11055 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion **Global:** 000 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab: 30 **Specialty Developing Recommendation:** APMA

First Identified: November 2011

2021 Medicare Utilization: 774,459

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

RUC Recommendation: Maintain

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

11056 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions **Global:** 000 **Issue:** Trim Skin Lesions **Screen:** MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab: 53 **Specialty Developing Recommendation:** APMA

First Identified: October 2010

2021 Medicare Utilization: 1,807,522

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

RUC Recommendation: 0.50

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

Status Report: CMS Requests and Relativity Assessment Issues

11057 Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions **Global:** 000 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2021 Medicare Utilization:** 312,718 **2023 Work RVU:** 0.65 **2023 NF PE RVU:** 2.00 **2023 Fac PE RVU:** 0.15 **Result:** Maintain

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

11100 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion **Global:** **Issue:** Biopsy of Skin Lesion **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **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** February 2017 **Referred to CPT Asst** **Published in CPT Asst:**

11101 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure) **Global:** **Issue:** Biopsy of Skin Lesion **Screen:** Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **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** February 2017 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11102 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2021 Medicare Utilization:** 3,163,916

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

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

11103 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2021 Medicare Utilization:** 1,387,504

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

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

11104 Punch biopsy of skin (including simple closure, when performed); single lesion **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2021 Medicare Utilization:** 330,155

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

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

Status Report: CMS Requests and Relativity Assessment Issues

11105 Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2021 Medicare Utilization:** 88,175 **2023 Work RVU:** 0.45 **2023 NF PE RVU:** 1.27 **2023 Fac PE RVU:** 0.25 **Result:** Decrease

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Referred to CPT Asst** **Published in CPT Asst:**

11106 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2021 Medicare Utilization:** 33,505 **2023 Work RVU:** 1.01 **2023 NF PE RVU:** 3.55 **2023 Fac PE RVU:** 0.54 **Result:** Decrease

RUC Recommendation: 1.01 **Referred to CPT** February 2017 **Referred to CPT Asst** **Published in CPT Asst:**

11107 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2021 Medicare Utilization:** 6,888 **2023 Work RVU:** 0.54 **2023 NF PE RVU:** 1.54 **2023 Fac PE RVU:** 0.30 **Result:** Decrease

RUC Recommendation: 0.54 **Referred to CPT** February 2017 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

11300 Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2021 Medicare Utilization:** 90,082 **2023 Work RVU:** 0.60 **2023 NF PE RVU:** 2.38 **2023 Fac PE RVU:** 0.34 **Result:** Increase

RUC Recommendation: 0.60 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2021 Medicare Utilization:** 189,558 **2023 Work RVU:** 0.90 **2023 NF PE RVU:** 2.67 **2023 Fac PE RVU:** 0.52 **Result:** Increase

RUC Recommendation: 0.90 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2021 Medicare Utilization:** 101,686 **2023 Work RVU:** 1.05 **2023 NF PE RVU:** 2.97 **2023 Fac PE RVU:** 0.61 **Result:** Increase

RUC Recommendation: 1.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2021 Medicare Utilization:** 16,022 **2023 Work RVU:** 1.25 **2023 NF PE RVU:** 3.19 **2023 Fac PE RVU:** 0.71 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2012

Tab: 38 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2021 Medicare Utilization: 89,775

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

RUC Recommendation: 0.80

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

11306 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 38 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2021 Medicare Utilization: 96,135

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

RUC Recommendation: 1.18

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

11307 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 38 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2021 Medicare Utilization: 52,364

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

RUC Recommendation: 1.20

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

11308 Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 38 **Specialty Developing Recommendation:** AAD

First Identified: January 2012

2021 Medicare Utilization: 16,450

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

RUC Recommendation: 1.46

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

Status Report: CMS Requests and Relativity Assessment Issues

11310 Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less **Global:** 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **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: September 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
Result: Decrease

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

11752 Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx **Global:** **Issue:** Excision of Nail Bed - HCPAC **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 28 **Specialty Developing Recommendation:** **First Identified:** January 2014 **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:**

11755 Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure) **Global:** 000 **Issue:** Biopsy of Nail **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41i **Specialty Developing Recommendation:** APMA **First Identified:** July 2016 **2021 Medicare Utilization:** 52,685

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

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

Status Report: CMS Requests and Relativity Assessment Issues

11900 Injection, intralesional; up to and including 7 lesions Global: 000 Issue: Skin Injection Services Screen: Harvard Valued - Utilization over 100,000 Complete? Yes

Most Recent RUC Meeting: April 2010 Tab: 31 Specialty Developing Recommendation: AAD First Identified: October 2009 2021 Medicare Utilization: 253,112 2023 Work RVU: 0.52 2023 NF PE RVU: 1.13 2023 Fac PE RVU: 0.31 Result: Maintain

RUC Recommendation: 0.52 Referred to CPT Referred to CPT Asst Published in CPT Asst:

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

Most Recent RUC Meeting: April 2010 Tab: 31 Specialty Developing Recommendation: AAD First Identified: February 2010 2021 Medicare Utilization: 69,181 2023 Work RVU: 0.80 2023 NF PE RVU: 1.21 2023 Fac PE RVU: 0.47 Result: Maintain

RUC Recommendation: 0.80 Referred to CPT Referred to CPT Asst Published in CPT Asst:

11980 Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin) Global: 000 Issue: Drug Delivery Implant Procedures Screen: High Volume Growth2 / Different Performing Specialty from Survey Complete? Yes

Most Recent RUC Meeting: October 2018 Tab: 05 Specialty Developing Recommendation: AAOS, ACOG, AUA First Identified: April 2013 2021 Medicare Utilization: 29,305 2023 Work RVU: 1.10 2023 NF PE RVU: 1.55 2023 Fac PE RVU: 0.39 Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2018

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

2021 Medicare Utilization: 8,284

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

RUC Recommendation: 1.30

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

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

Most Recent RUC Meeting: October 2018

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

2021 Medicare Utilization: 2,738

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

RUC Recommendation: 1.70

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

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

Most Recent RUC Meeting: October 2018

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

2021 Medicare Utilization: 1,339

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

RUC Recommendation: 2.10

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

Status Report: CMS Requests and Relativity Assessment Issues

12001 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: October 2009

2021 Medicare Utilization: 158,450

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

RUC Recommendation: 0.84

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

12002 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: October 2009

2021 Medicare Utilization: 129,274

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

RUC Recommendation: 1.14

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

12004 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: April 2010

2021 Medicare Utilization: 20,365

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

RUC Recommendation: 1.44

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

12005 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: April 2010

2021 Medicare Utilization: 5,699

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

RUC Recommendation: 1.97

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

Status Report: CMS Requests and Relativity Assessment Issues

12006 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: April 2010

2021 Medicare Utilization: 1,055

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

RUC Recommendation: 2.39

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

12007 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: April 2010

2021 Medicare Utilization: 333

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

RUC Recommendation: 2.90

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

12011 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: April 2010

2021 Medicare Utilization: 80,967

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

RUC Recommendation: 1.07

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

12013 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: April 2010

2021 Medicare Utilization: 48,082

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

RUC Recommendation: 1.22

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

Status Report: CMS Requests and Relativity Assessment Issues

12014 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: April 2010

2021 Medicare Utilization: 6,474

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

RUC Recommendation: 1.57

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

12015 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: April 2010

2021 Medicare Utilization: 3,170

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

RUC Recommendation: 1.98

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

12016 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: April 2010

2021 Medicare Utilization: 443

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

RUC Recommendation: 2.68

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

12017 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 32 **Specialty Developing Recommendation:** ACEP, AAFP

First Identified: April 2010

2021 Medicare Utilization: 56

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

RUC Recommendation: 3.18

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

Status Report: CMS Requests and Relativity Assessment Issues

12018 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm **Global:** 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2021 Medicare Utilization:** 22 **2023 Work RVU:** 3.61
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.80
Result: Decrease

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

12031 Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2021 Medicare Utilization:** 59,863 **2023 Work RVU:** 2.00
2023 NF PE RVU: 5.67
2023 Fac PE RVU: 2.26
Result: Decrease

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

12032 Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2021 Medicare Utilization:** 310,362 **2023 Work RVU:** 2.52
2023 NF PE RVU: 6.32
2023 Fac PE RVU: 2.83
Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

12034 Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **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**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Maintain

12045 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **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**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Increase

12046 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **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**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

12047 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm **Global:** 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFF, 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
Referred to CPT Asst **Published in CPT Asst:**

Result: Increase

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

Most Recent RUC Meeting: October 2010

Tab: 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFF, 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
Referred to CPT Asst **Published in CPT Asst:**

Result: Decrease

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

Most Recent RUC Meeting: April 2010

Tab: 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFF, 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
Referred to CPT Asst **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2010

Tab: 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: February 2010

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

Result: Maintain

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

Most Recent RUC Meeting: October 2010

Tab: 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: February 2010

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

Result: Maintain

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

Most Recent RUC Meeting: October 2010

Tab: 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: February 2010

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2010

Tab: 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: February 2010

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

Result: Increase

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

Most Recent RUC Meeting: October 2010

Tab: 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA

First Identified: February 2010

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

Result: Increase

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

Most Recent RUC Meeting: April 2012

Tab: 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

First Identified: July 2011

2021 Medicare Utilization: 4,827

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

RUC Recommendation: 3.00

Referred to CPT
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
Result: Decrease

RUC Recommendation: 3.50

Referred to CPT
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
Result: Maintain

RUC Recommendation: 1.24

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

13120 Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

First Identified: October 2008

2021 Medicare Utilization: 10,368

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

RUC Recommendation: 3.23

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

13121 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

First Identified: October 2008

2021 Medicare Utilization: 182,651

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

RUC Recommendation: 4.00

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

Status Report: CMS Requests and Relativity Assessment Issues

13122 Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2021 Medicare Utilization:** 27,329 **2023 Work RVU:** 1.44 **2023 NF PE RVU:** 2.16 **2023 Fac PE RVU:** 0.79 **Result:** Maintain

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

13131 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 32,774 **2023 Work RVU:** 3.73 **2023 NF PE RVU:** 7.50 **2023 Fac PE RVU:** 2.99 **Result:** Decrease

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2021 Medicare Utilization:** 252,586 **2023 Work RVU:** 4.78 **2023 NF PE RVU:** 8.83 **2023 Fac PE RVU:** 3.64 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2012

Tab: 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

First Identified: September 2011

2021 Medicare Utilization: 13,790

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

RUC Recommendation: 2.19

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

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

Most Recent RUC Meeting: April 2012

Tab: 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

First Identified: September 2011

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

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

Most Recent RUC Meeting: April 2012

Tab: 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS

First Identified: September 2011

2021 Medicare Utilization: 28,161

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

RUC Recommendation: 4.34

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 47,544 **2023 Work RVU:** 5.34
2023 NF PE RVU: 8.93
2023 Fac PE RVU: 3.95
Result: Decrease

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2021 Medicare Utilization:** 754 **2023 Work RVU:** 2.38
2023 NF PE RVU: 2.82
2023 Fac PE RVU: 1.31
Result: Maintain

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2021 Medicare Utilization:** 5,804 **2023 Work RVU:** 6.37
2023 NF PE RVU: 11.59
2023 Fac PE RVU: 7.55
Result: Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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 **Result:** Decrease

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

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

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

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

RUC Recommendation: 10.63 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2021 Medicare Utilization:** 80,653 **2023 Work RVU:** 9.23 **2023 NF PE RVU:** 12.62 **2023 Fac PE RVU:** 9.42 **Result:** Maintain

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

14061 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2021 Medicare Utilization:** 29,256 **2023 Work RVU:** 11.48 **2023 NF PE RVU:** 16.86 **2023 Fac PE RVU:** 11.43 **Result:** Decrease

RUC Recommendation: 11.25 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

14300 Deleted from CPT **Global:** **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **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** February 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

14301 Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm **Global:** 090 **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab: 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS

First Identified: September 2007

2021 Medicare Utilization: 39,025

2023 Work RVU: 12.65

2023 NF PE RVU: 17.84

2023 Fac PE RVU: 11.23

Result: Decrease

RUC Recommendation: 12.47

Referred to CPT February 2009

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

14302 Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab: 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS

First Identified: September 2007

2021 Medicare Utilization: 46,941

2023 Work RVU: 3.73

2023 NF PE RVU: 2.01

2023 Fac PE RVU: 2.01

Result: Decrease

RUC Recommendation: 3.73

Referred to CPT February 2009

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

15002 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children **Global:** 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 21 **Specialty Developing Recommendation:** ASPS

First Identified: January 2014

2021 Medicare Utilization: 23,825

2023 Work RVU: 3.65

2023 NF PE RVU: 6.05

2023 Fac PE RVU: 2.20

Result: Maintain

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

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children **Global:** 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 21 **Specialty Developing Recommendation:** ASPS, APMA

First Identified: January 2014

2021 Medicare Utilization: 33,789

2023 Work RVU: 4.58

2023 NF PE RVU: 6.58

2023 Fac PE RVU: 2.49

Result: Maintain

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

Referred to CPT

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

15100 Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 21 **Specialty Developing Recommendation:** ASPS

First Identified: January 2014

2021 Medicare Utilization: 11,671

2023 Work RVU: 9.90

2023 NF PE RVU: 14.27

2023 Fac PE RVU: 9.58

Result: Maintain

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

Referred to CPT

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

15120 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) **Global:** 090 **Issue:** Autograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab: 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS

First Identified: September 2007

2021 Medicare Utilization: 7,599

2023 Work RVU: 10.15

2023 NF PE RVU: 13.55

2023 Fac PE RVU: 8.78

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15170 Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children **Global:** **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab: 31 **Specialty Developing Recommendation:** APMA, ASPS

First Identified: February 2010

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

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

15175 Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children **Global:** **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab: 31 **Specialty Developing Recommendation:** APMA, ASPS

First Identified: October 2009

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 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

15176 Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) **Global:** **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

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

15220 Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less **Global:** 090 **Issue:** Skin Graft **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2021 Medicare Utilization:** 9,254 **2023 Work RVU:** 8.09 **2023 NF PE RVU:** 13.81 **2023 Fac PE RVU:** 8.92 **Result:** PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2021 Medicare Utilization:** 12,274 **2023 Work RVU:** 10.41 **2023 NF PE RVU:** 15.99 **2023 Fac PE RVU:** 11.86 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

15271 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 134,215 **2023 Work RVU:** 1.50 **2023 NF PE RVU:** 2.88 **2023 Fac PE RVU:** 0.75 **Result:** Decrease

RUC Recommendation: 1.50 **Referred to CPT:** February 2011 **Referred to CPT Asst:** **Published in CPT Asst:**

15272 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 17,378 **2023 Work RVU:** 0.33 **2023 NF PE RVU:** 0.35 **2023 Fac PE RVU:** 0.12 **Result:** Decrease

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

15273 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 6,285 **2023 Work RVU:** 3.50 **2023 NF PE RVU:** 5.17 **2023 Fac PE RVU:** 1.65 **Result:** Decrease

RUC Recommendation: 3.50 **Referred to CPT:** February 2011 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

15274 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 27,593 **2023 Work RVU:** 0.80 **2023 NF PE RVU:** 1.50 **2023 Fac PE RVU:** 0.35 **Result:** Decrease

RUC Recommendation: 0.80 **Referred to CPT:** February 2011 **Referred to CPT Asst:** **Published in CPT Asst:**

15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 153,979 **2023 Work RVU:** 1.83 **2023 NF PE RVU:** 2.72 **2023 Fac PE RVU:** 0.73 **Result:** Decrease

RUC Recommendation: 1.83 **Referred to CPT:** February 2011 **Referred to CPT Asst:** **Published in CPT Asst:**

15276 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 7,165 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 0.40 **2023 Fac PE RVU:** 0.17 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

15277 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children **Global:** 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 1,611 **2023 Work RVU:** 4.00 **2023 NF PE RVU:** 5.62 **2023 Fac PE RVU:** 1.93 **Result:** Decrease

RUC Recommendation: 4.00 **Referred to CPT:** February 2011 **Referred to CPT Asst:** **Published in CPT Asst:**

15278 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2021 Medicare Utilization:** 2,798 **2023 Work RVU:** 1.00 **2023 NF PE RVU:** 1.67 **2023 Fac PE RVU:** 0.46 **Result:** Decrease

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

15320 Deleted from CPT **Global:** **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **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 2010 **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:
Result: Deleted from CPT

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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:
Result: Deleted from CPT

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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:** **Result:** Deleted from CPT

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

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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:** **Result:** Deleted from CPT

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

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

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

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

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

RUC Recommendation: 13.50 **Referred to CPT**
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 **Result:** Not Part of RAW

RUC Recommendation: Not part of family **Referred to CPT** September 2016
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 **Tab:** 05 **Specialty Developing** ASPS
RUC Meeting: January 2017 **Recommendation:**

First **2021**
Identified: September 2007 **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 September 2016
Referred to CPT Asst **Published in CPT Asst:**

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

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

First **2021**
Identified: January 2017 **Medicare**
Utilization: 4,590

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

RUC Recommendation: 15.68

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

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

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

First **2021**
Identified: October 2015 **Medicare**
Utilization: 21,636

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

RUC Recommendation: 23.00

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

Status Report: CMS Requests and Relativity Assessment Issues

15736 Muscle, myocutaneous, or fasciocutaneous flap; upper extremity **Global:** 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 14 **Specialty Developing Recommendation:** ASSH, ASPS **First Identified:** January 2016 **2021 Medicare Utilization:** 1,347 **2023 Work RVU:** 17.04 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 16.03 **Result:** Maintain

RUC Recommendation: 17.04 **Referred to CPT:** September 2016 **Referred to CPT Asst:** **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2016 **Tab:** 14 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2016 **2021 Medicare Utilization:** 5,370 **2023 Work RVU:** 19.04 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 15.25 **Result:** Maintain

RUC Recommendation: 19.04 **Referred to CPT:** September 2016 **Referred to CPT Asst:** **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2008 **Tab:** 28 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,879 **2023 Work RVU:** 11.80 **2023 NF PE RVU:** 16.71 **2023 Fac PE RVU:** 11.52 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: September 2022

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

First Identified: May 2018

2021 Medicare Utilization: 5,780

2023 Work RVU: 6.68

2023 NF PE RVU: NA

2023 Fac PE RVU: 6.45

Result: Increase

RUC Recommendation: 6.68

Referred to CPT

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

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

Most Recent RUC Meeting: October 2018

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

First Identified: May 2018

2021 Medicare Utilization: 3,401

2023 Work RVU: 6.73

2023 NF PE RVU: 10.21

2023 Fac PE RVU: 7.21

Result: Increase

RUC Recommendation: 6.73

Referred to CPT

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

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

Most Recent RUC Meeting: October 2018

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

First Identified: May 2018

2021 Medicare Utilization: 7,322

2023 Work RVU: 2.50

2023 NF PE RVU: 2.77

2023 Fac PE RVU: 1.46

Result: Increase

RUC Recommendation: 2.50

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2018

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

First Identified: May 2018

2021 Medicare Utilization: 394

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

RUC Recommendation: 6.83

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

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

Most Recent RUC Meeting: October 2018

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

First Identified: May 2018

2021 Medicare Utilization: 75

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

RUC Recommendation: 2.41

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

15777 Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS

First Identified: April 2011

2021 Medicare Utilization: 7,275

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

RUC Recommendation: 3.65

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization:

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

RUC Recommendation: 8.00

Referred to CPT February 2021

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

15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid **Global:** 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 33 **Specialty Developing Recommendation:** AAO

First Identified: October 2009

2021 Medicare Utilization: 81,846

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

RUC Recommendation: 6.81

Referred to CPT

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

16020 Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area) **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP

First Identified: October 2009

2021 Medicare Utilization: 13,542

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

RUC Recommendation: 0.80

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

16025 Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area) **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009

2021 Medicare Utilization: 1,828

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

RUC Recommendation: 1.85

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

16030 Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area) **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010

2021 Medicare Utilization: 1,085

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

RUC Recommendation: CPT Assistant article published.

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

17000 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion **Global:** 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010

2021 Medicare Utilization: 5,622,795

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

RUC Recommendation: 0.61

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

Status Report: CMS Requests and Relativity Assessment Issues

17003 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (list separately in addition to code for first lesion) **Global:** ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

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

First Identified: October 2010

2021 Medicare Utilization: 18,009,083

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

RUC Recommendation: 0.04

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

17004 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions **Global:** 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2013

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

First Identified: September 2011

2021 Medicare Utilization: 820,987

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

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

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

17106 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm **Global:** 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008

Tab: 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2021 Medicare Utilization: 3,465

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

RUC Recommendation: 3.61

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

Status Report: CMS Requests and Relativity Assessment Issues

17107 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm **Global:** 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008	Tab: 11	Specialty Developing Recommendation: AAD	First Identified: February 2008	2021 Medicare Utilization: 1,668	2023 Work RVU: 4.79 2023 NF PE RVU: 8.00 2023 Fac PE RVU: 5.32 Result: Decrease
RUC Recommendation: 4.68	Referred to CPT Referred to CPT Asst <input type="checkbox"/>			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 Result: Decrease
RUC Recommendation: 6.37	Referred to CPT Referred to CPT Asst <input type="checkbox"/>			Published in CPT Asst:	

17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), 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 Result: Remove from Screen
RUC Recommendation: Remove from screen	Referred to CPT Referred to CPT Asst <input type="checkbox"/>			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
Result: Remove from Screen

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

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

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** October 2015 **2021 Medicare Utilization:** 248,217 **2023 Work RVU:** 0.50
2023 NF PE RVU: 2.05
2023 Fac PE RVU: 0.53
Result:

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

17261 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2021 Medicare Utilization:** 127,721 **2023 Work RVU:** 1.22
2023 NF PE RVU: 3.10
2023 Fac PE RVU: 1.23
Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

17262 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: February 2010

2021 Medicare Utilization: 283,361

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

RUC Recommendation: 1.63

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

17271 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: February 2010

2021 Medicare Utilization: 46,244

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

RUC Recommendation: 1.54

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

17272 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: February 2010

2021 Medicare Utilization: 75,889

2023 Work RVU: 1.82
2023 NF PE RVU: 3.65
2023 Fac PE RVU: 1.58
Result: Maintain

RUC Recommendation: 1.82

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

Status Report: CMS Requests and Relativity Assessment Issues

17281 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: February 2010

2021 Medicare Utilization: 69,196

2023 Work RVU: 1.77
2023 NF PE RVU: 3.44
2023 Fac PE RVU: 1.55
Result: Maintain

RUC Recommendation: 1.77

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

17282 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm **Global:** 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: October 2009

2021 Medicare Utilization: 69,607

2023 Work RVU: 2.09
2023 NF PE RVU: 3.86
2023 Fac PE RVU: 1.74
Result: Maintain

RUC Recommendation: 2.09

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

17311 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks **Global:** 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 18 **Specialty Developing Recommendation:** AAD

First Identified: September 2011

2021 Medicare Utilization: 820,299

2023 Work RVU: 6.20
2023 NF PE RVU: 13.47
2023 Fac PE RVU: 3.66
Result: Maintain

RUC Recommendation: 6.20

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

Status Report: CMS Requests and Relativity Assessment Issues

17312 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (list separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **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

Result: Maintain

RUC Recommendation: 0.87

Referred to CPT

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

19020 Mastotomy with exploration or drainage of abscess, deep **Global:** 090 **Issue:** Mastotomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab: 16 **Specialty Developing Recommendation:** ACS

First Identified: September 2007

2021 Medicare Utilization: 1,246

2023 Work RVU: 3.83

2023 NF PE RVU: 9.45

2023 Fac PE RVU: 4.70

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

Referred to CPT

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

19081 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 58,442

2023 Work RVU: 3.29

2023 NF PE RVU: 11.55

2023 Fac PE RVU: 1.19

Result: Decrease

RUC Recommendation: 3.29

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

19082 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 4,569

2023 Work RVU: 1.65

2023 NF PE RVU: 9.94

2023 Fac PE RVU: 0.60

Result: Decrease

RUC Recommendation: 1.65

Referred to CPT October 2012

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

19083 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 113,588

2023 Work RVU: 3.10

2023 NF PE RVU: 11.77

2023 Fac PE RVU: 1.12

Result: Decrease

RUC Recommendation: 3.10

Referred to CPT October 2012

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

19084 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 15,183

2023 Work RVU: 1.55

2023 NF PE RVU: 9.88

2023 Fac PE RVU: 0.57

Result: Decrease

RUC Recommendation: 1.55

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

19085 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 6,597

2023 Work RVU: 3.64
2023 NF PE RVU: 19.36
2023 Fac PE RVU: 1.32
Result: Decrease

RUC Recommendation: 3.64

Referred to CPT October 2012

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

19086 Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 1,477

2023 Work RVU: 1.82
2023 NF PE RVU: 16.14
2023 Fac PE RVU: 0.66
Result: Decrease

RUC Recommendation: 1.82

Referred to CPT October 2012

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

19102 Biopsy of breast; percutaneous, needle core, using imaging guidance **Global:** **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

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 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

19103 Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance **Global:** **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

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 2012

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

19281 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 26,026

2023 Work RVU: 2.00

2023 NF PE RVU: 5.08

2023 Fac PE RVU: 0.73

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT October 2012

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

19282 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 3,373

2023 Work RVU: 1.00

2023 NF PE RVU: 4.06

2023 Fac PE RVU: 0.37

Result: Decrease

RUC Recommendation: 1.00

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

19283 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 3,712

2023 Work RVU: 2.00

2023 NF PE RVU: 5.64

2023 Fac PE RVU: 0.73

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT October 2012

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

19284 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 441

2023 Work RVU: 1.00

2023 NF PE RVU: 4.67

2023 Fac PE RVU: 0.36

Result: Decrease

RUC Recommendation: 1.00

Referred to CPT October 2012

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

19285 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 26,948

2023 Work RVU: 1.70

2023 NF PE RVU: 9.35

2023 Fac PE RVU: 0.62

Result: Decrease

RUC Recommendation: 1.70

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

19286 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 2,285

2023 Work RVU: 0.85

2023 NF PE RVU: 8.27

2023 Fac PE RVU: 0.31

Result: Decrease

RUC Recommendation: 0.85

Referred to CPT October 2012

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

19287 Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance **Global:** 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 304

2023 Work RVU: 2.55

2023 NF PE RVU: 16.59

2023 Fac PE RVU: 0.93

Result: Decrease

RUC Recommendation: 3.02

Referred to CPT October 2012

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

19288 Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

2021 Medicare Utilization: 62

2023 Work RVU: 1.28

2023 NF PE RVU: 13.60

2023 Fac PE RVU: 0.47

Result: Decrease

RUC Recommendation: 1.51

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

19290 Preoperative placement of needle localization wire, breast;

Global:

Issue: Breast Biopsy

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

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 2012

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

19291 Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)

Global:

Issue: Breast Biopsy

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: January 2012

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 2012

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

19295 Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)

Global:

Issue: Breast Biopsy

Screen: CMS Fastest Growing / Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS

First Identified: October 2008

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 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

19303 Mastectomy, simple, complete **Global:** 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **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:** Mammoplasty **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **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
Result: Decrease

RUC Recommendation: 11.00 **Referred to CPT** **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
Result: Decrease

RUC Recommendation: 15.36 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

20000 Deleted from CPT **Global:** **Issue:** Incision of Abscess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **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** June 2009 **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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2018

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

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

Most Recent RUC Meeting: January 2019

Tab: 22 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2018

2021 Medicare Utilization: 11,940

2023 Work RVU: 1.65

2023 NF PE RVU: 5.27

2023 Fac PE RVU: 0.77

Result: Increase

RUC Recommendation: 1.93

Referred to CPT

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

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

Most Recent RUC Meeting: January 2019

Tab: 22 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2017

2021 Medicare Utilization: 12,681

2023 Work RVU: 2.45

2023 NF PE RVU: 8.91

2023 Fac PE RVU: 1.11

Result: Increase

RUC Recommendation: 3.00

Referred to CPT

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

20240 Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx) **Global:** 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 04 **Specialty Developing Recommendation:** AAOS, APMA

First Identified: April 2014

2021 Medicare Utilization: 6,890

2023 Work RVU: 2.61

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.24

Result: Increase

RUC Recommendation: 3.73

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

20245 Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft) **Global:** 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2021 Medicare Utilization:** 4,386 **2023 Work RVU:** 6.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.20
Result: Decrease

RUC Recommendation: 6.50 **Referred to CPT** October 2015
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
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
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
Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Maintain

RUC Recommendation: 0.75

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

20551 Injection(s); single tendon origin/insertion **Global:** 000 **Issue:** Therapeutic Injection Carpal Tunnel **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017

Tab: 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH

First Identified: October 2008

2021 Medicare Utilization: 136,149

2023 Work RVU: 0.75
2023 NF PE RVU: 0.88
2023 Fac PE RVU: 0.31
Result: Maintain

RUC Recommendation: 0.75

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

20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA

First Identified: July 2015

2021 Medicare Utilization: 293,265

2023 Work RVU: 0.66
2023 NF PE RVU: 0.84
2023 Fac PE RVU: 0.36
Result: Maintain

RUC Recommendation: 0.66

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

Status Report: CMS Requests and Relativity Assessment Issues

20553 Injection(s); single or multiple trigger point(s), 3 or more muscles **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2021 Medicare Utilization:** 353,939 **2023 Work RVU:** 0.75
2023 NF PE RVU: 0.98
2023 Fac PE RVU: 0.41
Result: Maintain

RUC Recommendation: 0.75 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

20600 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance **Global:** 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2021 Medicare Utilization:** 429,910 **2023 Work RVU:** 0.66
2023 NF PE RVU: 0.84
2023 Fac PE RVU: 0.31
Result: Maintain

RUC Recommendation: 0.66 and new PE inputs **Referred to CPT** October 2013 **Referred to CPT Asst** **Published in CPT Asst:**

20604 Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting **Global:** 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2021 Medicare Utilization:** 50,301 **2023 Work RVU:** 0.89
2023 NF PE RVU: 1.47
2023 Fac PE RVU: 0.37
Result: Decrease

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20605 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance **Global:** 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH

First Identified: October 2009

2021 Medicare Utilization: 402,457

2023 Work RVU: 0.68
2023 NF PE RVU: 0.87
2023 Fac PE RVU: 0.32
Result: Maintain

RUC Recommendation: 0.68 and new PE inputs

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

20606 Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting **Global:** 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH

First Identified: July 2013

2021 Medicare Utilization: 57,211

2023 Work RVU: 1.00
2023 NF PE RVU: 1.55
2023 Fac PE RVU: 0.42
Result: Decrease

RUC Recommendation: 1.00

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

20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance **Global:** 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH

First Identified: February 2010

2021 Medicare Utilization: 5,959,151

2023 Work RVU: 0.79
2023 NF PE RVU: 1.02
2023 Fac PE RVU: 0.43
Result: Maintain

RUC Recommendation: 0.79 and new PE inputs

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

Status Report: CMS Requests and Relativity Assessment Issues

20611 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting **Global:** 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH

First Identified: July 2013

2021 Medicare Utilization: 1,095,993

2023 Work RVU: 1.10
2023 NF PE RVU: 1.72
2023 Fac PE RVU: 0.51
Result: Decrease

RUC Recommendation: 1.10

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

20612 Aspiration and/or injection of ganglion cyst(s) any location **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 30 **Specialty Developing Recommendation:**

First Identified: July 2016

2021 Medicare Utilization: 25,152

2023 Work RVU: 0.70
2023 NF PE RVU: 1.12
2023 Fac PE RVU: 0.42
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

20680 Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 21 **Specialty Developing Recommendation:** AAOS, APMA

First Identified: January 2014

2021 Medicare Utilization: 48,037

2023 Work RVU: 5.96
2023 NF PE RVU: 11.09
2023 Fac PE RVU: 5.58
Result: Maintain

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

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

Status Report: CMS Requests and Relativity Assessment Issues

20692 Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, ilizarov, monticelli type) **Global:** 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 52 **Specialty Developing Recommendation:**

First Identified: January 2014

2021 Medicare Utilization: 2,999

2023 Work RVU: 16.27

2023 NF PE RVU: NA

2023 Fac PE RVU: 14.54

Result: Maintain

RUC Recommendation: Maintain

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

20694 Removal, under anesthesia, of external fixation system **Global:** 090 **Issue:** External Fixation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab: 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2021 Medicare Utilization: 5,650

2023 Work RVU: 4.28

2023 NF PE RVU: 7.93

2023 Fac PE RVU: 5.22

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

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

Most Recent RUC Meeting: October 2018

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

First Identified: May 2018

2021 Medicare Utilization: 1,045

2023 Work RVU: 1.50

2023 NF PE RVU: 0.74

2023 Fac PE RVU: 0.74

Result: Increase

RUC Recommendation: 1.50

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

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

Most Recent RUC Meeting: October 2018

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

First Identified: May 2018

2021 Medicare Utilization: 230

2023 Work RVU: 1.13

2023 NF PE RVU: 0.57

2023 Fac PE RVU: 0.57

Result: Increase

RUC Recommendation: 1.13

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2021 Medicare Utilization:** 478 **2023 Work RVU:** 2.50 **2023 NF PE RVU:** 1.24 **2023 Fac PE RVU:** 1.24 **Result:** Increase

RUC Recommendation: 2.50 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2021 Medicare Utilization:** 94 **2023 Work RVU:** 1.80 **2023 NF PE RVU:** 0.90 **2023 Fac PE RVU:** 0.90 **Result:** Increase

RUC Recommendation: 1.80 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2021 Medicare Utilization:** 390 **2023 Work RVU:** 2.60 **2023 NF PE RVU:** 1.27 **2023 Fac PE RVU:** 1.27 **Result:** Increase

RUC Recommendation: 2.60 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2021 Medicare Utilization:** 118 **2023 Work RVU:** 2.15 **2023 NF PE RVU:** 1.12 **2023 Fac PE RVU:** 1.12 **Result:** Increase

RUC Recommendation: 2.15 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

20900 Bone graft, any donor area; minor or small (eg, dowel or button) **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 4,243

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

2023 Work RVU: 3.00
2023 NF PE RVU: 8.24
2023 Fac PE RVU: 1.89
Result: Decrease

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

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

2023 Work RVU: 4.58
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.79
Result: Decrease

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:**

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

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

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

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

2023 Work RVU: 9.89
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.38
Result: Increase

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 **Result:** Decrease

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

21495 Open treatment of hyoid fracture **Global:** **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

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

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 **Result:** Decrease

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

21800 Closed treatment of rib fracture, uncomplicated, each **Global:** **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** July 2013 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

21805 Open treatment of rib fracture without fixation, each **Global:** **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **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 2014 **Referred to CPT Asst** **Published in CPT Asst:**

21810 Treatment of rib fracture requiring external fixation (flail chest) **Global:** **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **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 2013 **Referred to CPT Asst** **Published in CPT Asst:**

21811 Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2021 Medicare Utilization:** 447 **2023 Work RVU:** 10.79 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 4.26 **Result:** Decrease

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Referred to CPT Asst** **Published in CPT Asst:**

21812 Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2021 Medicare Utilization:** 537 **2023 Work RVU:** 13.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 5.27 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

21813 Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs **Global:** 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014

2021 Medicare Utilization: 70

2023 Work RVU: 17.61

2023 NF PE RVU: NA

2023 Fac PE RVU: 7.11

Result: Decrease

RUC Recommendation: 35.00

Referred to CPT October 2013

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

21820 Closed treatment of sternum fracture **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: January 2014

2021 Medicare Utilization: 145

2023 Work RVU: 1.36

2023 NF PE RVU: 2.96

2023 Fac PE RVU: 2.89

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT October 2013

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

21825 Open treatment of sternum fracture with or without skeletal fixation **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 05 **Specialty Developing Recommendation:** STS, ACS

First Identified: January 2014

2021 Medicare Utilization: 538

2023 Work RVU: 7.76

2023 NF PE RVU: NA

2023 Fac PE RVU: 6.93

Result: Remove from Screen

RUC Recommendation: Unrelated to the family

Referred to CPT October 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

21935 Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab: 6 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007

2021 Medicare Utilization: 191

2023 Work RVU: 15.72

2023 NF PE RVU: NA

2023 Fac PE RVU: 11.23

Result: Decrease

RUC Recommendation: 15.54

Referred to CPT June 2008

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

22214 Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS

First Identified: October 2008

2021 Medicare Utilization: 7,078

2023 Work RVU: 21.02

2023 NF PE RVU: NA

2023 Fac PE RVU: 18.38

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

22305 Closed treatment of vertebral process fracture(s) **Global:** **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 23 **Specialty Developing Recommendation:** AANS/CNS, NASS

First Identified: July 2013

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 May 2016

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

22310 Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing **Global:** 090 **Issue:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT / Site of Service Anomaly - 2019 **Complete?** No

Most Recent RUC Meeting: September 2023

Tab: 22 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS

First Identified: April 2017

2021 Medicare Utilization: 5,433

2023 Work RVU: 3.45

2023 NF PE RVU: 5.21

2023 Fac PE RVU: 4.79

Result: Decrease

RUC Recommendation: Refer to CPT Assistant. 3.45.

Referred to CPT

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 Augmentation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 2,333 **2023 Work RVU:** 7.90 **2023 NF PE RVU:** 45.90 **2023 Fac PE RVU:** 3.81 **Result:** Decrease

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Referred to CPT Asst** **Published in CPT Asst:**

22511 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral **Global:** 010 **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 2,791 **2023 Work RVU:** 7.33 **2023 NF PE RVU:** 46.28 **2023 Fac PE RVU:** 3.68 **Result:** Decrease

RUC Recommendation: 8.05 **Referred to CPT** February 2014 **Referred to CPT Asst** **Published in CPT Asst:**

22512 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 1,724 **2023 Work RVU:** 4.00 **2023 NF PE RVU:** 17.39 **2023 Fac PE RVU:** 1.44 **Result:** Decrease

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic **Global:** 010 **Issue:** Percutaneous Vertebroplasty and 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 **Result:** Decrease

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Referred to CPT Asst** **Published in CPT Asst:**

22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar **Global:** 010 **Issue:** Percutaneous Vertebroplasty and 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 **Result:** Decrease

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Referred to CPT Asst** **Published in CPT Asst:**

22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Vertebroplasty and 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 **Result:** Decrease

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22520 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic **Global:** **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab: 06 Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT

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

22521 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar **Global:** **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab: 06 Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT

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

22522 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) **Global:** **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab: 06 Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

22523 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic **Global:** **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 06 Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

First Identified: September 2011

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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

22524 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar **Global:** **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 06 Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

First Identified: September 2011

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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

22525 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure) **Global:** **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 06 Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

First Identified: September 2011

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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22533 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar **Global:** 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **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** **Result:** Remove from Screen

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

22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below c2 **Global:** 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **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 **Result:** Decrease

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

22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **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 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2 **Global:** 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** February 2008 **2021 Medicare Utilization:** 3,525 **2023 Work RVU:** 17.69 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 14.61 **Result:** Maintain

RUC Recommendation: Refer to CPT Assistant. 17.69 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:** Aug 2023

22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar **Global:** 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2021 Medicare Utilization:** 19,532 **2023 Work RVU:** 23.53 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 15.89 **Result:** Maintain

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

22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2010 **2021 Medicare Utilization:** 15,241 **2023 Work RVU:** 5.52 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.57 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22612 Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed) **Global:** 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **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 **Result:** Decrease

RUC Recommendation: 5.22 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; **Global:** 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2021 Medicare Utilization:** 34,099 **2023 Work RVU:** 26.80 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 19.26 **Result:** Decrease

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

22634 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2021 Medicare Utilization:** 13,188 **2023 Work RVU:** 7.96 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.96 **Result:** Decrease

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22843 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2021 Medicare Utilization:** 9,010

2023 Work RVU: 13.44
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.70
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

22849 Reinsertion of spinal fixation device **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2021 Medicare Utilization:** 3,692

2023 Work RVU: 19.17
2023 NF PE RVU: NA
2023 Fac PE RVU: 14.45
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT June 2010
Referred to CPT Asst **Published in CPT Asst:**

22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure) **Global:** **Issue:** Biomechanical Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **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

22859 Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Biomechanical Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS

First Identified: October 2015

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:** Biomechanical Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS

First Identified: October 2015

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
Result: Increase

RUC Recommendation: 8.21

Referred to CPT June 2008

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

23076 Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm **Global:** 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab: 5 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007

2021 Medicare Utilization: 529

2023 Work RVU: 7.41
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.36
Result: Decrease

RUC Recommendation: 7.28

Referred to CPT June 2008

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

23120 Claviclectomy; partial **Global:** 090 **Issue:** Claviclectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab: 30 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2021 Medicare Utilization: 4,394

2023 Work RVU: 7.39
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.91
Result: Maintain

RUC Recommendation: 7.23

Referred to CPT

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

23130 Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release **Global:** 090 **Issue:** Removal of Bone **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab: 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2021 Medicare Utilization: 1,106

2023 Work RVU: 7.77
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.38
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

23350 Injection procedure for shoulder arthrography or enhanced ct/mri shoulder arthrography **Global:** 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab: 13 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: April 2011

2021 Medicare Utilization: 28,470

2023 Work RVU: 1.00
2023 NF PE RVU: 3.86
2023 Fac PE RVU: 0.38
Result: Maintain

RUC Recommendation: 1.00

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

23405 Tenotomy, shoulder area; single tendon **Global:** 090 **Issue:** Tenotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab: 16 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2021 Medicare Utilization: 1,822

2023 Work RVU: 8.54
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.51
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

23410 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008

Tab: 12 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2021 Medicare Utilization: 2,475

2023 Work RVU: 11.39
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.05
Result: Decrease

RUC Recommendation: 11.23

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

23412 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic **Global:** 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 21 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007

2021 Medicare Utilization: 8,050

2023 Work RVU: 11.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.35
Result: Decrease

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77

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

Status Report: CMS Requests and Relativity Assessment Issues

23415 Coracoacromial ligament release, with or without acromioplasty **Global:** 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 62 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **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

Result: Remove from Screen

RUC Recommendation: Remove from screen

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

23540 Closed treatment of acromioclavicular dislocation; without manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015 **2021 Medicare Utilization:** 250

2023 Work RVU: 2.36

2023 NF PE RVU: 4.57

2023 Fac PE RVU: 4.48

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

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

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

Result: Decrease

RUC Recommendation: 3.00

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

23625 Closed treatment of greater humeral tuberosity fracture; with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015 **2021 Medicare Utilization:** 136

2023 Work RVU: 4.10

2023 NF PE RVU: 7.01

2023 Fac PE RVU: 5.99

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

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

Status Report: CMS Requests and Relativity Assessment Issues

23650 Closed treatment of shoulder dislocation, with manipulation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 13,014 **2023 Work RVU:** 3.53 **2023 NF PE RVU:** 5.96 **2023 Fac PE RVU:** 4.96 **Result:** PE Only

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

23655 Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 2,615 **2023 Work RVU:** 4.76 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 6.75 **Result:** PE Only

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

23665 Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 400 **2023 Work RVU:** 4.66 **2023 NF PE RVU:** 7.74 **2023 Fac PE RVU:** 6.65 **Result:** PE Only

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

24505 Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 696 **2023 Work RVU:** 5.39 **2023 NF PE RVU:** 8.98 **2023 Fac PE RVU:** 7.38 **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

24600 Treatment of closed elbow dislocation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 1,098 **2023 Work RVU:** 4.37
2023 NF PE RVU: 6.36
2023 Fac PE RVU: 5.25
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
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
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
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
Result: Maintain

RUC Recommendation: 7.56 **Referred to CPT**
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
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

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:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Site of Service Anomaly / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **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: 9.50 **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:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2021 Medicare Utilization:** 19,236 **2023 Work RVU:** 11.14 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 11.88 **Result:** Decrease

RUC Recommendation: 11.14 **Referred to CPT** May 2023 **Referred to CPT Asst** **Published in CPT Asst:**

25565 Closed treatment of radial and ulnar shaft fractures; with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 509 **2023 Work RVU:** 5.85 **2023 NF PE RVU:** 8.94 **2023 Fac PE RVU:** 7.24 **Result:** PE Only

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **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 **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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:**

2023 Work RVU: 8.31
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.29
Result: Maintain

25607 Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2021 Medicare Utilization:** 8,346

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:**

2023 Work RVU: 9.56
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.96
Result: Maintain

25608 Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2021 Medicare Utilization:** 6,610

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:**

2023 Work RVU: 11.07
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.77
Result: Maintain

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

Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

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

25675 Closed treatment of distal radioulnar dislocation with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015

2021 Medicare Utilization: 424

2023 Work RVU: 4.89

2023 NF PE RVU: 8.15

2023 Fac PE RVU: 6.76

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

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

26020 Drainage of tendon sheath, digit and/or palm, each **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

First Identified: April 2017

2021 Medicare Utilization: 2,089

2023 Work RVU: 6.84

2023 NF PE RVU: NA

2023 Fac PE RVU: 8.73

Result: Increase

RUC Recommendation: 7.79

Referred to CPT

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

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

Result: Increase

RUC Recommendation: 3.75

Referred to CPT

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

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 **Result:** Maintain

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT Referred to CPT Asst** **Published in CPT Asst:** Sep 2012

26160 Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2021 Medicare Utilization:** 16,269 **2023 Work RVU:** 3.57 **2023 NF PE RVU:** 14.45 **2023 Fac PE RVU:** 5.38 **Result:** Maintain

RUC Recommendation: 3.57 **Referred to CPT Referred to CPT Asst** **Published in CPT Asst:**

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 **Result:** Decrease

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

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

Result: Increase

RUC Recommendation: 11.50

Referred to CPT

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

26358 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon **Global:** 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

First Identified: April 2014

2021 Medicare Utilization: 45

2023 Work RVU: 12.60

2023 NF PE RVU: NA

2023 Fac PE RVU: 14.53

Result: Increase

RUC Recommendation: 13.10

Referred to CPT

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:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023

Tab: 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH

First Identified: October 2008

2021 Medicare Utilization: 10,266

2023 Work RVU: 6.90

2023 NF PE RVU: NA

2023 Fac PE RVU: 15.76

Result: Decrease

RUC Recommendation: 9.50

Referred to CPT May 2023

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 **Result:** PE Only

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
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 **Result:** PE Only

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

26755 Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each; **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 541 **2023 Work RVU:** 3.23 **2023 NF PE RVU:** 6.01 **2023 Fac PE RVU:** 4.60 **Result:** PE Only

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

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 **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **Result:** Increase

RUC Recommendation: 8.74 **Referred to CPT** June 2008 **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 **Result:** Maintain

RUC Recommendation: 5.66 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

27096 Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or ct) including arthrography when performed **Global:** 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2021 Medicare Utilization:** 438,770 **2023 Work RVU:** 1.48 **2023 NF PE RVU:** 3.25 **2023 Fac PE RVU:** 0.83 **Result:** Decrease

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

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

Result: Decrease

RUC Recommendation: 5.50

Referred to CPT

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

27198 Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural) **Global:** 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab: 07** **Specialty Developing Recommendation:** AAOS

First Identified: October 2015

2021 Medicare Utilization: 158

2023 Work RVU: 4.75

2023 NF PE RVU: NA

2023 Fac PE RVU: 3.86

Result: Decrease

RUC Recommendation: 9.00

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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** **Referred to CPT Asst** **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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** **Referred to CPT Asst** **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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

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 **Result:** PE Only

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
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 **Result:** PE Only

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

27266 Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 4,920 **2023 Work RVU:** 7.78 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 8.34 **Result:** PE Only

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

27279 Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device **Global:** 090 **Issue:** Arthrodesis - Sacroiliac Joint **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2021 Medicare Utilization:** 6,570 **2023 Work RVU:** 12.13 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 9.71 **Result:** Maintain

RUC Recommendation: 9.03 **Referred to CPT**
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
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
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
Result: Maintain

RUC Recommendation: Review action plan. 0.96 **Referred to CPT** February 2018
Referred to CPT Asst **Published in CPT Asst:**

27370 Injection of contrast for knee arthrography **Global:** **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 05 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **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** June 2017
Referred to CPT Asst **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

Status Report: CMS Requests and Relativity Assessment Issues

27446 Arthroplasty, knee, condyle and plateau; medial or lateral compartment **Global:** 090 **Issue:** Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than \$10 million / Site of Service Anomaly - 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2021 Medicare Utilization:** 12,587 **2023 Work RVU:** 17.13 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 13.79 **Result:** Decrease

RUC Recommendation: 17.13 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

27447 Arthroplasty, knee, condyle and plateau; medial and lateral compartments with or without patella resurfacing (total knee arthroplasty) **Global:** 090 **Issue:** Hip/Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2021 Medicare Utilization:** 269,146 **2023 Work RVU:** 19.60 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 14.82 **Result:** Decrease

RUC Recommendation: 19.60 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

27502 Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 369 **2023 Work RVU:** 11.36 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 9.10 **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

27510 Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 309 **2023 Work RVU:** 9.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.81
Result: PE Only

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

27550 Closed treatment of knee dislocation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 251 **2023 Work RVU:** 5.98
2023 NF PE RVU: 8.55
2023 Fac PE RVU: 7.25
Result: PE Only

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

27552 Closed treatment of knee dislocation; requiring anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 223 **2023 Work RVU:** 8.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.36
Result: PE Only

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

27615 Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 223 **2023 Work RVU:** 15.72
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.71
Result: Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

27619 Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm **Global:** 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab: 5 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007

2021 Medicare Utilization: 480

2023 Work RVU: 6.91
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.00
Result: Decrease

RUC Recommendation: 6.80

Referred to CPT June 2008
Referred to CPT Asst **Published in CPT Asst:**

27640 Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia **Global:** 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008

Tab: 19 **Specialty Developing Recommendation:** AOFAS, AAOS

First Identified: September 2007

2021 Medicare Utilization: 1,529

2023 Work RVU: 12.24
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.55
Result: Maintain

RUC Recommendation: 12.10

Referred to CPT June 2008
Referred to CPT Asst **Published in CPT Asst:**

27641 Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula **Global:** 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008

Tab: 19 **Specialty Developing Recommendation:** AOFAS, AAOS

First Identified: February 2008

2021 Medicare Utilization: 947

2023 Work RVU: 9.84
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.17
Result: Decrease

RUC Recommendation: 9.72

Referred to CPT June 2008
Referred to CPT Asst **Published in CPT Asst:**

27650 Repair, primary, open or percutaneous, ruptured achilles tendon; **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008

Tab: 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

First Identified: September 2007

2021 Medicare Utilization: 2,239

2023 Work RVU: 9.21
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.17
Result: Decrease

RUC Recommendation: 9.00

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

Status Report: CMS Requests and Relativity Assessment Issues

27654 Repair, secondary, achilles tendon, with or without graft **Global:** 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent **Tab:** 33 **Specialty Developing** AOFAS, APMA, **First** **2021**
RUC Meeting: April 2008 **Recommendation:** AAOS **Identified:** September 2007 **Medicare**
Utilization: 2,863

RUC Recommendation: 10.32 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

2023 Work RVU: 10.53
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.37
Result: Maintain

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 **Tab:** 16 **Specialty Developing** AAOS **First** **2021**
RUC Meeting: September 2007 **Recommendation:** AAOS **Identified:** September 2007 **Medicare**
Utilization: 3,563

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

2023 Work RVU: 6.69
2023 NF PE RVU: 12.11
2023 Fac PE RVU: 6.39
Result: PE Only

27687 Gastrocnemius recession (eg, strayer procedure) **Global:** 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent **Tab:** 16 **Specialty Developing** AAOS **First** **2021**
RUC Meeting: September 2007 **Recommendation:** AAOS **Identified:** September 2007 **Medicare**
Utilization: 6,035

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

2023 Work RVU: 6.41
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.31
Result: PE Only

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 **Tab:** 34 **Specialty Developing** AOFAS, APMA, **First** **2021**
RUC Meeting: April 2008 **Recommendation:** AAOS **Identified:** September 2007 **Medicare**
Utilization: 1,139

RUC Recommendation: 8.96 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

2023 Work RVU: 9.17
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.66
Result: Maintain

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

Result: Maintain

RUC Recommendation: 10.28

Referred to CPT

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

27752 Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015

2021 Medicare Utilization: 995

2023 Work RVU: 6.27

2023 NF PE RVU: 8.83

2023 Fac PE RVU: 7.42

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

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

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

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

27792 Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed **Global:** 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab: 18 **Specialty Developing Recommendation:** AAOS, AOFAS,

First Identified: June 2010

2021 Medicare Utilization: 6,357

2023 Work RVU: 8.75

2023 NF PE RVU: NA

2023 Fac PE RVU: 9.10

Result: Maintain

RUC Recommendation: 9.71

Referred to CPT

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

27810 Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015

2021 Medicare Utilization: 2,691

2023 Work RVU: 5.32

2023 NF PE RVU: 8.15

2023 Fac PE RVU: 6.69

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

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

27814 Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 21 **Specialty Developing Recommendation:** AAOS

First Identified: January 2014

2021 Medicare Utilization: 9,365

2023 Work RVU: 10.62

2023 NF PE RVU: NA

2023 Fac PE RVU: 10.39

Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

27818 Closed treatment of trimalleolar ankle fracture; with manipulation **Global:** 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** September 2007 **2021 Medicare Utilization:** 3,552 **2023 Work RVU:** 5.69 **2023 NF PE RVU:** 8.25 **2023 Fac PE RVU:** 6.61 **Result:** PE Only

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

27825 Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 643 **2023 Work RVU:** 6.69 **2023 NF PE RVU:** 8.63 **2023 Fac PE RVU:** 6.98 **Result:** PE Only

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

27840 Closed treatment of ankle dislocation; without anesthesia **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 1,865 **2023 Work RVU:** 4.77 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 6.10 **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

28001 Incision and drainage, bursa, foot **Global:** 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

First Identified: April 2020

2021 Medicare Utilization: 2,370

2023 Work RVU: 2.00
2023 NF PE RVU: 2.93
2023 Fac PE RVU: 0.67
Result: Decrease

RUC Recommendation: 2.00

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

28002 Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space **Global:** 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

First Identified: January 2014

2021 Medicare Utilization: 5,947

2023 Work RVU: 2.79
2023 NF PE RVU: 4.31
2023 Fac PE RVU: 1.11
Result: Decrease

RUC Recommendation: 3.50

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

28003 Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas **Global:** 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

First Identified: April 2020

2021 Medicare Utilization: 5,176

2023 Work RVU: 5.28
2023 NF PE RVU: 5.47
2023 Fac PE RVU: 1.84
Result: Decrease

RUC Recommendation: 5.28

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

28111 Ostectomy, complete excision; first metatarsal head **Global:** 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab: 16 **Specialty Developing Recommendation:** APMA, AAOS

First Identified: September 2007

2021 Medicare Utilization: 927

2023 Work RVU: 5.15
2023 NF PE RVU: 8.51
2023 Fac PE RVU: 3.85
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

Status Report: CMS Requests and Relativity Assessment Issues

28120 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus **Global:** 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS

First Identified: September 2007 **2021 Medicare Utilization:** 5,004

2023 Work RVU: 7.31
2023 NF PE RVU: 11.77
2023 Fac PE RVU: 6.58
Result: Increase

RUC Recommendation: 8.27

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

28122 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus **Global:** 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS

First Identified: September 2007 **2021 Medicare Utilization:** 13,380

2023 Work RVU: 6.76
2023 NF PE RVU: 10.11
2023 Fac PE RVU: 5.58
Result: Maintain

RUC Recommendation: 7.72

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

28124 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe **Global:** 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS

First Identified: September 2007 **2021 Medicare Utilization:** 8,600

2023 Work RVU: 5.00
2023 NF PE RVU: 8.69
2023 Fac PE RVU: 4.49
Result: PE Only

RUC Recommendation: Remove 99238

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

28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy) **Global:** 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

First Identified: February 2010 **2021 Medicare Utilization:** 55,616

2023 Work RVU: 5.62
2023 NF PE RVU: 9.80
2023 Fac PE RVU: 5.28
Result: Increase

RUC Recommendation: 5.62

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

Status Report: CMS Requests and Relativity Assessment Issues

28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant **Global:** 090 **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

First Identified: October 2015

2021 Medicare Utilization: 3,943

2023 Work RVU: 6.90
2023 NF PE RVU: 12.82
2023 Fac PE RVU: 6.06
Result: Decrease

RUC Recommendation: 6.90

Referred to CPT October 2015
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015
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
Result: Decrease

RUC Recommendation: 8.01

Referred to CPT October 2015
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
Result: Decrease

RUC Recommendation: 7.44

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

28293 Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant **Global:** **Issue:** Bunionectomy **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA

First Identified: January 2014

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:**

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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

28295 Correction, hallux valgus (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
Result: Decrease

RUC Recommendation: 8.57

Referred to CPT October 2015
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
Result: Decrease

RUC Recommendation: 8.25

Referred to CPT October 2015
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
Result: Decrease

RUC Recommendation: 9.29

Referred to CPT October 2015
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
Result: Decrease

RUC Recommendation: 7.75

Referred to CPT October 2015
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
Result: Decrease

RUC Recommendation: 9.29 **Referred to CPT** October 2015
Referred to CPT Asst **Published in CPT Asst:**

28300 Osteotomy; calcaneus (eg, dwyer or chambers type procedure), with or without internal fixation **Global:** 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 2,201

2023 Work RVU: 9.73
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.24
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

28310 Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure) **Global:** 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,428

2023 Work RVU: 5.57
2023 NF PE RVU: 10.00
2023 Fac PE RVU: 4.61
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

28470 Closed treatment of metatarsal fracture; without manipulation, each **Global:** 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2021 Medicare Utilization:** 23,583

2023 Work RVU: 2.03
2023 NF PE RVU: 4.33
2023 Fac PE RVU: 3.93
Result: Maintain

RUC Recommendation: 2.03 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28660 Closed treatment of interphalangeal joint dislocation; without anesthesia **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2021 Medicare Utilization:** 577 **2023 Work RVU:** 1.28
2023 NF PE RVU: 2.26
2023 Fac PE RVU: 1.30
Result: PE Only

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

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
Result: Maintain

RUC Recommendation: 12.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

28730 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 3,609 **2023 Work RVU:** 10.70
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.52
Result: Maintain

RUC Recommendation: 12.42 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

28740 Arthrodesis, midtarsal or tarsometatarsal, single joint **Global:** 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2021 Medicare Utilization:** 3,414 **2023 Work RVU:** 9.29
2023 NF PE RVU: 14.16
2023 Fac PE RVU: 7.91
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

28820 Amputation, toe; metatarsophalangeal joint **Global:** 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** October 2018 **2021 Medicare Utilization:** 26,361 **2023 Work RVU:** 3.51
2023 NF PE RVU: 4.96
2023 Fac PE RVU: 1.35
Result: Decrease

RUC Recommendation: 4.10 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

28825 Amputation, toe; interphalangeal joint **Global:** 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** September 2007 **2021 Medicare Utilization:** 13,521 **2023 Work RVU:** 3.41
2023 NF PE RVU: 4.91
2023 Fac PE RVU: 1.32
Result: Decrease

RUC Recommendation: 4.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

29075 Application, cast; elbow to finger (short arm) **Global:** 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2021 Medicare Utilization:** 58,338 **2023 Work RVU:** 0.77
2023 NF PE RVU: 1.71
2023 Fac PE RVU: 0.94
Result: Maintain

RUC Recommendation: 0.77 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

29105 Application of long arm splint (shoulder to hand) **Global:** 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2021 Medicare Utilization:** 23,153 **2023 Work RVU:** 0.80
2023 NF PE RVU: 1.53
2023 Fac PE RVU: 0.29
Result: Decrease

RUC Recommendation: 0.80 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29200 Strapping; thorax **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2021 Medicare Utilization:** 11,667 **2023 Work RVU:** 0.39
2023 NF PE RVU: 0.56
2023 Fac PE RVU: 0.14
Result: Decrease

RUC Recommendation: 0.39 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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:
Result: Deleted from CPT

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

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
Result: Decrease

RUC Recommendation: 0.39 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

29260 Strapping; elbow or wrist **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2021 Medicare Utilization:** 4,850 **2023 Work RVU:** 0.39
2023 NF PE RVU: 0.45
2023 Fac PE RVU: 0.14
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

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
RUC Recommendation: 0.39 Referred to CPT Referred to CPT Asst Published in CPT Asst: Result: Decrease

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
RUC Recommendation: 1.78 Referred to CPT Referred to CPT Asst Published in CPT Asst: Result: Maintain

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
RUC Recommendation: 0.39 Referred to CPT Referred to CPT Asst Published in CPT Asst: Result: Decrease

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
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

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
Result: Decrease

RUC Recommendation: 0.39 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

29550 Strapping; toes **Global:** 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41ii **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2021 Medicare Utilization:** 44,061 **2023 Work RVU:** 0.25
2023 NF PE RVU: 0.30
2023 Fac PE RVU: 0.06
Result: Decrease

RUC Recommendation: 0.25 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

29580 Strapping; unna boot **Global:** 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2021 Medicare Utilization:** 222,956 **2023 Work RVU:** 0.55
2023 NF PE RVU: 1.27
2023 Fac PE RVU: 0.16
Result: Maintain

RUC Recommendation: 0.55 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29581 Application of multi-layer compression system; leg (below knee), including ankle and foot **Global:** 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2021 Medicare Utilization:** 203,402 **2023 Work RVU:** 0.60 **2023 NF PE RVU:** 2.06 **2023 Fac PE RVU:** 0.18 **Result:** Maintain

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

29582 Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed **Global:** **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **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** September 2016 **Referred to CPT Asst** **Published in CPT Asst:** Aug 2016

29583 Application of multi-layer compression system; upper arm and forearm **Global:** **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **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** September 2016 **Referred to CPT Asst** **Published in CPT Asst:** Aug 2016

Status Report: CMS Requests and Relativity Assessment Issues

29584 Application of multi-layer compression system; upper arm, forearm, hand, and fingers **Global:** 000 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis **Complete?** Yes

Most Recent 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

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

29590 Denis-Browne splint strapping **Global:** **Issue:** Dennis-Browne splint revision **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent 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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

29805 Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) **Global:** 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent 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

Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

29822 Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) **Global:** 090 **Issue:** Shoulder Debridement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2020

Tab: 11 **Specialty Developing Recommendation:**

First Identified: October 2008

2021 Medicare Utilization: 7,439

2023 Work RVU: 7.03

2023 NF PE RVU: NA

2023 Fac PE RVU: 7.94

Result: Decrease

RUC Recommendation: 7.03

Referred to CPT September 2019

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

29823 Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) **Global:** 090 **Issue:** Shoulder Debridement **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million / Harvard Valued - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2020

Tab: 11 **Specialty Developing Recommendation:**

First Identified: October 2012

2021 Medicare Utilization: 38,112

2023 Work RVU: 7.98

2023 NF PE RVU: NA

2023 Fac PE RVU: 8.36

Result: Decrease

RUC Recommendation: 7.98

Referred to CPT September 2019

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

29824 Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (mumford procedure) **Global:** 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab: 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010

2021 Medicare Utilization: 30,886

2023 Work RVU: 8.98

2023 NF PE RVU: NA

2023 Fac PE RVU: 9.70

Result: Maintain

RUC Recommendation: 8.82

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2021 Medicare Utilization:** 64,498 **2023 Work RVU:** 3.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.53 **Result:** Decrease

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

29827 Arthroscopy, shoulder, surgical; with rotator cuff repair **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2021 Medicare Utilization:** 60,775 **2023 Work RVU:** 15.59 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 13.45 **Result:** Maintain

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

29828 Arthroscopy, shoulder, surgical; biceps tenodesis **Global:** 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2021 Medicare Utilization:** 18,405 **2023 Work RVU:** 13.16 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 11.81 **Result:** Maintain

RUC Recommendation: 13.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29830 Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure) **Global:** 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab: 51 **Specialty Developing Recommendation:** AAOS

First Identified: NA

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
Result: PE Only

RUC Recommendation: No NF PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

2X005 **Global:** **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Decrease

RUC Recommendation: 13.90 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

30117 Excision or destruction (eg, laser), intranasal lesion; internal approach **Global:** 090 **Issue:** Posterior Nasal Nerve Ablation **Screen:** RUC recommendation process, not part of RAW **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 07 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** N/A **2021 Medicare Utilization:** 19,706 **2023 Work RVU:** 3.26
2023 NF PE RVU: 25.67
2023 Fac PE RVU: 6.33
Result: Not Part of RAW

RUC Recommendation: CPT Assistant previously published addressed issue **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Nov 2019

Status Report: CMS Requests and Relativity Assessment Issues

30140 Submucous resection inferior turbinate, partial or complete, any method **Global:** 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

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

First Identified: October 2015 **2021 Medicare Utilization:** 39,789

2023 Work RVU: 3.00
2023 NF PE RVU: 5.52
2023 Fac PE RVU: 1.89
Result: Decrease

RUC Recommendation: 3.00

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

30465 Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction) **Global:** 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2021 Medicare Utilization:** 3,079

2023 Work RVU: 12.36
2023 NF PE RVU: NA
2023 Fac PE RVU: 16.96
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

30901 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS

First Identified: October 2009 **2021 Medicare Utilization:** 71,838

2023 Work RVU: 1.10
2023 NF PE RVU: 3.46
2023 Fac PE RVU: 0.40
Result: Maintain

RUC Recommendation: 1.10

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

Status Report: CMS Requests and Relativity Assessment Issues

30903 Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 20 **Specialty Developing Recommendation:** AAOHNS

First Identified: July 2015

2021 Medicare Utilization: 38,809

2023 Work RVU: 1.54
2023 NF PE RVU: 5.64
2023 Fac PE RVU: 0.51
Result: Maintain

RUC Recommendation: 1.54

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

30905 Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 20 **Specialty Developing Recommendation:** AAOHNS

First Identified: July 2015

2021 Medicare Utilization: 4,037

2023 Work RVU: 1.97
2023 NF PE RVU: 8.32
2023 Fac PE RVU: 0.84
Result: Maintain

RUC Recommendation: 1.97

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

30906 Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 20 **Specialty Developing Recommendation:** AAOHNS

First Identified: July 2015

2021 Medicare Utilization: 785

2023 Work RVU: 2.45
2023 NF PE RVU: 8.45
2023 Fac PE RVU: 1.14
Result: Maintain

RUC Recommendation: 2.45

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

31231 Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure) **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab: 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2010

2021 Medicare Utilization: 564,818

2023 Work RVU: 1.10
2023 NF PE RVU: 4.43
2023 Fac PE RVU: 0.66
Result: Maintain

RUC Recommendation: 1.10

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

Status Report: CMS Requests and Relativity Assessment Issues

31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure) **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2011

2021 Medicare Utilization: 115,594

2023 Work RVU: 2.60
2023 NF PE RVU: 4.75
2023 Fac PE RVU: 1.79
Result: Decrease

RUC Recommendation: 2.60

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

31238 Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012

2021 Medicare Utilization: 26,108

2023 Work RVU: 2.74
2023 NF PE RVU: 4.41
2023 Fac PE RVU: 1.85
Result: Decrease

RUC Recommendation: 2.74

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

31239 Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy **Global:** 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012

2021 Medicare Utilization: 1,064

2023 Work RVU: 9.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.08
Result: Decrease

RUC Recommendation: 9.04

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

31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012

2021 Medicare Utilization: 3,733

2023 Work RVU: 2.61
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.75
Result: Maintain

RUC Recommendation: 2.61

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

Status Report: CMS Requests and Relativity Assessment Issues

31241 Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2021 Medicare Utilization:** 457 **2023 Work RVU:** 8.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 4.08 **Result:** Decrease

RUC Recommendation: 8.51 **Referred to CPT** September 2016 **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 **Result:** Decrease

RUC Recommendation: 9.00 **Referred to CPT** September 2016 **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 **Result:** Decrease

RUC Recommendation: 4.27 **Referred to CPT** September 2016 **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 **Result:** Decrease

RUC Recommendation: 5.75 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2021 Medicare Utilization:** 10,695 **2023 Work RVU:** 3.11 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.81 **Result:** Decrease

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

31257 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2021 Medicare Utilization:** 4,765 **2023 Work RVU:** 8.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 4.12 **Result:** Decrease

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31259 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2021 Medicare Utilization:** 6,124 **2023 Work RVU:** 8.48 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 4.34 **Result:** Decrease

RUC Recommendation: 8.48 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

31267 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2021 Medicare Utilization:** 21,215 **2023 Work RVU:** 4.68 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.55 **Result:** Decrease

RUC Recommendation: 4.68 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

31276 Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2021 Medicare Utilization:** 11,064 **2023 Work RVU:** 6.75 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.52 **Result:** Decrease

RUC Recommendation: 6.75 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31287 Nasal/sinus endoscopy, surgical, with sphenoidotomy; Global: 000 Issue: Nasal/Sinus Endoscopy Screen: Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 Complete? Yes

Most Recent RUC Meeting: January 2017 Tab: 07 Specialty Developing Recommendation: AAOHNS First Identified: April 2015 2021 Medicare Utilization: 2,334 2023 Work RVU: 3.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.00
Result: Decrease

RUC Recommendation: 3.50 Referred to CPT September 2016
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
Result: Decrease

RUC Recommendation: 4.10 Referred to CPT September 2016
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
Result: Maintain

RUC Recommendation: 2.70 Referred to CPT
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
Result: Decrease

RUC Recommendation: 3.10

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

31297 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 07 **Specialty Developing Recommendation:** AAOHNS

First Identified: April 2015

2021 Medicare Utilization: 1,340

2023 Work RVU: 2.44
2023 NF PE RVU: 47.58
2023 Fac PE RVU: 1.49
Result: Decrease

RUC Recommendation: 2.44

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

31298 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia **Global:** 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 24 **Specialty Developing Recommendation:** AAOHNS

First Identified: April 2015

2021 Medicare Utilization: 14,448

2023 Work RVU: 4.50
2023 NF PE RVU: 90.47
2023 Fac PE RVU: 2.47
Result: Decrease

RUC Recommendation: 4.50

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

Status Report: CMS Requests and Relativity Assessment Issues

31500 Intubation, endotracheal, emergency procedure **Global:** 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2021 Medicare Utilization:** 260,169 **2023 Work RVU:** 3.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.74
Result: Increase

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

RUC Recommendation: 21.50 **Referred to CPT** October 2015
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
Result: Decrease

RUC Recommendation: 20.50 **Referred to CPT** October 2015
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
Result: Decrease

RUC Recommendation: 22.00 **Referred to CPT** October 2015
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
Result: Decrease

RUC Recommendation: 22.00 **Referred to CPT** October 2015
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
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

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
Result: Decrease

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

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
Result: Decrease

RUC Recommendation: 1.94 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Decrease

RUC Recommendation: 14.60 **Referred to CPT** October 2015
Referred to CPT Asst **Published in CPT Asst:**

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** **Published in CPT Asst:**

31584 Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2021 Medicare Utilization:** 14 **2023 Work RVU:** 17.58 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 22.52 **Result:** Decrease

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Referred to CPT Asst** **Published in CPT Asst:**

31587 Laryngoplasty, cricoid split, without graft placement **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2021 Medicare Utilization:** 9 **2023 Work RVU:** 15.27 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 18.93 **Result:** Decrease

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Referred to CPT Asst** **Published in CPT Asst:**

31588 Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy) **Global:** **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **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

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 **Result:** Decrease

RUC Recommendation: 15.60 **Referred to CPT** October 2015 **Referred to CPT Asst** **Published in CPT Asst:**

31592 Cricotracheal resection **Global:** 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2021 Medicare Utilization:** 26 **2023 Work RVU:** 25.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 23.52 **Result:** Decrease

RUC Recommendation: 25.00 **Referred to CPT** October 2015 **Referred to CPT Asst** **Published in CPT Asst:**

31600 Tracheostomy, planned (separate procedure); **Global:** 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2021 Medicare Utilization:** 24,508 **2023 Work RVU:** 5.56 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.44 **Result:** Increase

RUC Recommendation: 5.56 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

31601 Tracheostomy, planned (separate procedure); younger than 2 years **Global:** 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2021 Medicare Utilization:** 2 **2023 Work RVU:** 8.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 4.24 **Result:** Increase

RUC Recommendation: 8.00 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31603 Tracheostomy, emergency procedure; transtracheal Global: 000 Issue: Tracheostomy Screen: CMS High Expenditure Procedural Codes2 Complete? Yes

Most Recent RUC Meeting: April 2016 Tab: 21 Specialty Developing Recommendation: AAOHNS First Identified: July 2015 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:** Deleted from CPT **Result:** Deleted from CPT

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

31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) **Global:** 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent 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 **Result:** Maintain

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

31623 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings **Global:** 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent 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 **Result:** Maintain

RUC Recommendation: 2.63 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

31624 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage **Global:** 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent 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 **Result:** Maintain

RUC Recommendation: 2.63 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

31625 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites **Global:** 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2021 Medicare Utilization:** 14,232 **2023 Work RVU:** 3.11 **2023 NF PE RVU:** 7.01 **2023 Fac PE RVU:** 1.14 **Result:** Maintain

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

31626 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple **Global:** 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2021 Medicare Utilization:** 2,033 **2023 Work RVU:** 3.91 **2023 NF PE RVU:** 19.28 **2023 Fac PE RVU:** 1.38 **Result:** Maintain

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

31628 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe **Global:** 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2021 Medicare Utilization:** 27,375 **2023 Work RVU:** 3.55 **2023 NF PE RVU:** 7.25 **2023 Fac PE RVU:** 1.27 **Result:** Maintain

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

31629 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) **Global:** 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2021 Medicare Utilization:** 14,059 **2023 Work RVU:** 3.75 **2023 NF PE RVU:** 9.43 **2023 Fac PE RVU:** 1.33 **Result:** Decrease

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Maintain

RUC Recommendation: 1.03

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

31633 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab: 05 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: April 2013

2021 Medicare Utilization: 991

2023 Work RVU: 1.32
2023 NF PE RVU: 0.93
2023 Fac PE RVU: 0.39
Result: Maintain

RUC Recommendation: 1.32

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

31645 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial **Global:** 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 08 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: October 2015

2021 Medicare Utilization: 30,095

2023 Work RVU: 2.88
2023 NF PE RVU: 4.98
2023 Fac PE RVU: 1.13
Result: Decrease

RUC Recommendation: 2.88

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

Status Report: CMS Requests and Relativity Assessment Issues

31646 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay **Global:** 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 08 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: October 2015

2021 Medicare Utilization: 3,677

2023 Work RVU: 2.78

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.09

Result: Increase

RUC Recommendation: 2.78

Referred to CPT May 2016

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

31652 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures **Global:** 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab: 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2014

2021 Medicare Utilization: 23,016

2023 Work RVU: 4.46

2023 NF PE RVU: 32.84

2023 Fac PE RVU: 1.55

Result: Decrease

RUC Recommendation: 5.00

Referred to CPT October 2014

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

31653 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures **Global:** 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab: 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2014

2021 Medicare Utilization: 13,844

2023 Work RVU: 4.96

2023 NF PE RVU: 33.78

2023 Fac PE RVU: 1.70

Result: Decrease

RUC Recommendation: 5.50

Referred to CPT October 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

31654 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to code for primary procedure[s]) **Global:** ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2021 Medicare Utilization:** 9,856 **2023 Work RVU:** 1.40 **2023 NF PE RVU:** 2.06 **2023 Fac PE RVU:** 0.42 **Result:** Decrease

RUC Recommendation: 1.70 **Referred to CPT:** October 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

32201 Pneumonostomy; with percutaneous drainage of abscess or cyst **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **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 2012 **Referred to CPT Asst:** **Published in CPT Asst:**

32405 Biopsy, lung or mediastinum, percutaneous needle **Global:** **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **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:** February 2019 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32408 Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed **Global:** 000 **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 05 **Specialty Developing Recommendation:** ACR, SIR

First Identified: April 2019

2021 Medicare Utilization: 58,727

2023 Work RVU: 3.18
2023 NF PE RVU: 22.45
2023 Fac PE RVU: 0.99
Result: Increase

RUC Recommendation: 4.00

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

32420 Pneumocentesis, puncture of lung for aspiration **Global:** **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab: 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS

First Identified: September 2011

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

32421 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent **Global:** **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab: 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS

First Identified: September 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

32422 Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure) **Global:** **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **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** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

32440 Removal of lung, pneumonectomy; **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2021 Medicare Utilization:** 143 **2023 Work RVU:** 27.28 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 12.36 **Result:** Remove from Screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

32480 Removal of lung, other than pneumonectomy; single lobe (lobectomy) **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2021 Medicare Utilization:** 2,971 **2023 Work RVU:** 25.82 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 11.62 **Result:** Remove from Screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

32482 Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy) **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2021 Medicare Utilization:** 203

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT**

2023 Work RVU: 27.44
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.59
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

RUC Recommendation: Request further information from CMS **Referred to CPT**

2023 Work RVU: 25.24
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.07
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

RUC Recommendation: 3.50 **Referred to CPT** February 2012

2023 Work RVU: 3.04
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.01
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
Result: Decrease

RUC Recommendation: 1.82

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

32555 Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab: 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR

First Identified: October 2012

2021 Medicare Utilization: 207,406

2023 Work RVU: 2.27
2023 NF PE RVU: 7.02
2023 Fac PE RVU: 0.74
Result: Decrease

RUC Recommendation: 2.27

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

32556 Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab: 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR

First Identified: October 2012

2021 Medicare Utilization: 5,041

2023 Work RVU: 2.50
2023 NF PE RVU: 19.48
2023 Fac PE RVU: 0.80
Result: Decrease

RUC Recommendation: 2.50

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

32557 Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance **Global:** 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab: 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR

First Identified: October 2012

2021 Medicare Utilization: 34,801

2023 Work RVU: 3.12
2023 NF PE RVU: 16.65
2023 Fac PE RVU: 0.96
Result: Decrease

RUC Recommendation: 3.62

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

Status Report: CMS Requests and Relativity Assessment Issues

32663 Thoracoscopy, surgical; with lobectomy (single lobe) **Global:** 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** STS

First Identified: October 2008 **2021 Medicare Utilization:** 8,161

2023 Work RVU: 24.64
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.58
Result: Remove from Screen

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.

Referred to CPT

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

33010 Pericardiocentesis; initial **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **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 September 2018

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

33011 Pericardiocentesis; subsequent **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: September 2018 **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 September 2018

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

33015 Tube pericardiostomy **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2017 **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 September 2018

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

Status Report: CMS Requests and Relativity Assessment Issues

33016 Pericardiocentesis, including imaging guidance, when performed **Global:** 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2021 Medicare Utilization:** 4,359 **2023 Work RVU:** 4.40 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.52 **Result:** Increase

RUC Recommendation: 5.00 **Referred to CPT** September 2018 **Referred to CPT Asst** **Published in CPT Asst:**

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 **Result:** Increase

RUC Recommendation: 5.50 **Referred to CPT** September 2018 **Referred to CPT Asst** **Published in CPT Asst:**

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 **Result:** Increase

RUC Recommendation: 6.00 **Referred to CPT** September 2018 **Referred to CPT Asst** **Published in CPT Asst:**

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 **Result:** Increase

RUC Recommendation: 5.00 **Referred to CPT** September 2018 **Referred to CPT Asst** **Published in CPT Asst:**

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 **Result:** Decrease

RUC Recommendation: 14.31 **Referred to CPT** May 2018 **Referred to CPT Asst** **Published in CPT Asst:**

33025 Creation of pericardial window or partial resection for drainage **Global:** 090 **Issue:** 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 **Result:** Decrease

RUC Recommendation: 13.20 **Referred to CPT** May 2018 **Referred to CPT Asst** **Published in CPT Asst:**

33207 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 9,413 **2023 Work RVU:** 7.80 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 4.61 **Result:** Maintain

RUC Recommendation: 8.05 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33208 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2021 Medicare Utilization:** 91,848

2023 Work RVU: 8.52
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.90
Result: Maintain

RUC Recommendation: 8.77

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

33212 Insertion of pacemaker pulse generator only; with existing single lead **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2021 Medicare Utilization:** 206

2023 Work RVU: 5.01
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.37
Result: Decrease

RUC Recommendation: 5.26

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

33213 Insertion of pacemaker pulse generator only; with existing dual leads **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2021 Medicare Utilization:** 974

2023 Work RVU: 5.28
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.49
Result: Decrease

RUC Recommendation: 5.53

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

Status Report: CMS Requests and Relativity Assessment Issues

33221 Insertion of pacemaker pulse generator only; with existing multiple leads **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2021 Medicare Utilization:** 223 **2023 Work RVU:** 5.55 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.88 **Result:** Decrease

RUC Recommendation: 5.80 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

33227 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2021 Medicare Utilization:** 2,926 **2023 Work RVU:** 5.25 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.62 **Result:** Decrease

RUC Recommendation: 5.50 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

33228 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** April 2011 **2021 Medicare Utilization:** 30,687 **2023 Work RVU:** 5.52 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.75 **Result:** Decrease

RUC Recommendation: 5.77 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33229 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2021 Medicare Utilization:** 6,002

2023 Work RVU: 5.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.01
Result: Decrease

RUC Recommendation: 6.04

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

33230 Insertion of implantable defibrillator pulse generator only; with existing dual leads **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2021 Medicare Utilization:** 97

2023 Work RVU: 6.07
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.95
Result: Decrease

RUC Recommendation: 6.32

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

33231 Insertion of implantable defibrillator pulse generator only; with existing multiple leads **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2021 Medicare Utilization:** 94

2023 Work RVU: 6.34
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.11
Result: Decrease

RUC Recommendation: 6.59

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

Status Report: CMS Requests and Relativity Assessment Issues

33233 Removal of permanent pacemaker pulse generator only **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 7,684 **2023 Work RVU:** 3.14 **2023 NF PE RVU:** NA **2023 Fac PE RVU:**3.09 **Result:** Maintain

RUC Recommendation: 3.39 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

33240 Insertion of implantable defibrillator pulse generator only; with existing single lead **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 137 **2023 Work RVU:** 5.80 **2023 NF PE RVU:** NA **2023 Fac PE RVU:**3.73 **Result:** Decrease

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

33241 Removal of implantable defibrillator pulse generator only **Global:** 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 5,020 **2023 Work RVU:** 3.04 **2023 NF PE RVU:** NA **2023 Fac PE RVU:**2.66 **Result:** Maintain

RUC Recommendation: 3.29 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33249 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber **Global:** 090 **Issue:** Pacemaker or Pacing 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: 32,852

2023 Work RVU: 14.92

2023 NF PE RVU: NA

2023 Fac PE RVU: 8.77

Result: Maintain

RUC Recommendation: 15.17

Referred to CPT February 2011

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

33262 Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab: 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2021 Medicare Utilization: 2,438

2023 Work RVU: 5.81

2023 NF PE RVU: NA

2023 Fac PE RVU: 3.94

Result: Decrease

RUC Recommendation: 6.06

Referred to CPT February 2011

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

33263 Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab: 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2021 Medicare Utilization: 6,255

2023 Work RVU: 6.08

2023 NF PE RVU: NA

2023 Fac PE RVU: 4.04

Result: Decrease

RUC Recommendation: 6.33

Referred to CPT February 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

33264 Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system **Global:** 090 **Issue:** Pacemaker or Pacing Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2021 Medicare Utilization:** 12,407

2023 Work RVU: 6.35
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.21
Result: Decrease

RUC Recommendation: 6.60

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

33274 Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed **Global:** 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: April 2023 **2021 Medicare Utilization:** 12,054

2023 Work RVU: 7.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.65
Result:

RUC Recommendation: Maintain and Review in 3 years (Sept 2026).

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

33275 Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed **Global:** 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: September 2023 **2021 Medicare Utilization:** 47

2023 Work RVU: 8.59
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.26
Result:

RUC Recommendation: Maintain and Review in 3 years (Sept 2026).

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

Status Report: CMS Requests and Relativity Assessment Issues

33276 Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed **Global:** **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:
Result:

RUC Recommendation: Review action Plan

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

33277 Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure) **Global:** **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:
Result:

RUC Recommendation: Review action Plan

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

33278 Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s) **Global:** **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:
Result:

RUC Recommendation: Review action Plan

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

Status Report: CMS Requests and Relativity Assessment Issues

33279 Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only **Global:** **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:
Result:

RUC Recommendation: Review action Plan

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

33280 Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only **Global:** **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:
Result:

RUC Recommendation: Review action Plan

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

33281 Repositioning of phrenic nerve stimulator transvenous lead(s) **Global:** **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:
Result:

RUC Recommendation: Review action Plan

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

Status Report: CMS Requests and Relativity Assessment Issues

33282 Implantation of patient-activated cardiac event recorder **Global:** **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: 3.50 **Referred to CPT** February 2017 **Referred to CPT Asst** **Published in CPT Asst:**

33284 Removal of an implantable, patient-activated cardiac event recorder **Global:** **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: 3.00 **Referred to CPT** February 2017 **Referred to CPT Asst** **Published in CPT Asst:**

33287 Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator **Global:** **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:** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

33288 Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) **Global:** **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:
Result:

RUC Recommendation: Review action Plan

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

33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve **Global:** 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011

2021 Medicare Utilization: 12,360

2023 Work RVU: 41.32
2023 NF PE RVU: NA
2023 Fac PE RVU: 15.59
Result: Maintain

RUC Recommendation: 41.32

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

33430 Replacement, mitral valve, with cardiopulmonary bypass **Global:** 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008

2021 Medicare Utilization: 6,313

2023 Work RVU: 50.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 19.32
Result: Maintain

RUC Recommendation: 50.93

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

Status Report: CMS Requests and Relativity Assessment Issues

33533 Coronary artery bypass, using arterial graft(s); single arterial graft **Global:** 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS **First Identified:** September 2011 **2021 Medicare Utilization:** 47,131 **2023 Work RVU:** 33.75 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 13.26 **Result:** Increase

RUC Recommendation: 34.98 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

33620 Application of right and left pulmonary artery bands (eg, hybrid approach stage 1) **Global:** 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2021 Medicare Utilization:** 93 **2023 Work RVU:** 30.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 11.13 **Result:** Maintain

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** July 2016

33621 Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1) **Global:** 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS **First Identified:** January 2015 **2021 Medicare Utilization:** 1 **2023 Work RVU:** 16.18 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 7.27 **Result:** Maintain

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** July 2016

Status Report: CMS Requests and Relativity Assessment Issues

33622 Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, norwood, bidirectional glenn, pulmonary artery debanding) **Global:** 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015 **2021 Medicare Utilization:** 2

2023 Work RVU: 64.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 21.01
Result: Maintain

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

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

33741 Transcatheter atrial septostomy (tas) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, rashkind, sang-park, balloon, cutting balloon, blade) **Global:** 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2021 Medicare Utilization:** 61

2023 Work RVU: 14.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.77
Result: Maintain

RUC Recommendation: 14.00

Referred to CPT September 2019
Referred to CPT Asst **Published in CPT Asst:**

33745 Transcatheter intracardiac shunt (tis) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, fontan fenestration, right ventricular outflow tract, mustard/senning/warden baffles); initial intracardiac shunt **Global:** 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2021 Medicare Utilization:** 6

2023 Work RVU: 20.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.82
Result: Maintain

RUC Recommendation: 20.00

Referred to CPT September 2019
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33746 Transcatheter intracardiac shunt (tis) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, fontan fenestration, right ventricular outflow tract, mustard/senning/warden baffles); each additional intracardiac shunt location (list separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** September 2019 **2021 Medicare Utilization:** **2023 Work RVU:** 8.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.73
Result: Maintain

RUC Recommendation: 10.50 **Referred to CPT** September 2019
Referred to CPT Asst **Published in CPT Asst:**

33863 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, bentall)

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** STS, AATS **First Identified:** February 2008 **2021 Medicare Utilization:** 1,778 **2023 Work RVU:** 58.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 19.50
Result: Remove from Screen

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

33945 Heart transplant, with or without recipient cardiectomy

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:** 707 **2023 Work RVU:** 89.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 32.10
Result: Maintain

RUC Recommendation: 16.00 **Referred to CPT** February 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33946 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-venous **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP

First Identified: November 2014

2021 Medicare Utilization: 528

2023 Work RVU: 6.00

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.81

Result: Maintain

RUC Recommendation: 6.00

Referred to CPT February 2014

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

33947 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-arterial **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP

First Identified: November 2013

2021 Medicare Utilization: 1,277

2023 Work RVU: 6.63

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.99

Result: Maintain

RUC Recommendation: 6.63

Referred to CPT February 2014

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

33948 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-venous **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP

First Identified: November 2013

2021 Medicare Utilization: 7,608

2023 Work RVU: 4.73

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.44

Result: Maintain

RUC Recommendation: 4.73

Referred to CPT February 2014

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

33949 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-arterial **Global:** XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP

First Identified: November 2013

2021 Medicare Utilization: 5,339

2023 Work RVU: 4.60

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.40

Result: Maintain

RUC Recommendation: 4.60

Referred to CPT February 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

33951 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2021 Medicare Utilization:** **2023 Work RVU:** 8.15 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.35 **Result:** Maintain

RUC Recommendation: 8.15 **Referred to CPT:** February 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

33952 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2021 Medicare Utilization:** 1,382 **2023 Work RVU:** 8.15 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.54 **Result:** Maintain

RUC Recommendation: 8.43 **Referred to CPT:** February 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

33953 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2021 Medicare Utilization:** 1 **2023 Work RVU:** 9.11 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.61 **Result:** Maintain

RUC Recommendation: 9.83 **Referred to CPT:** February 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33954 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization: 235

2023 Work RVU: 9.11
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.69
Result: Maintain

RUC Recommendation: 9.43

Referred to CPT February 2014
Referred to CPT Asst **Published in CPT Asst:**

33956 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization: 387

2023 Work RVU: 16.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.65
Result: Maintain

RUC Recommendation: 16.00

Referred to CPT February 2014
Referred to CPT Asst **Published in CPT Asst:**

33957 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization:

2023 Work RVU: 3.51
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.07
Result: Maintain

RUC Recommendation: 4.00

Referred to CPT February 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33958 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:** 74

2023 Work RVU: 3.51
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.07
Result: Maintain

RUC Recommendation: 4.05 **Referred to CPT:** February 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

33959 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:**

2023 Work RVU: 4.47
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.33
Result: Maintain

RUC Recommendation: 4.69 **Referred to CPT:** February 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day **Global:** **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **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:** February 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33961 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day **Global:** **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP

First Identified: July 2013

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 February 2014

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

33962 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization: 18

2023 Work RVU: 4.47

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.33

Result: Maintain

RUC Recommendation: 4.73

Referred to CPT February 2014

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

33963 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization:

2023 Work RVU: 9.00

2023 NF PE RVU: NA

2023 Fac PE RVU: 2.58

Result: Maintain

RUC Recommendation: 9.00

Referred to CPT February 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

33964 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:** 10 **2023 Work RVU:** 9.50 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.72 **Result:** Maintain

RUC Recommendation: 9.50 **Referred to CPT:** February 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

33965 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:** **2023 Work RVU:** 3.51 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.07 **Result:** Maintain

RUC Recommendation: 3.51 **Referred to CPT:** February 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

33966 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2021 Medicare Utilization:** 434 **2023 Work RVU:** 4.50 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.42 **Result:** Maintain

RUC Recommendation: 4.50 **Referred to CPT:** February 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33969 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization:

2023 Work RVU: 5.22
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.54
Result: Maintain

RUC Recommendation: 6.00

Referred to CPT February 2014
Referred to CPT Asst **Published in CPT Asst:**

33984 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization: 431

2023 Work RVU: 5.46
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.55
Result: Maintain

RUC Recommendation: 6.38

Referred to CPT February 2014
Referred to CPT Asst **Published in CPT Asst:**

33985 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 Specialty Developing Recommendation: STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization:

2023 Work RVU: 9.89
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.83
Result: Maintain

RUC Recommendation: 9.89

Referred to CPT February 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33986 Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization: 208

2023 Work RVU: 10.00

2023 NF PE RVU: NA

2023 Fac PE RVU: 2.97

Result: Maintain

RUC Recommendation: 10.00

Referred to CPT February 2014

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

33987 Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ecmo/ecls (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization: 48

2023 Work RVU: 4.04

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.10

Result: Maintain

RUC Recommendation: 4.08

Referred to CPT February 2014

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

33988 Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls **Global:** 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: November 2014

2021 Medicare Utilization: 34

2023 Work RVU: 15.00

2023 NF PE RVU: NA

2023 Fac PE RVU: 4.23

Result: Maintain

RUC Recommendation: 15.00

Referred to CPT February 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

33989 Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for Global: 000 Issue: ECMO-ECLS Screen: CMS Request - Final Rule for 2014 Complete? Yes
 ecmo/ecls

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

Result: Maintain

RUC Recommendation: 9.50

Referred to CPT February 2014

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

Result: Decrease

RUC Recommendation: 23.71

Referred to CPT

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

Result: Decrease

RUC Recommendation: 36.00

Referred to CPT

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 **Tab:** 10 **Specialty Developing** AAOHNS
RUC Meeting: January 2017 **Recommendation:**

First **2021**
Identified: October 2015 **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
Referred to CPT Asst **Published in CPT Asst:**

34802 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb) **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent **Tab:** 10 **Specialty Developing** SVS, SIR, STS,
RUC Meeting: January 2017 **Recommendation:** AATS

First **2021**
Identified: January 2014 **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 September 2016
Referred to CPT Asst **Published in CPT Asst:**

34803 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs) **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent **Tab:** 10 **Specialty Developing** SVS, SIR, STS,
RUC Meeting: January 2017 **Recommendation:** AATS

First **2021**
Identified: October 2015 **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
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

34805 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

First Identified: January 2017

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

34806 Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure) **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

First Identified: January 2017

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

Status Report: CMS Requests and Relativity Assessment Issues

34812 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2021 Medicare Utilization:** 5,856 **2023 Work RVU:** 4.13 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 0.88 **Result:** Decrease

RUC Recommendation: 4.13 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

34820 Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2021 Medicare Utilization:** 68 **2023 Work RVU:** 7.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.10 **Result:** Decrease

RUC Recommendation: 7.00 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

34825 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **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** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34826 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure) **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

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

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 **Result:** Decrease

RUC Recommendation: 8.16 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

34834 Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2021 Medicare Utilization:** 397 **2023 Work RVU:** 2.65 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 0.47 **Result:** Decrease

RUC Recommendation: 2.65 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

34900 Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis

Global: **Issue:** Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

First Identified: January 2017

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

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

Result: Increase

RUC Recommendation: 21.16

Referred to CPT

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

35450 Transluminal balloon angioplasty, open; renal or other visceral artery

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: October 2015

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

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:** **Result:** Deleted from CPT

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

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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:** **Result:** Deleted from CPT

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

35459 Deleted from CPT **Global:** **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **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** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

35460 Transluminal balloon angioplasty, open; venous **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **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** **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:
Result: Deleted from CPT

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

35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **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:**

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:
Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

35473 Deleted from CPT

Global: **Issue:** Endovascular Revascularization

Screen: CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab: 07 Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

First Identified: February 2010 **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 February 2010
Referred to CPT Asst **Published in CPT Asst:**

35474 Deleted from CPT

Global: **Issue:** Endovascular Revascularization

Screen: CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab: 07 Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

First Identified: October 2008 **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 February 2010
Referred to CPT Asst **Published in CPT Asst:**

35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab: 15 Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: September 2011 **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

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT:** October 2015 **Referred to CPT Asst:** **Published in CPT Asst:**

35490 Deleted from CPT **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **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:** February 2010 **Referred to CPT Asst:** **Published in CPT Asst:**

35491 Deleted from CPT **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **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:** February 2010 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35492 Deleted from CPT

Global: **Issue:** Endovascular Revascularization

Screen: High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS

First Identified: April 2008

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 February 2010
Referred to CPT Asst **Published in CPT Asst:**

35493 Deleted from CPT

Global: **Issue:** Endovascular Revascularization

Screen: High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS

First Identified: February 2008

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 February 2010
Referred to CPT Asst **Published in CPT Asst:**

35494 Deleted from CPT

Global: **Issue:** Endovascular Revascularization

Screen: High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS

First Identified: April 2008

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 February 2010
Referred to CPT Asst **Published in CPT Asst:**

35495 Deleted from CPT

Global: **Issue:** Endovascular Revascularization

Screen: High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS

First Identified: February 2008

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 February 2010
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35701 Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian) **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2021 Medicare Utilization:** 709 **2023 Work RVU:** 7.50 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 4.28 **Result:** Decrease

RUC Recommendation: 7.50 **Referred to CPT:** September 2018 **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 **Result:** Decrease

RUC Recommendation: 7.12 **Referred to CPT:** September 2018 **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 **Result:** Decrease

RUC Recommendation: 7.50 **Referred to CPT:** September 2018 **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:** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

35761 Exploration (not followed by surgical repair), with or without lysis of artery; other vessels **Global:** **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS

First Identified: April 2017 **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 September 2018
Referred to CPT Asst **Published in CPT Asst:**

36000 Introduction of needle or intracatheter, vein **Global:** XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh

First Identified: October 2009 **2021 Medicare Utilization:**

2023 Work RVU: 0.18
2023 NF PE RVU: 0.71
2023 Fac PE RVU: 0.07
Result: Maintain

RUC Recommendation: CMS consider a bundled status for this code

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

36010 Introduction of catheter, superior or inferior vena cava **Global:** XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010 **2021 Medicare Utilization:** 13,444

2023 Work RVU: 2.18
2023 NF PE RVU: 13.73
2023 Fac PE RVU: 0.60
Result: Remove from Screen

RUC Recommendation: Remove from re-review.

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

Status Report: CMS Requests and Relativity Assessment Issues

36140 Introduction of needle or intracatheter, upper or lower extremity artery **Global:** XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2021 Medicare Utilization:** 17,255 **2023 Work RVU:** 1.76 **2023 NF PE RVU:** 13.23 **2023 Fac PE RVU:** 0.49 **Result:** Remove from Screen

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

36145 Deleted from CPT **Global:** **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **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** February 2009 **Referred to CPT Asst** **Published in CPT Asst:**

36147 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava) **Global:** **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **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 2008 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36148 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure) **Global:** **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** **Published in CPT Asst:**

36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family **Global:** 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 35,641 **2023 Work RVU:** 4.17 **2023 NF PE RVU:** 26.35 **2023 Fac PE RVU:** 1.45 **Result:** Decrease

RUC Recommendation: 4.17 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

36216 Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family **Global:** 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 3,582 **2023 Work RVU:** 5.27 **2023 NF PE RVU:** 25.69 **2023 Fac PE RVU:** 1.62 **Result:** Maintain

RUC Recommendation: 5.27 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36217 Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family **Global:** 000 **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 23 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: April 2011

2021 Medicare Utilization: 3,614

2023 Work RVU: 6.29
2023 NF PE RVU: 45.90
2023 Fac PE RVU: 2.00
Result: Maintain

RUC Recommendation: 6.29

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

36218 Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (list in addition to code for initial second or third order vessel as appropriate) **Global:** ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 23 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: July 2015

2021 Medicare Utilization: 1,887

2023 Work RVU: 1.01
2023 NF PE RVU: 5.04
2023 Fac PE RVU: 0.32
Result: Maintain

RUC Recommendation: 1.01

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

36221 Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS

First Identified: February 2010

2021 Medicare Utilization: 1,470

2023 Work RVU: 3.92
2023 NF PE RVU: 24.97
2023 Fac PE RVU: 1.06
Result: Decrease

RUC Recommendation: 4.51

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

Status Report: CMS Requests and Relativity Assessment Issues

36222 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 5,479 **2023 Work RVU:** 5.28 **2023 NF PE RVU:** 30.04 **2023 Fac PE RVU:** 1.81 **Result:** Decrease

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

36223 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 26,058 **2023 Work RVU:** 5.75 **2023 NF PE RVU:** 42.03 **2023 Fac PE RVU:** 2.31 **Result:** Decrease

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

36224 Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 33,880 **2023 Work RVU:** 6.25 **2023 NF PE RVU:** 53.21 **2023 Fac PE RVU:** 2.74 **Result:** Decrease

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36225 Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 9,808 **2023 Work RVU:** 5.75 **2023 NF PE RVU:** 39.29 **2023 Fac PE RVU:** 2.23 **Result:** Decrease

RUC Recommendation: 6.50 **Referred to CPT:** February 2012 **Referred to CPT Asst:** **Published in CPT Asst:**

36226 Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed **Global:** 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 28,735 **2023 Work RVU:** 6.25 **2023 NF PE RVU:** 51.54 **2023 Fac PE RVU:** 2.71 **Result:** Decrease

RUC Recommendation: 7.55 **Referred to CPT:** February 2012 **Referred to CPT Asst:** **Published in CPT Asst:**

36227 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 15,752 **2023 Work RVU:** 2.09 **2023 NF PE RVU:** 4.52 **2023 Fac PE RVU:** 0.86 **Result:** Decrease

RUC Recommendation: 2.32 **Referred to CPT:** February 2012 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36228 Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 2,216 **2023 Work RVU:** 4.25 **2023 NF PE RVU:** 32.30 **2023 Fac PE RVU:** 1.73 **Result:** Decrease

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family **Global:** XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2021 Medicare Utilization:** 33,918 **2023 Work RVU:** 4.65 **2023 NF PE RVU:** 31.96 **2023 Fac PE RVU:** 1.42 **Result:** Decrease

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

36246 Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family **Global:** 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 29,820 **2023 Work RVU:** 5.02 **2023 NF PE RVU:** 19.05 **2023 Fac PE RVU:** 1.33 **Result:** Maintain

RUC Recommendation: 5.27 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family **Global:** 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab: 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC

First Identified: February 2010

2021 Medicare Utilization: 60,496

2023 Work RVU: 6.04
2023 NF PE RVU: 35.71
2023 Fac PE RVU: 1.64
Result: Increase

RUC Recommendation: 7.00

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

36248 Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (list in addition to code for initial second or third order vessel as appropriate) **Global:** ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009

Tab: 40 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008

2021 Medicare Utilization: 27,375

2023 Work RVU: 1.01
2023 NF PE RVU: 2.38
2023 Fac PE RVU: 0.28
Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT February 2010
Referred to CPT Asst **Published in CPT Asst:**

36251 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral **Global:** 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 11 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2011

2021 Medicare Utilization: 3,041

2023 Work RVU: 5.10
2023 NF PE RVU: 32.77
2023 Fac PE RVU: 1.48
Result: Decrease

RUC Recommendation: 5.45

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

Status Report: CMS Requests and Relativity Assessment Issues

36252 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral

Global: 000

Issue: Renal Angiography

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab: 11 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2011

2021 Medicare Utilization: 5,249

2023 Work RVU: 6.74

2023 NF PE RVU: 33.54

2023 Fac PE RVU: 2.21

Result: Decrease

RUC Recommendation: 7.38

Referred to CPT

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

36253 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

Global: 000

Issue: Renal Angiography

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab: 11 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2011

2021 Medicare Utilization: 1,747

2023 Work RVU: 7.30

2023 NF PE RVU: 52.46

2023 Fac PE RVU: 2.13

Result: Decrease

RUC Recommendation: 7.55

Referred to CPT

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

36254 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral

Global: 000

Issue: Renal Angiography

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab: 11 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2011

2021 Medicare Utilization: 246

2023 Work RVU: 7.90

2023 NF PE RVU: 50.03

2023 Fac PE RVU: 2.55

Result: Decrease

RUC Recommendation: 8.15

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

36410 Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture) **Global:** XXX **Issue:** Venipuncture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 36 **Specialty Developing Recommendation:** ACP

First Identified: October 2009

2021 Medicare Utilization: 145,136

2023 Work RVU: 0.18
2023 NF PE RVU: 0.32
2023 Fac PE RVU: 0.07
Result: Maintain

RUC Recommendation: 0.18

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

36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated **Global:** 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

First Identified: April 2013

2021 Medicare Utilization: 87,983

2023 Work RVU: 5.30
2023 NF PE RVU: 26.06
2023 Fac PE RVU: 1.72
Result: Decrease

RUC Recommendation: 5.30

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

36476 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

First Identified: October 2013

2021 Medicare Utilization: 5,789

2023 Work RVU: 2.65
2023 NF PE RVU: 5.30
2023 Fac PE RVU: 0.71
Result: Decrease

RUC Recommendation: 2.65

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

Status Report: CMS Requests and Relativity Assessment Issues

36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated **Global:** 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

First Identified: April 2013

2021 Medicare Utilization: 34,994

2023 Work RVU: 5.30
2023 NF PE RVU: 23.11
2023 Fac PE RVU: 1.76
Result: Decrease

RUC Recommendation: 5.30

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

36479 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS

First Identified: April 2013

2021 Medicare Utilization: 3,879

2023 Work RVU: 2.65
2023 NF PE RVU: 5.79
2023 Fac PE RVU: 0.77
Result: Decrease

RUC Recommendation: 2.65

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

36481 Percutaneous portal vein catheterization by any method **Global:** 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab: 21 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA

2021 Medicare Utilization: 675

2023 Work RVU: 6.73
2023 NF PE RVU: 45.04
2023 Fac PE RVU: 2.08
Result: PE Only

RUC Recommendation: New PE Inputs

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

Status Report: CMS Requests and Relativity Assessment Issues

36511 Therapeutic apheresis; for white blood cells **Global:** 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2021 Medicare Utilization:** 332 **2023 Work RVU:** 2.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.10
Result: Increase

RUC Recommendation: 2.00. Refer to CPT Assistant. **Referred to CPT** September 2016
Referred to CPT Asst **Published in CPT Asst:** May 2018

36512 Therapeutic apheresis; for red blood cells **Global:** 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2021 Medicare Utilization:** 2,850 **2023 Work RVU:** 2.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.01
Result: Increase

RUC Recommendation: 2.00. Refer to CPT Assistant. **Referred to CPT** September 2016
Referred to CPT Asst **Published in CPT Asst:** May 2018

36513 Therapeutic apheresis; for platelets **Global:** 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2021 Medicare Utilization:** 229 **2023 Work RVU:** 2.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.93
Result: Increase

RUC Recommendation: 2.00. Refer to CPT Assistant. **Referred to CPT** September 2016
Referred to CPT Asst **Published in CPT Asst:** May 2018

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
Result: Increase

RUC Recommendation: 1.81. CPT Assistant article published. **Referred to CPT** September 2016
Referred to CPT Asst **Published in CPT Asst:** May 2018

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:** May 2018

36516 Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion **Global:** 000 **Issue:** Therapeutic Apheresis **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 **Result:** Increase

RUC Recommendation: 1.56. CPT Assistant article published. **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:** Sep 2009

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 **Result:** Increase

RUC Recommendation: 1.75. CPT Assistant article published. **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:** May 2018

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
Result: Decrease

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

36556 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2021 Medicare Utilization:** 388,031 **2023 Work RVU:** 1.75
2023 NF PE RVU: 4.44
2023 Fac PE RVU: 0.51
Result: Decrease

RUC Recommendation: 1.75 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

36558 Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older **Global:** 010 **Issue:** RAW **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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
Result:

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

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
Result: Decrease

RUC Recommendation: 2.11

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

36569 Insertion of peripherally inserted central venous catheter (picc), without subcutaneous port or pump, without imaging guidance; age 5 years or older **Global:** 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022

Tab: 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: July 2015

2021 Medicare Utilization: 10,837

2023 Work RVU: 1.90
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.59
Result: Decrease

RUC Recommendation: 1.90.

Referred to CPT September 2017
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
Result: Decrease

RUC Recommendation: 2.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **Result:** Decrease

RUC Recommendation: 1.90 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

36584 Replacement, complete, of a peripherally inserted central venous catheter (picc), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement **Global:** 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2021 Medicare Utilization:** 3,205 **2023 Work RVU:** 1.20 **2023 NF PE RVU:** 8.52 **2023 Fac PE RVU:** 0.40 **Result:** Decrease

RUC Recommendation: 1.47 **Referred to CPT** September 2017
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 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Increase

RUC Recommendation: 13.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

36819 Arteriovenous anastomosis, open; by upper arm basilic vein transposition **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2021 Medicare Utilization:** 5,100 **2023 Work RVU:** 13.29
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.86
Result: Increase

RUC Recommendation: 15.00 **Referred to CPT**
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
Result: Decrease

RUC Recommendation: 13.99 **Referred to CPT**
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

Result: Decrease

RUC Recommendation: 11.90

Referred to CPT

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

36822 Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure) **Global:** **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI

First Identified: February 2011

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 February 2014

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

36825 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: September 2007

2021 Medicare Utilization: 1,393

2023 Work RVU: 14.17

2023 NF PE RVU: NA

2023 Fac PE RVU: 5.63

Result: Increase

RUC Recommendation: 15.93

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft) **Global:** 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 10 **Specialty Developing Recommendation:** ACS, SVS

First Identified: November 2012

2021 Medicare Utilization: 14,683

2023 Work RVU: 12.03

2023 NF PE RVU: NA

2023 Fac PE RVU: 4.59

Result: Decrease

RUC Recommendation: 11.90

Referred to CPT

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

36834 Deleted from CPT **Global:** **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007

Tab: 16 **Specialty Developing Recommendation:** AVA, ACS

First Identified: September 2007

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 February 2009

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:

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

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 **Result:** Decrease

RUC Recommendation: 3.36 **Referred to CPT:** October 2015 **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 **Result:** Decrease

RUC Recommendation: 4.83 **Referred to CPT:** October 2015 **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 **Result:** Decrease

RUC Recommendation: 6.39 **Referred to CPT:** October 2015 **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 **Result:** Decrease

RUC Recommendation: 7.50 **Referred to CPT:** October 2015 **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 **Result:** Decrease

RUC Recommendation: 9.00 **Referred to CPT:** October 2015 **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 **Result:** Decrease

RUC Recommendation: 10.42 **Referred to CPT:** October 2015 **Referred to CPT Asst:** **Published in CPT Asst:**

36907 Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (list separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2021 Medicare Utilization:** 51,014 **2023 Work RVU:** 3.00 **2023 NF PE RVU:** 14.32 **2023 Fac PE RVU:** 0.82 **Result:** Decrease

RUC Recommendation: 3.00 **Referred to CPT:** October 2015 **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
Result: Decrease

RUC Recommendation: 4.25

Referred to CPT October 2015
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
Result: Decrease

RUC Recommendation: 4.12

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

37183 Revision of transvenous intrahepatic portosystemic shunt(s) (tips) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation) **Global:** 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab: 21 **Specialty Developing Recommendation:** ACR, SIR

First Identified: NA

2021 Medicare Utilization: 832

2023 Work RVU: 7.74
2023 NF PE RVU: 168.49
2023 Fac PE RVU: 2.38
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

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 **Result:** Decrease

RUC Recommendation: 4.71 **Referred to CPT** February 2011 **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 **Result:** Decrease

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

37193 Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed **Global:** 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2021 Medicare Utilization:** 6,002 **2023 Work RVU:** 7.10 **2023 NF PE RVU:** 37.06 **2023 Fac PE RVU:** 1.99 **Result:** Decrease

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **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:** ACC, SIR, SVS **First Identified:** February 2010 **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 2011 **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:** **Result:** Deleted from CPT

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

37204 Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck **Global:** **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **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** February 2013 **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:** Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **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:** Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Referred to CPT Asst** **Published in CPT Asst:**

37207 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab: 07** **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **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** February 2013 **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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

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

37210 Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure **Global:** **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 08 Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: February 2010

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 February 2013

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

Result: Decrease

RUC Recommendation: 8.00

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

37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day **Global:** 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010

2021 Medicare Utilization: 1,794

2023 Work RVU: 6.81

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.89

Result: Decrease

RUC Recommendation: 7.06

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

37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; **Global:** 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: February 2010

2021 Medicare Utilization: 1,435

2023 Work RVU: 4.75

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.18

Result: Decrease

RUC Recommendation: 5.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Decrease

RUC Recommendation: 3.04

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

37220 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 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
Result: Decrease

RUC Recommendation: Refer to CPT. 8.15

Referred to CPT February 2024
Referred to CPT Asst **Published in CPT Asst:**

37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2022

Tab: 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2021 Medicare Utilization: 29,005

2023 Work RVU: 9.75
2023 NF PE RVU: 81.05
2023 Fac PE RVU: 2.43
Result: Decrease

RUC Recommendation: Refer to CPT. 10.00

Referred to CPT February 2024
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Decrease

RUC Recommendation: Refer to CPT. 3.73 **Referred to CPT:** February 2024
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
Result: Decrease

RUC Recommendation: Refer to CPT. 4.25 **Referred to CPT:** February 2024
Referred to CPT Asst: **Published in CPT Asst:**

37224 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 29,781

2023 Work RVU: 8.75
2023 NF PE RVU: 77.46
2023 Fac PE RVU: 2.24
Result: Decrease

RUC Recommendation: Refer to CPT. 9.00 **Referred to CPT:** February 2024
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
Result: Decrease

RUC Recommendation: Refer to CPT. **Referred to CPT** February 2024
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
Result: Decrease

RUC Recommendation: Refer to CPT. 10.49 **Referred to CPT** February 2024
Referred to CPT Asst **Published in CPT Asst:**

37227 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed **Global:** 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** No

Most Recent RUC Meeting: April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 20,679

2023 Work RVU: 14.25
2023 NF PE RVU: 321.29
2023 Fac PE RVU: 3.58
Result: Decrease

RUC Recommendation: Refer to CPT. 14.50 **Referred to CPT** February 2024
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

RUC Recommendation: Refer to CPT. 11.00 **Referred to CPT:** February 2024 **Referred to CPT Asst:** **Published in CPT Asst:**

2023 Work RVU: 10.75
2023 NF PE RVU: 112.07
2023 Fac PE RVU: 2.66
Result: Decrease

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

RUC Recommendation: Refer to CPT. 14.05 **Referred to CPT:** February 2024 **Referred to CPT Asst:** **Published in CPT Asst:**

2023 Work RVU: 13.80
2023 NF PE RVU: 252.05
2023 Fac PE RVU: 3.61
Result: Decrease

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

RUC Recommendation: Refer to CPT. 13.80 **Referred to CPT:** February 2024 **Referred to CPT Asst:** **Published in CPT Asst:**

2023 Work RVU: 13.55
2023 NF PE RVU: 252.54
2023 Fac PE RVU: 3.68
Result: Decrease

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 **Result:** Decrease

RUC Recommendation: Refer to CPT. 15.00 **Referred to CPT:** February 2024 **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 **Result:** Decrease

RUC Recommendation: Refer to CPT. 4.00 **Referred to CPT:** February 2024 **Referred to CPT Asst:** **Published in CPT Asst:**

37233 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2022 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 8,996 **2023 Work RVU:** 6.50 **2023 NF PE RVU:** 23.60 **2023 Fac PE RVU:** 1.63 **Result:** Decrease

RUC Recommendation: Refer to CPT. 6.50 **Referred to CPT:** February 2024 **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

RUC Recommendation: Refer to CPT. 5.50 **Referred to CPT:** February 2024 **Referred to CPT Asst:** **Published in CPT Asst:**

2023 Work RVU: 5.50
2023 NF PE RVU: 102.90
2023 Fac PE RVU: 1.53
Result: Decrease

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

RUC Recommendation: Refer to CPT. 7.80 **Referred to CPT:** February 2024 **Referred to CPT Asst:** **Published in CPT Asst:**

2023 Work RVU: 7.80
2023 NF PE RVU: 110.58
2023 Fac PE RVU: 1.92
Result: Decrease

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

RUC Recommendation: 9.00 **Referred to CPT:** February 2013 **Referred to CPT Asst:** **Published in CPT Asst:**

2023 Work RVU: 8.75
2023 NF PE RVU: 72.21
2023 Fac PE RVU: 2.23
Result: Decrease

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
Result: Decrease

RUC Recommendation: 4.25

Referred to CPT February 2013
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
Result: Decrease

RUC Recommendation: 6.29

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

37239 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

First Identified: February 2013

2021 Medicare Utilization: 3,979

2023 Work RVU: 2.97
2023 NF PE RVU: 48.12
2023 Fac PE RVU: 0.82
Result: Decrease

RUC Recommendation: 3.34

Referred to CPT February 2013
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
Result: Decrease

RUC Recommendation: 9.00

Referred to CPT February 2013
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
Result: Decrease

RUC Recommendation: 11.98

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

37243 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction **Global:** 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 08 Specialty Developing Recommendation: SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2021 Medicare Utilization: 13,902

2023 Work RVU: 11.74
2023 NF PE RVU: 248.20
2023 Fac PE RVU: 3.37
Result: Decrease

RUC Recommendation: 14.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **Result:** Decrease

RUC Recommendation: 14.00 **Referred to CPT:** February 2013 **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 **Result:** Decrease

RUC Recommendation: 7.00 **Referred to CPT:** October 2015 **Referred to CPT Asst:** **Published in CPT Asst:**

37247 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2021 Medicare Utilization:** 736 **2023 Work RVU:** 3.50 **2023 NF PE RVU:** 12.75 **2023 Fac PE RVU:** 0.80 **Result:** Decrease

RUC Recommendation: 3.50 **Referred to CPT:** October 2015 **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 **Result:** Decrease

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **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 **Result:** Decrease

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Referred to CPT Asst** **Published in CPT Asst:**

37250 Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **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 2014 **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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

Result: Decrease

RUC Recommendation: 1.80

Referred to CPT October 2014

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

37253 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 14 Specialty Developing Recommendation: ACC,SCAI, SIR, SVS

First Identified: July 2014

2021 Medicare Utilization: 107,202

2023 Work RVU: 1.44

2023 NF PE RVU: 3.42

2023 Fac PE RVU: 0.36

Result: Decrease

RUC Recommendation: 1.44

Referred to CPT October 2014

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 **Result:** PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

37619 Ligation of inferior vena cava **Global:** 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** February 2011 **2021 Medicare Utilization:** 24 **2023 Work RVU:** 30.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 13.82 **Result:** Increase

RUC Recommendation: 37.60 **Referred to CPT** February 2011
Referred to CPT Asst **Published in CPT Asst:**

37620 Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device) **Global:** **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **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** February 2011
Referred to CPT Asst **Published in CPT Asst:**

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

Result: Maintain

RUC Recommendation: 10.69

Referred to CPT February 2009

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

Result: Increase

RUC Recommendation: 9.00

Referred to CPT

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

37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions **Global:** 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 12 **Specialty Developing Recommendation:** ACS, SIR, SVS

First Identified: February 2008

2021 Medicare Utilization: 10,418

2023 Work RVU: 4.80

2023 NF PE RVU: 6.80

2023 Fac PE RVU:2.10

Result: Decrease

RUC Recommendation: 4.80

Referred to CPT

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

37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions **Global:** 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 12 **Specialty Developing Recommendation:** ACS, SIR, SVS

First Identified: February 2008

2021 Medicare Utilization: 8,063

2023 Work RVU: 6.00

2023 NF PE RVU: 7.56

2023 Fac PE RVU:2.45

Result: Decrease

RUC Recommendation: 6.00

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
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
Result: Decrease

RUC Recommendation: 1.20 **Referred to CPT** February 2016
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
Result: Decrease

RUC Recommendation: 1.28 **Referred to CPT** February 2016
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: September 2023 **Tab:** 22 **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 **Result:** Decrease

RUC Recommendation: 1.44 **Referred to CPT** February 2016 **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 **Result:** Increase

RUC Recommendation: 1.59 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

38542 Dissection, deep jugular node(s) **Global:** 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2021 Medicare Utilization:** 513 **2023 Work RVU:** 7.95 **2023 NF PE RVU:** NA **2023 Fac PE RVU:**6.41 **Result:** Increase

RUC Recommendation: 7.85 **Referred to CPT** **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?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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: Refer to CPT to bundle. 12.00 **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:**

38572 Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple **Global:** 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 12 **Specialty Developing Recommendation:** ACOG **First Identified:** January 2014 **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
Result: Increase

RUC Recommendation: 0.65 **Referred to CPT**
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:
Result: Deleted from CPT

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

39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2021 Medicare Utilization:** 290 **2023 Work RVU:** 5.44
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.34
Result: Decrease

RUC Recommendation: 5.44 **Referred to CPT** October 2014
Referred to CPT Asst **Published in CPT Asst:**

39402 Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging) **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2021 Medicare Utilization:** 2,748 **2023 Work RVU:** 7.25
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.86
Result: Increase

RUC Recommendation: 7.50 **Referred to CPT** October 2014
Referred to CPT Asst **Published in CPT Asst:**

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 **Result:** Maintain

RUC Recommendation: 1.22 **Referred to CPT**
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 **Result:** PE Only

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Nov 2016

40800 Drainage of abscess, cyst, hematoma, vestibule of mouth; simple **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2021 Medicare Utilization:** 2,825 **2023 Work RVU:** 1.23 **2023 NF PE RVU:** 4.73 **2023 Fac PE RVU:** 2.19 **Result:** Maintain

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

RUC Recommendation: Maintain. Reduced 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

40808 Biopsy, vestibule of mouth **Global:** 010 **Issue:** Biopsy of Mouth Lesion **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, AAOMS **First Identified:** April 2017 **2021 Medicare Utilization:** 9,052 **2023 Work RVU:** 1.05
2023 NF PE RVU: 3.93
2023 Fac PE RVU: 1.48
Result: Increase

RUC Recommendation: 1.05 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Maintain

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

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
Result: Maintain

RUC Recommendation: Maintain

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

41530 Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session **Global:** 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 26 **Specialty Developing Recommendation:** AAO-HNS

First Identified: July 2014

2021 Medicare Utilization: 142

2023 Work RVU: 3.50
2023 NF PE RVU: 23.82
2023 Fac PE RVU: 7.39
Result: Decrease

RUC Recommendation: 3.50

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

42145 Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) **Global:** 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab: 41 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007

2021 Medicare Utilization: 373

2023 Work RVU: 9.78
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.53
Result: Maintain

RUC Recommendation: 9.63

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

42415 Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve **Global:** 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab: 27 **Specialty Developing Recommendation:** ACS, AAO-HNS

First Identified: September 2007

2021 Medicare Utilization: 4,761

2023 Work RVU: 17.16
2023 NF PE RVU: NA
2023 Fac PE RVU: 12.08
Result: Maintain

RUC Recommendation: 18.12

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

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 **Result:** Maintain

RUC Recommendation: 21.00

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

42440 Excision of submandibular (submaxillary) gland **Global:** 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,573 **2023 Work RVU:** 6.14 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 5.48 **Result:** Maintain

RUC Recommendation: 7.13

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

43191 Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 2,355 **2023 Work RVU:** 2.49 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.77 **Result:** Increase

RUC Recommendation: 2.78

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

43192 Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 241 **2023 Work RVU:** 2.79 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.86 **Result:** Increase

RUC Recommendation: 3.21

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

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Maintain

RUC Recommendation: 1.59

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

43198 Esophagoscopy, flexible, transnasal; with biopsy, single or multiple **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab: 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA

First Identified: September 2011

2021 Medicare Utilization: 279

2023 Work RVU: 1.82
2023 NF PE RVU: 4.33
2023 Fac PE RVU: 0.85
Result: Maintain

RUC Recommendation: 1.89

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

43200 Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab: 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES

First Identified: September 2011

2021 Medicare Utilization: 4,084

2023 Work RVU: 1.42
2023 NF PE RVU: 6.32
2023 Fac PE RVU: 0.95
Result: Maintain

RUC Recommendation: 1.59

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

43201 Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab: 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: September 2011

2021 Medicare Utilization: 182

2023 Work RVU: 1.72
2023 NF PE RVU: 5.87
2023 Fac PE RVU: 1.08
Result: Decrease

RUC Recommendation: 1.90

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

Status Report: CMS Requests and Relativity Assessment Issues

43202 Esophagoscopy, flexible, transoral; with biopsy, single or multiple **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 1,889

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 1.72
2023 NF PE RVU: 8.83
2023 Fac PE RVU: 1.08
Result: Maintain

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

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 2.33
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.37
Result: Decrease

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

RUC Recommendation: 3.00 **Referred to CPT** May 2012 **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 2.44
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.42
Result: Decrease

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

RUC Recommendation: 2.39 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 2.29
2023 NF PE RVU: 6.54
2023 Fac PE RVU: 1.35
Result: Decrease

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

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

2023 Work RVU: 4.20
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.20
Result: Decrease

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

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

2023 Work RVU: 3.40
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.60
Result: Decrease

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

RUC Recommendation: 5.00 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 4.63
2023 NF PE RVU: 32.10
2023 Fac PE RVU: 2.30
Result: Decrease

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

RUC Recommendation: 3.78 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 3.40
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.83
Result: Decrease

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

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 2.44
2023 NF PE RVU: 9.04
2023 Fac PE RVU: 1.34
Result: Maintain

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

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 2.30
2023 NF PE RVU: 9.78
2023 Fac PE RVU: 1.34
Result: Maintain

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

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 2.80
2023 NF PE RVU: 9.54
2023 Fac PE RVU: 1.57
Result: Maintain

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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

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
Result: Maintain

RUC Recommendation: 2.10

Referred to CPT May 2012
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
Result: Maintain

RUC Recommendation: 2.34

Referred to CPT May 2012
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
Result: Decrease

RUC Recommendation: 3.26

Referred to CPT May 2012
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT May 2012
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
Result: Decrease

RUC Recommendation: 3.72

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

43231 Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: September 2011

2021 Medicare Utilization: 552

2023 Work RVU: 2.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.53
Result: Maintain

RUC Recommendation: 3.19

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

43232 Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: September 2011

2021 Medicare Utilization: 278

2023 Work RVU: 3.59
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.82
Result: Decrease

RUC Recommendation: 3.83

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

43233 Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: October 2012

2021 Medicare Utilization: 1,202

2023 Work RVU: 4.07
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.05
Result: Decrease

RUC Recommendation: 4.45

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

Status Report: CMS Requests and Relativity Assessment Issues

43234 Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure) **Global:** **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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: October 2010

2021 Medicare Utilization: 260,048

2023 Work RVU: 2.09

2023 NF PE RVU: 6.31

2023 Fac PE RVU: 1.25

Result: Decrease

RUC Recommendation: 2.26

Referred to CPT October 2012

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

Result: Decrease

RUC Recommendation: 2.57

Referred to CPT October 2012

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 **Result:** Decrease

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **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 **Result:** Decrease

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **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 **Result:** Maintain

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

RUC Recommendation: 7.25 **Referred to CPT:** February 2013 **Referred to CPT Asst:** **Published in CPT Asst:**

43241 Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 4,394 **2023 Work RVU:** 2.49 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.37 **Result:** Maintain

RUC Recommendation: 2.59 **Referred to CPT:** October 2012 **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 **Result:** Decrease

RUC Recommendation: 5.39 **Referred to CPT:** February 2013 **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
Result: Decrease

RUC Recommendation: 4.37 **Referred to CPT** October 2012
Referred to CPT Asst **Published in CPT Asst:**

43244 Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 18,874 **2023 Work RVU:** 4.40
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.28
Result: Decrease

RUC Recommendation: 4.50 **Referred to CPT** October 2012
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
Result: Maintain

RUC Recommendation: 3.18 **Referred to CPT** October 2012
Referred to CPT Asst **Published in CPT Asst:**

43246 Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 62,104 **2023 Work RVU:** 3.56
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.79
Result: Maintain

RUC Recommendation: 4.32 **Referred to CPT** October 2012
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
Result: Decrease

RUC Recommendation: 3.27

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

43248 Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: September 2011 **2021 Medicare Utilization:** 91,867

2023 Work RVU: 2.91
2023 NF PE RVU: 9.17
2023 Fac PE RVU: 1.61
Result: Decrease

RUC Recommendation: 3.01

Referred to CPT October 2012
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
Result: Decrease

RUC Recommendation: 2.77

Referred to CPT October 2012
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
Result: Decrease

RUC Recommendation: 3.07

Referred to CPT October 2012
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
Result: Decrease

RUC Recommendation: 3.57

Referred to CPT October 2012
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
Result: Decrease

RUC Recommendation: 5.39

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

43254 Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: October 2012 **2021 Medicare Utilization:** 5,572

2023 Work RVU: 4.87
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.48
Result: Decrease

RUC Recommendation: 5.25

Referred to CPT October 2012
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
Result: Decrease

RUC Recommendation: 4.20

Referred to CPT October 2012
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

43257 Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: September 2011 **2021 Medicare Utilization:** 111

2023 Work RVU: 4.15
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.11
Result: Decrease

RUC Recommendation: 4.25

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

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

RUC Recommendation: 4.74 **Referred to CPT:** February 2013 **Referred to CPT Asst:** **Published in CPT Asst:** Mar 2009

43260 Endoscopic retrograde cholangiopancreatography (ercp); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 3,868 **2023 Work RVU:** 5.85 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.91 **Result:** Maintain

RUC Recommendation: 5.95 **Referred to CPT:** February 2013 **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 **Result:** Decrease

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **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 **Result:** Decrease

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Referred to CPT Asst** **Published in CPT Asst:**

43263 Endoscopic retrograde cholangiopancreatography (ercp); with pressure measurement of sphincter of oddi **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 35 **2023 Work RVU:** 6.50 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.21 **Result:** Maintain

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **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
Result: Decrease

RUC Recommendation: 6.73 **Referred to CPT** February 2013
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
Result: Decrease

RUC Recommendation: 8.03 **Referred to CPT** February 2013
Referred to CPT Asst **Published in CPT Asst:**

43266 Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2021 Medicare Utilization:** 5,790 **2023 Work RVU:** 3.92
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.95
Result: Decrease

RUC Recommendation: 4.40 **Referred to CPT** October 2012
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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

43269 Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent **Global:** **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: September 2011

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 February 2013

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
Result: Decrease

RUC Recommendation: 4.39

Referred to CPT: October 2012

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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT: February 2013

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

43272 Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique **Global:** **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: September 2011

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: February 2013

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
Result: Maintain
RUC Recommendation: 2.24
 Referred to CPT February 2013
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
Result: Decrease
RUC Recommendation: 8.74
 Referred to CPT February 2013
Referred to CPT Asst **Published in CPT Asst:**

43275 Endoscopic retrograde cholangiopancreatography (ercp); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) Global: 000 Issue: ERCP Screen: MPC List Complete? Yes

Most Recent RUC Meeting: April 2013
 Tab: 12 Specialty Developing Recommendation: AGA, ASGE, SAGES
 First Identified: September 2011
 2021 Medicare Utilization: 13,323
 2023 Work RVU: 6.86
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.35
Result: Decrease
RUC Recommendation: 6.96
 Referred to CPT February 2013
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 **Result:** Decrease

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **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 **Result:** Decrease

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Referred to CPT Asst** **Published in CPT Asst:**

43278 Endoscopic retrograde cholangiopancreatography (ercp); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed **Global:** 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 453 **2023 Work RVU:** 7.92 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.82 **Result:** Decrease

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **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

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 1.28
2023 NF PE RVU: 4.19
2023 Fac PE RVU: 0.91
Result: Decrease

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

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU: 1.41
2023 NF PE RVU: 22.69
2023 Fac PE RVU: 0.95
Result: Maintain

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:**

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

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

43458 Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia **Global:** **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2021 Medicare Utilization:**

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

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

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:** Deleted from CPT **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **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 **Result:** Decrease

RUC Recommendation: 0.75. CPT Assistant article **Referred to CPT** **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 **Result:** Decrease

RUC Recommendation: 1.41. CPT Assistant article. **Referred to CPT** **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 **Result:** Remove from Screen

RUC Recommendation: 99214 visit appropriate. Remove from screen. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

44205 Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2021 Medicare Utilization:** 10,846 **2023 Work RVU:** 22.95 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 11.96 **Result:** Remove from Screen

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

44207 Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2021 Medicare Utilization:** 8,667 **2023 Work RVU:** 31.92 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 15.50 **Result:** Remove from Screen

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

RUC Recommendation: 0.97 **Referred to CPT** May 2013
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
Result: Decrease

RUC Recommendation: 1.48 Referred to CPT May 2013 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
Result: Maintain

RUC Recommendation: 1.27 Referred to CPT May 2013 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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT Referred to CPT May 2013 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
Result: Decrease

RUC Recommendation: 3.11 Referred to CPT May 2013 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
Result: Decrease

RUC Recommendation: 1.30

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

44386 Endoscopic evaluation of small intestinal pouch (eg, kock pouch, ileal reservoir [s or 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
Result: Decrease

RUC Recommendation: 1.60

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

44388 Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 08 Specialty Developing Recommendation: ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011

2021 Medicare Utilization: 3,361

2023 Work RVU: 2.72
2023 NF PE RVU: 6.36
2023 Fac PE RVU: 1.47
Result: Maintain

RUC Recommendation: 2.82

Referred to CPT October 2013
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
Result: Decrease

RUC Recommendation: 3.12

Referred to CPT October 2013
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
Result: Maintain

RUC Recommendation: 3.82 **Referred to CPT** October 2013
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
Result: Decrease

RUC Recommendation: 4.22 **Referred to CPT** October 2013
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
Result: Decrease

RUC Recommendation: 3.63 **Referred to CPT** October 2013
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:
Result: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Result: Decrease

RUC Recommendation: 4.13

Referred to CPT October 2013

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

44397 Colonoscopy through stoma; with transendoscopic stent placement (includes predilation) **Global:** **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: September 2011

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 2013

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

Result: Decrease

RUC Recommendation: 4.44

Referred to CPT October 2013

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

44402 Colonoscopy through stoma; with endoscopic stent placement (including pre-and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG

First Identified: January 2014

2021 Medicare Utilization: 3

2023 Work RVU: 4.70

2023 NF PE RVU: NA

2023 Fac PE RVU: 2.42

Result: Decrease

RUC Recommendation: 4.96

Referred to CPT October 2013

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
Result: Decrease

RUC Recommendation: 5.81 **Referred to CPT** October 2013
Referred to CPT Asst **Published in CPT Asst:**

44404 Colonoscopy through stoma; with directed submucosal injection(s), any substance Global: 000 Issue: Colonoscopy through stoma Screen: MPC List Complete? Yes

Most Recent RUC Meeting: January 2014 Tab: 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2021 Medicare Utilization:** 189 **2023 Work RVU:** 3.02
2023 NF PE RVU: 9.26
2023 Fac PE RVU: 1.63
Result: Decrease

RUC Recommendation: 3.13 **Referred to CPT** October 2013
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
Result: Decrease

RUC Recommendation: 3.33 **Referred to CPT** October 2013
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
Result: Decrease

RUC Recommendation: 4.41 **Referred to CPT** October 2013
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 **Result:** Decrease

RUC Recommendation: 5.06 **Referred to CPT:** October 2013 **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 **Result:** Decrease

RUC Recommendation: 4.24 **Referred to CPT:** October 2013 **Referred to CPT Asst:** **Published in CPT Asst:**

44901 Incision and drainage of appendiceal abscess; percutaneous **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **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 2012 **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 **Result:** Remove from Screen

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

45170 Deleted from CPT **Global:** **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **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 2008
Referred to CPT Asst **Published in CPT Asst:**

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 **Result:** Decrease

RUC Recommendation: 8.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

45172 Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,697 **2023 Work RVU:** 12.13 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 10.41 **Result:** Decrease

RUC Recommendation: 12.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Maintain

RUC Recommendation: 0.80

Referred to CPT
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
Result: Decrease

RUC Recommendation: 0.84

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

45331 Sigmoidoscopy, flexible; with biopsy, single or multiple **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES

First Identified: September 2011

2021 Medicare Utilization: 30,301

2023 Work RVU: 1.14
2023 NF PE RVU: 7.35
2023 Fac PE RVU: 0.84
Result: Decrease

RUC Recommendation: 1.14

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

45332 Sigmoidoscopy, flexible; with removal of foreign body(s) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES

First Identified: September 2011

2021 Medicare Utilization: 294

2023 Work RVU: 1.76
2023 NF PE RVU: 6.34
2023 Fac PE RVU: 1.09
Result: Decrease

RUC Recommendation: 1.85

Referred to CPT May 2013
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
Result: Decrease

RUC Recommendation: 1.65

Referred to CPT May 2013
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
Result: Decrease

RUC Recommendation: 2.10

Referred to CPT May 2013
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
Result: Decrease

RUC Recommendation: 1.15

Referred to CPT May 2013
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
Result: Decrease

RUC Recommendation: 2.20

Referred to CPT May 2013
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

Result: Decrease

RUC Recommendation: 2.15

Referred to CPT May 2013

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT May 2013

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

45340 Sigmoidoscopy, flexible; with transendoscopic balloon dilation **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES

First Identified: September 2011

2021 Medicare Utilization: 1,089

2023 Work RVU: 1.25

2023 NF PE RVU: 12.39

2023 Fac PE RVU: 0.88

Result: Decrease

RUC Recommendation: 1.35

Referred to CPT May 2013

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

45341 Sigmoidoscopy, flexible; with endoscopic ultrasound examination **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS

First Identified: September 2011

2021 Medicare Utilization: 1,969

2023 Work RVU: 2.12

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.26

Result: Increase

RUC Recommendation: 2.43

Referred to CPT October 2013

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 trans mural 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 **Result:** Decrease

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Referred to CPT Asst** **Published in CPT Asst:**

45346 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2021 Medicare Utilization:** 873 **2023 Work RVU:** 2.81 **2023 NF PE RVU:** 66.30 **2023 Fac PE RVU:** 1.56 **Result:** Decrease

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Referred to CPT Asst** **Published in CPT Asst:**

45347 Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2021 Medicare Utilization:** 544 **2023 Work RVU:** 2.72 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.48 **Result:** Decrease

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **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 **Result:** Decrease

RUC Recommendation: 3.83 **Referred to CPT:** October 2013 **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 **Result:** Decrease

RUC Recommendation: 1.78 **Referred to CPT:** October 2013 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT:** February 2014 **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 **Result:** Decrease

RUC Recommendation: 3.36 **Referred to CPT:** October 2013 **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
Result: Decrease

RUC Recommendation: 4.37 **Referred to CPT:** October 2013
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
Result: Decrease

RUC Recommendation: 3.66 **Referred to CPT:** October 2013
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
Result: Decrease

RUC Recommendation: 3.67 **Referred to CPT:** October 2013
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
Result: Decrease

RUC Recommendation: 4.76 **Referred to CPT:** October 2013
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:** Deleted from CPT
RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Deleted from CPT

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

45385 Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES **First Identified:** October 2010 **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 **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

45386 Colonoscopy, flexible; with transendoscopic balloon dilation Global: 000 Issue: Colonoscopy Screen: MPC List Complete? Yes

Most Recent Tab: 10 **Specialty Developing** AGA, ASGE, ACG, **First** 2021
RUC Meeting: January 2014 **Recommendation:** ASCRS, ACS, **Identified:** September 2011 **Medicare** 2023 Work RVU: 3.77
SAGES **Utilization:** 1,954 2023 NF PE RVU: 14.15
SAGES 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 Tab: 10 **Specialty Developing** AGA, ASGE, ACG, **First** 2021
RUC Meeting: January 2014 **Recommendation:** ASCRS, ACS, **Identified:** September 2011 **Medicare** 2023 Work RVU:
SAGES **Utilization:** 2023 NF PE RVU:
SAGES 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 Tab: 10 **Specialty Developing** AGA, ASGE, ACG, **First** 2021
RUC Meeting: January 2014 **Recommendation:** ASCRS, ACS, **Identified:** January 2014 **Medicare** 2023 Work RVU: 4.88
SAGES **Utilization:** 20,440 2023 NF PE RVU: 68.72
SAGES 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 Tab: 10 **Specialty Developing** AGA, ASGE, ACG, **First** 2021
RUC Meeting: January 2014 **Recommendation:** ASCRS, ACS, **Identified:** January 2014 **Medicare** 2023 Work RVU: 5.24
SAGES **Utilization:** 410 2023 NF PE RVU: NA
SAGES 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
Result: Decrease

RUC Recommendation: 6.35 **Referred to CPT** October 2013
Referred to CPT Asst **Published in CPT Asst:**

45391 Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures Global: 000 Issue: Colonoscopy Screen: MPC List Complete? Yes

Most Recent RUC Meeting: January 2014 **Tab: 10** **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 724 **2023 Work RVU:** 4.64
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.38
Result: Decrease

RUC Recommendation: 4.95 **Referred to CPT** October 2013
Referred to CPT Asst **Published in CPT Asst:**

45392 Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures Global: 000 Issue: Colonoscopy Screen: MPC List Complete? Yes

Most Recent RUC Meeting: January 2014 **Tab: 10** **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2021 Medicare Utilization:** 98 **2023 Work RVU:** 5.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.77
Result: Decrease

RUC Recommendation: 5.60 **Referred to CPT** October 2013
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45393 Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 10 Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, ACS, SAGES

First Identified: January 2014

2021 Medicare Utilization: 2,146

2023 Work RVU: 4.68
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.11
Result: Decrease

RUC Recommendation: 4.78

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

45398 Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids) **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 10 Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, ACS, SAGES

First Identified: January 2014

2021 Medicare Utilization: 3,354

2023 Work RVU: 4.20
2023 NF PE RVU: 20.11
2023 Fac PE RVU: 2.09
Result: Decrease

RUC Recommendation: 4.30

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

46020 Placement of seton **Global:** 000 **Issue:** Placement/Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 16 Specialty Developing Recommendation: ACS, ASCRS (col)

First Identified: October 2019

2021 Medicare Utilization: 1,233

2023 Work RVU: 1.86
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.26
Result: Increase

RUC Recommendation: 3.50

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

46030 Removal of anal seton, other marker **Global:** 000 **Issue:** Placement/ Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 16 Specialty Developing Recommendation: ACS, ASCRS (col)

First Identified: April 2020

2021 Medicare Utilization: 275

2023 Work RVU: 1.48
2023 NF PE RVU: 6.00
2023 Fac PE RVU: 0.86
Result: Increase

RUC Recommendation: 2.00

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

Status Report: CMS Requests and Relativity Assessment Issues

46200 Fissurectomy, including sphincterotomy, when performed **Global:** 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2021 Medicare Utilization:** 819 **2023 Work RVU:** 3.59 **2023 NF PE RVU:** 10.13 **2023 Fac PE RVU:** 5.96 **Result:** PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

46500 Injection of sclerosing solution, hemorrhoids **Global:** 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2021 Medicare Utilization:** 12,072 **2023 Work RVU:** 1.74 **2023 NF PE RVU:** 7.49 **2023 Fac PE RVU:** 3.55 **Result:** Increase

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

47011 Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **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 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47135 Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age **Global:** 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2021 Medicare Utilization:** 1,428 **2023 Work RVU:** 90.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 48.20
Result: Increase

RUC Recommendation: 91.78 **Referred to CPT**
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014
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
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

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
Result: Decrease

RUC Recommendation: 4.76

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

47500 Injection procedure for percutaneous transhepatic cholangiography **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **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 February 2015
Referred to CPT Asst **Published in CPT Asst:**

47505 Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube) **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **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 February 2015
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47510 Introduction of percutaneous transhepatic catheter for biliary drainage

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab: 06 Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

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 February 2015

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

47511 Introduction of percutaneous transhepatic stent for internal and external biliary drainage

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab: 06 Specialty Developing Recommendation: ACR, SIR

First Identified: October 2012

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 February 2015

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

47525 Change of percutaneous biliary drainage catheter

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: High IWPUT

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab: 06 Specialty Developing Recommendation: ACR, SIR

First Identified: February 2008

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 February 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

47530 Revision and/or reinsertion of transhepatic tube **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **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** February 2015
Referred to CPT Asst **Published in CPT Asst:**

47531 Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access **Global:** 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 6,974 **2023 Work RVU:** 1.30
2023 NF PE RVU: 11.44
2023 Fac PE RVU: 0.63
Result: Increase

RUC Recommendation: 1.30 **Referred to CPT** February 2015
Referred to CPT Asst **Published in CPT Asst:**

47532 Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram) **Global:** 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 473 **2023 Work RVU:** 4.25
2023 NF PE RVU: 20.64
2023 Fac PE RVU: 1.45
Result: Increase

RUC Recommendation: 4.50 **Referred to CPT** February 2015
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47533 Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 1,343

RUC Recommendation: 5.63 **Referred to CPT:** February 2015 **2023 Work RVU:** 5.38
Referred to CPT Asst: **Published in CPT Asst:** **2023 NF PE RVU:** 29.34
2023 Fac PE RVU: 1.77
Result: Increase

47534 Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 4,199

RUC Recommendation: 7.85 **Referred to CPT:** February 2015 **2023 Work RVU:** 7.60
Referred to CPT Asst: **Published in CPT Asst:** **2023 NF PE RVU:** 30.28
2023 Fac PE RVU: 2.41
Result: Increase

47535 Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 387

RUC Recommendation: 4.20 **Referred to CPT:** February 2015 **2023 Work RVU:** 3.95
Referred to CPT Asst: **Published in CPT Asst:** **2023 NF PE RVU:** 22.51
2023 Fac PE RVU: 1.36
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

47536 Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 13,465 **2023 Work RVU:** 2.61 **2023 NF PE RVU:** 16.39 **2023 Fac PE RVU:** 0.96 **Result:** Increase

RUC Recommendation: 2.86 **Referred to CPT:** February 2015 **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 **Result:** Increase

RUC Recommendation: 1.85 **Referred to CPT:** February 2015 **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 **Result:** Increase

RUC Recommendation: 5.00 **Referred to CPT:** February 2015 **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 **Result:** Increase

RUC Recommendation: 9.00 **Referred to CPT:** February 2015 **Referred to CPT Asst:** **Published in CPT Asst:**

47540 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 196 **2023 Work RVU:** 9.03 **2023 NF PE RVU:** 118.57 **2023 Fac PE RVU:** 2.83 **Result:** Increase

RUC Recommendation: 9.28 **Referred to CPT:** February 2015 **Referred to CPT Asst:** **Published in CPT Asst:**

47541 Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 171 **2023 Work RVU:** 6.75 **2023 NF PE RVU:** 27.62 **2023 Fac PE RVU:** 2.32 **Result:** Increase

RUC Recommendation: 7.00 **Referred to CPT:** February 2015 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47542 Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 1,076 **2023 Work RVU:** 2.85 **2023 NF PE RVU:** 11.93 **2023 Fac PE RVU:** 0.82 **Result:** Increase

RUC Recommendation: 2.85 **Referred to CPT** February 2015 **Referred to CPT Asst** **Published in CPT Asst:**

47543 Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 591 **2023 Work RVU:** 3.00 **2023 NF PE RVU:** 8.52 **2023 Fac PE RVU:** 0.88 **Result:** Increase

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Referred to CPT Asst** **Published in CPT Asst:**

47544 Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2021 Medicare Utilization:** 309 **2023 Work RVU:** 3.28 **2023 NF PE RVU:** 21.69 **2023 Fac PE RVU:** 0.93 **Result:** Increase

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47560 Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy **Global:** **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** July 2013 **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 **Result:** Increase

RUC Recommendation: 20.00 **Referred to CPT**
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 **Result:** Increase

RUC Recommendation: 21.00 **Referred to CPT**
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 **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

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

49021 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous

Global: **Issue:** Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012

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 2012

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

49041 Drainage of subdiaphragmatic or subphrenic abscess; percutaneous

Global: **Issue:** Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab: 04 **Specialty Developing Recommendation:** ACR, SIR

First Identified: January 2012

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 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

49061 Drainage of retroperitoneal abscess; percutaneous **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **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 2012 **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:** **Result:** Deleted from CPT

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

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **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 **Result:** Decrease

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **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 **Result:** Decrease

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **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 **Result:** Increase

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Referred to CPT Asst** **Published in CPT Asst:**

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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 **Result:** Decrease

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Referred to CPT Asst** **Published in CPT Asst:**

49406 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2021 Medicare Utilization:** 30,720 **2023 Work RVU:** 4.00 **2023 NF PE RVU:** 22.46 **2023 Fac PE RVU:** 1.30 **Result:** Decrease

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Referred to CPT Asst** **Published in CPT Asst:**

49407 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal **Global:** 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2021 Medicare Utilization:** 170 **2023 Work RVU:** 4.25 **2023 NF PE RVU:** 17.98 **2023 Fac PE RVU:** 1.33 **Result:** Decrease

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Referred to CPT Asst** **Published in CPT Asst:**

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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
Result: Decrease

RUC Recommendation: 4.21 **Referred to CPT:** February 2010
Referred to CPT Asst: **Published in CPT Asst:**

49420 Deleted from CPT

Global: **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACS **First Identified:** April 2008 **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:** February 2010
Referred to CPT Asst: **Published in CPT Asst:**

49421 Insertion of tunneled intraperitoneal catheter for dialysis, open

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** September 2007 **2021 Medicare Utilization:** 1,208 **2023 Work RVU:** 4.21
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.51
Result: Decrease

RUC Recommendation: 4.21 **Referred to CPT:** February 2010
Referred to CPT Asst: **Published in CPT Asst:**

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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 **Result:** Decrease

RUC Recommendation: 4.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter **Global:** 010 **Issue:** Delayed Creation of Exit Site from Embedded Catheter **Screen:** CMS Request - Final Rule for 2022 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** November 2021 **2021 Medicare Utilization:** 320 **2023 Work RVU:** 2.72 **2023 NF PE RVU:** 13.02 **2023 Fac PE RVU:** 2.18 **Result:** PE Only

RUC Recommendation: PE Inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

49505 Repair initial inguinal hernia, age 5 years or older; reducible **Global:** 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACS **First Identified:** September 2011 **2021 Medicare Utilization:** 39,992 **2023 Work RVU:** 7.96 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 5.78 **Result:** Maintain

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

49507 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2021 Medicare Utilization:** 8,416 **2023 Work RVU:** 9.09 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 6.33 **Result:** Maintain

RUC Recommendation: 10.05 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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49521 Repair recurrent inguinal hernia, any age; incarcerated or strangulated **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2021 Medicare Utilization:** 1,576 **2023 Work RVU:** 11.48
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.20
Result: Maintain

RUC Recommendation: 12.44 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

49560 Repair initial incisional or ventral hernia; reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2021 Medicare Utilization:** 15,973 **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021
Referred to CPT Asst **Published in CPT Asst:**

49561 Repair initial incisional or ventral hernia; incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2021 Medicare Utilization:** 10,060 **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021
Referred to CPT Asst **Published in CPT Asst:**

49565 Repair recurrent incisional or ventral hernia; reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** October 2019 **2021 Medicare Utilization:** 3,456 **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49566 Repair recurrent incisional or ventral hernia; incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2021 Medicare Utilization:** 2,765

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021
Referred to CPT Asst **Published in CPT Asst:**

49568 Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (list separately in addition to code for the incisional or ventral hernia repair) **Global:** ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2021 Medicare Utilization:** 20,065

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021
Referred to CPT Asst **Published in CPT Asst:**

49570 Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure) **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2021 Medicare Utilization:** 476

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49572 Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization: 432

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

49580 Repair umbilical hernia, younger than age 5 years; reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization: 2

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

49582 Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

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 February 2021

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

49585 Repair umbilical hernia, age 5 years or older; reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization: 14,622

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

Status Report: CMS Requests and Relativity Assessment Issues

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:** Deleted from CPT **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **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:** Deleted from CPT **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **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 **Result:** Decrease

RUC Recommendation: 6.27 **Referred to CPT** February 2021 **Referred to CPT Asst** **Published in CPT Asst:**

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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

Result: Decrease

RUC Recommendation: 9.00

Referred to CPT February 2021

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

49593 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization:

2023 Work RVU: 10.26

2023 NF PE RVU: NA

2023 Fac PE RVU: 4.35

Result: Decrease

RUC Recommendation: 10.80

Referred to CPT February 2021

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

49594 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization:

2023 Work RVU: 13.46

2023 NF PE RVU: NA

2023 Fac PE RVU: 5.50

Result: Decrease

RUC Recommendation: 14.00

Referred to CPT February 2021

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

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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 **Result:** Decrease

RUC Recommendation: 14.88 **Referred to CPT:** February 2021 **Referred to CPT Asst:** **Published in CPT Asst:**

49596 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 18.67 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 7.42 **Result:** Decrease

RUC Recommendation: 20.00 **Referred to CPT:** February 2021 **Referred to CPT Asst:** **Published in CPT Asst:**

49613 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 7.42 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.38 **Result:** Decrease

RUC Recommendation: 7.75 **Referred to CPT:** February 2021 **Referred to CPT Asst:** **Published in CPT Asst:**

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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

Result: Decrease

RUC Recommendation: 10.79

Referred to CPT February 2021

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

49615 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization:

2023 Work RVU: 11.46

2023 NF PE RVU: NA

2023 Fac PE RVU: 4.84

Result: Decrease

RUC Recommendation: 12.00

Referred to CPT February 2021

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

49616 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization:

2023 Work RVU: 15.55

2023 NF PE RVU: NA

2023 Fac PE RVU: 6.28

Result: Decrease

RUC Recommendation: 16.50

Referred to CPT February 2021

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

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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 **Result:** Decrease

RUC Recommendation: 16.97 **Referred to CPT:** February 2021 **Referred to CPT Asst:** **Published in CPT Asst:**

49618 Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 22.67 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 8.90 **Result:** Decrease

RUC Recommendation: 24.00 **Referred to CPT:** February 2021 **Referred to CPT Asst:** **Published in CPT Asst:**

49621 Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible **Global:** 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 13.70 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 5.48 **Result:** Decrease

RUC Recommendation: 14.24 **Referred to CPT:** February 2021 **Referred to CPT Asst:** **Published in CPT Asst:**

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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

Result: Decrease

RUC Recommendation: 18.00

Referred to CPT February 2021

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

49623 Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization:

2023 Work RVU: 3.75

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.34

Result: Decrease

RUC Recommendation: 5.00

Referred to CPT February 2021

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

49652 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: June 2010

2021 Medicare Utilization: 8,623

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

Status Report: CMS Requests and Relativity Assessment Issues

49653 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: June 2010

2021 Medicare Utilization: 6,182

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

49654 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: June 2010

2021 Medicare Utilization: 6,511

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

49655 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: June 2010

2021 Medicare Utilization: 4,650

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

49656 Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization: 1,292

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

Status Report: CMS Requests and Relativity Assessment Issues

49657 Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021

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

First Identified: February 2021

2021 Medicare Utilization: 1,395

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

Result: Decrease

RUC Recommendation: 13.50

Referred to CPT September 2021

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 **Result:** Decrease

RUC Recommendation: 22.00 **Referred to CPT** September 2021 **Referred to CPT Asst** **Published in CPT Asst:**

50200 Renal biopsy; percutaneous, by trocar or needle **Global:** 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2021 Medicare Utilization:** 34,139 **2023 Work RVU:** 2.38 **2023 NF PE RVU:** 12.95 **2023 Fac PE RVU:** 1.10 **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

50360 Renal allotransplantation, implantation of graft; without recipient nephrectomy **Global:** 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2012 **2021 Medicare Utilization:** 11,349 **2023 Work RVU:** 39.88 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 23.06 **Result:** Maintain

RUC Recommendation: 40.90 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50387 Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2021 Medicare Utilization:** 7,932

2023 Work RVU: 1.75
2023 NF PE RVU: 14.90
2023 Fac PE RVU: 0.50
Result: Maintain

RUC Recommendation: 2.00

Referred to CPT October 2014
Referred to CPT Asst **Published in CPT Asst:**

50392 Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous **Global:** **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **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 2014
Referred to CPT Asst **Published in CPT Asst:**

50393 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous **Global:** **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **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 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50394 Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter

Global: **Issue:** Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab: 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012

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 2014

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

50395 Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous

Global: **Issue:** Dilation of Urinary Tract

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2018

Tab: 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014

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 September 2017

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

50398 Change of nephrostomy or pyelostomy tube

Global: **Issue:** Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab: 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012

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 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

50430 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2021 Medicare Utilization:** 818

2023 Work RVU: 2.90
2023 NF PE RVU: 15.86
2023 Fac PE RVU: 1.29
Result: Increase

RUC Recommendation: 3.15

Referred to CPT October 2014
Referred to CPT Asst **Published in CPT Asst:**

50431 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2021 Medicare Utilization:** 7,737

2023 Work RVU: 1.10
2023 NF PE RVU: 8.54
2023 Fac PE RVU: 0.72
Result: Increase

RUC Recommendation: 1.42

Referred to CPT October 2014
Referred to CPT Asst **Published in CPT Asst:**

50432 Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2021 Medicare Utilization:** 27,988

2023 Work RVU: 4.00
2023 NF PE RVU: 23.04
2023 Fac PE RVU: 1.58
Result: Maintain

RUC Recommendation: 4.00

Referred to CPT October 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50433 Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2021 Medicare Utilization:** 5,296 **2023 Work RVU:** 5.05 **2023 NF PE RVU:** 28.63 **2023 Fac PE RVU:** 1.86 **Result:** Maintain

RUC Recommendation: 5.05 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

50434 Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2021 Medicare Utilization:** 2,179 **2023 Work RVU:** 3.75 **2023 NF PE RVU:** 23.33 **2023 Fac PE RVU:** 1.45 **Result:** Increase

RUC Recommendation: 4.20 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

50435 Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2021 Medicare Utilization:** 46,485 **2023 Work RVU:** 1.82 **2023 NF PE RVU:** 16.18 **2023 Fac PE RVU:** 0.91 **Result:** Increase

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50436 Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018

Tab: 12 **Specialty Developing Recommendation:**

First Identified: September 2017

2021 Medicare Utilization: 455

2023 Work RVU: 2.78

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.29

Result: Decrease

RUC Recommendation: 3.37

Referred to CPT

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

50437 Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018

Tab: 12 **Specialty Developing Recommendation:**

First Identified: September 2017

2021 Medicare Utilization: 815

2023 Work RVU: 4.85

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.95

Result: Decrease

RUC Recommendation: 5.44

Referred to CPT

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

50542 Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008

Tab: 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008

2021 Medicare Utilization: 104

2023 Work RVU: 21.36

2023 NF PE RVU: NA

2023 Fac PE RVU: 10.38

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

50548 Laparoscopy, surgical; nephrectomy with total ureterectomy **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent **Tab:** 26 **Specialty Developing** AUA
RUC Meeting: October 2008 **Recommendation:**

RUC Recommendation: Remove from screen

First Identified: October 2008 **2021 Medicare Utilization:** 2,250

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

2023 Work RVU: 25.36
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.98
Result: Remove from Screen

50590 Lithotripsy, extracorporeal shock wave **Global:** 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent **Tab:** 42 **Specialty Developing** AUA
RUC Meeting: April 2012 **Recommendation:**

RUC Recommendation: 9.77

First Identified: September 2011 **2021 Medicare Utilization:** 44,587

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

2023 Work RVU: 9.77
2023 NF PE RVU: 11.09
2023 Fac PE RVU: 5.95
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 **Tab:** 21 **Specialty Developing** AUA, SIR
RUC Meeting: October 2015 **Recommendation:**

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

First Identified: October 2008 **2021 Medicare Utilization:** 2,682

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

2023 Work RVU: 16.79
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.43
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
Result: Increase

RUC Recommendation: 3.16

Referred to CPT October 2014
Referred to CPT Asst **Published in CPT Asst:**

50693 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014

2021 Medicare Utilization: 3,734

2023 Work RVU: 3.96
2023 NF PE RVU: 25.72
2023 Fac PE RVU: 1.59
Result: Increase

RUC Recommendation: 4.60

Referred to CPT October 2014
Referred to CPT Asst **Published in CPT Asst:**

50694 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014

2021 Medicare Utilization: 807

2023 Work RVU: 5.25
2023 NF PE RVU: 27.96
2023 Fac PE RVU: 2.01
Result: Increase

RUC Recommendation: 6.00

Referred to CPT October 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50695 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2021 Medicare Utilization:** 1,158

2023 Work RVU: 6.80
2023 NF PE RVU: 33.00
2023 Fac PE RVU: 2.50
Result: Increase

RUC Recommendation: 7.55

Referred to CPT: October 2014
Referred to CPT Asst: **Published in CPT Asst:**

50705 Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2021 Medicare Utilization:** 67

2023 Work RVU: 4.03
2023 NF PE RVU: 51.21
2023 Fac PE RVU: 0.67
Result: Increase

RUC Recommendation: 4.03

Referred to CPT: October 2014
Referred to CPT Asst: **Published in CPT Asst:**

50706 Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2021 Medicare Utilization:** 1,315

2023 Work RVU: 3.80
2023 NF PE RVU: 21.16
2023 Fac PE RVU: 1.08
Result: Increase

RUC Recommendation: 3.80

Referred to CPT: October 2014
Referred to CPT Asst: **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51040 Cystostomy, cystostomy with drainage **Global:** 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2021 Medicare Utilization:** 4,081 **2023 Work RVU:** 4.49
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.61
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

51102 Aspiration of bladder; with insertion of suprapubic catheter **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2021 Medicare Utilization:** 12,932 **2023 Work RVU:** 2.70
2023 NF PE RVU: 4.20
2023 Fac PE RVU: 1.22
Result: Decrease

RUC Recommendation: 2.70 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

51700 Bladder irrigation, simple, lavage and/or instillation **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2021 Medicare Utilization:** 178,463 **2023 Work RVU:** 0.60
2023 NF PE RVU: 1.60
2023 Fac PE RVU: 0.21
Result: Decrease

RUC Recommendation: 0.60 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine) **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2021 Medicare Utilization:** 142,086 **2023 Work RVU:** 0.50
2023 NF PE RVU: 0.76
2023 Fac PE RVU: 0.18
Result: Maintain

RUC Recommendation: 0.50 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51702 Insertion of temporary indwelling bladder catheter; simple (eg, foley) **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2021 Medicare Utilization:** 215,814 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 1.28 **2023 Fac PE RVU:** 0.18 **Result:** Maintain

RUC Recommendation: 0.50 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

51703 Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon) **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2021 Medicare Utilization:** 51,883 **2023 Work RVU:** 1.47 **2023 NF PE RVU:** 2.83 **2023 Fac PE RVU:** 0.60 **Result:** Maintain

RUC Recommendation: 1.47 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

51720 Bladder instillation of anticarcinogenic agent (including retention time) **Global:** 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2021 Medicare Utilization:** 164,465 **2023 Work RVU:** 0.87 **2023 NF PE RVU:** 1.64 **2023 Fac PE RVU:** 0.31 **Result:** Decrease

RUC Recommendation: 0.87 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

51726 Complex cystometrogram (ie, calibrated electronic equipment); **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2021 Medicare Utilization:** 3,591 **2023 Work RVU:** 1.71 **2023 NF PE RVU:** 7.14 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.71 **Referred to CPT** February 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51727 Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2021 Medicare Utilization:** 1,768 **2023 Work RVU:** 2.11 **2023 NF PE RVU:** 8.62 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 2.11 **Referred to CPT**
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 **Result:** Decrease

RUC Recommendation: Refer to CPT Assistant. 2.11 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Dec 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 **Result:** Decrease

RUC Recommendation: Refer to CPT Assistant. 2.51 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Dec 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 **Result:** Decrease

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

51741 Complex uroflowmetry (eg, calibrated electronic equipment) **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2021 Medicare Utilization:** 350,551 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.22 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: Refer to CPT Assistant. 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Dec 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:** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

51784 Electromyography studies (emg) of anal or urethral sphincter, other than needle, any technique **Global:** XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2021 Medicare Utilization:** 120,477

2023 Work RVU: 0.75
2023 NF PE RVU: 1.08
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: Refer to CPT Assistant. 0.75.

Referred to CPT February 2014
Referred to CPT Asst **Published in CPT Asst:** Dec 2023

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
Result: Maintain

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014
Referred to CPT Asst **Published in CPT Asst:** Feb 2014

51795 Deleted from CPT **Global:** **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:**

First Identified: February 2008 **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 February 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51797 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008

Tab: S

Specialty Developing Recommendation:

First Identified: February 2008

2021 Medicare Utilization: 97,767

2023 Work RVU: 0.80

2023 NF PE RVU: 4.90

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.80

Referred to CPT February 2009

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

51798 Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging **Global:** XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 25

Specialty Developing Recommendation: AUA

First Identified: July 2015

2021 Medicare Utilization: 1,905,320

2023 Work RVU: 0.00

2023 NF PE RVU: 0.31

2023 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: PE Only

Referred to CPT

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

52000 Cystourethroscopy (separate procedure) **Global:** 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 35

Specialty Developing Recommendation: AUA, ACOG

First Identified: October 2010

2021 Medicare Utilization: 802,751

2023 Work RVU: 1.53

2023 NF PE RVU: 5.49

2023 Fac PE RVU: 0.64

Result: Decrease

RUC Recommendation: 1.75

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands **Global:** 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 19 **Specialty Developing Recommendation:** AUA

First Identified: June 2008

2021 Medicare Utilization: 16,046

2023 Work RVU: 3.50
2023 NF PE RVU: 18.60
2023 Fac PE RVU: 1.20
Result: Decrease

RUC Recommendation: 3.50

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:** Aug 2009 and May 2016

52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of minor (less than 0.5 cm) lesion(s) with or without biopsy **Global:** 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 19 **Specialty Developing Recommendation:** AUA

First Identified: February 2008

2021 Medicare Utilization: 29,889

2023 Work RVU: 4.05
2023 NF PE RVU: 18.98
2023 Fac PE RVU: 1.39
Result: Increase

RUC Recommendation: 4.05

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:** Aug 2009 and May 2016

52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; small bladder tumor(s) (0.5 up to 2.0 cm) **Global:** 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021

Tab: 29 **Specialty Developing Recommendation:** AUA

First Identified: September 2011

2021 Medicare Utilization: 25,056

2023 Work RVU: 4.62
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.01
Result: Maintain

RUC Recommendation: 4.62

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

Status Report: CMS Requests and Relativity Assessment Issues

52235 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; medium bladder tumor(s) (2.0 to 5.0 cm)	Global: 000	Issue: Cystourethroscopy and Ureteroscopy	Screen: Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis	Complete? Yes
Most Recent RUC Meeting: October 2017	Tab: 19 Specialty Developing Recommendation: AUA	First Identified: April 2011	2021 Medicare Utilization: 32,132	2023 Work RVU: 5.44 2023 NF PE RVU: NA 2023 Fac PE RVU: 2.33 Result: Maintain
RUC Recommendation: 5.44	Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/> 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 Result: Decrease
RUC Recommendation: 8.75	Referred to CPT Referred to CPT Asst <input checked="" type="checkbox"/> 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 Result: Maintain
RUC Recommendation: 2.80	Referred to CPT Referred to CPT Asst <input type="checkbox"/> 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
Result: Remove from Screen

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

RUC Recommendation: 2.82 **Referred to CPT** February 2013
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
Result: Decrease

RUC Recommendation: 3.37 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52341 Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) **Global:** 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 65 **Specialty Developing Recommendation:** AUA

First Identified: April 2008

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
Result: Decrease

RUC Recommendation: 8.00

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

52400 Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2021 Medicare Utilization: 64

2023 Work RVU: 8.69
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.32
Result: Decrease

RUC Recommendation: 8.69

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

52442 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** PE Subcommittee **Screen:** PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 24 **Specialty Developing Recommendation:** AUA, AACU

First Identified: April 2020

2021 Medicare Utilization: 107,292

2023 Work RVU: 1.01
2023 NF PE RVU: 24.99
2023 Fac PE RVU: 0.35
Result: Maintain

RUC Recommendation: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

52500 Transurethral resection of bladder neck (separate procedure) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **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
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

53445 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2021 Medicare Utilization:** 1,797

2023 Work RVU: 13.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.81
Result: Decrease

RUC Recommendation: 13.00

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

53850 Transurethral destruction of prostate tissue; by microwave thermotherapy **Global:** 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2021 Medicare Utilization:** 1,154

2023 Work RVU: 5.42
2023 NF PE RVU: 36.52
2023 Fac PE RVU: 4.46
Result: Maintain

RUC Recommendation: 10.08

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

Status Report: CMS Requests and Relativity Assessment Issues

54405 Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **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:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** July 2015 **2021 Medicare Utilization:** 139,901 **2023 Work RVU:** 2.50
2023 NF PE RVU: 4.41
2023 Fac PE RVU: 1.01
Result: Decrease

RUC Recommendation: Refer to CPT. 2.50 **Referred to CPT** February 2024
Referred to CPT Asst **Published in CPT Asst:**

55706 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2021 Medicare Utilization:** 2,636 **2023 Work RVU:** 6.28
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.11
Result: Maintain

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

55840 Prostatectomy, retropubic radical, with or without nerve sparing; **Global:** 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2021 Medicare Utilization:** 1,345 **2023 Work RVU:** 21.36
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.48
Result: Decrease

RUC Recommendation: 21.36 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55842 Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy) **Global:** 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2021 Medicare Utilization:** 99 **2023 Work RVU:** 21.36 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 10.48 **Result:** Decrease

RUC Recommendation: 24.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

55845 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes **Global:** 090 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 31 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2021 Medicare Utilization:** 589 **2023 Work RVU:** 25.18 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 11.80 **Result:** Decrease

RUC Recommendation: 29.07 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed **Global:** 090 **Issue:** Laparoscopic Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2021 Medicare Utilization:** 19,282 **2023 Work RVU:** 22.46 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 10.04 **Result:** Decrease

RUC Recommendation: Refer to CPT to bundle. 26.80 **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55873 Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring) **Global:** 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab: 25 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2021 Medicare Utilization:** 1,093

2023 Work RVU: 13.60
2023 NF PE RVU: 157.69
2023 Fac PE RVU: 7.35
Result: Decrease

RUC Recommendation: 13.45

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

55875 Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy **Global:** 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab: 21 **Specialty Developing Recommendation:**

First Identified: April 2015 **2021 Medicare Utilization:** 5,121

2023 Work RVU: 13.46
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.17
Result: Not Part of RAW

RUC Recommendation: Review data at RAW

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

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
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

56620 Vulvectomy simple; partial **Global:** 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008

Tab: D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2021 Medicare Utilization:** 2,828

2023 Work RVU: 7.53
2023 NF PE RVU: NA
2023 Fac PE RVU: 8.87
Result: Decrease

RUC Recommendation: 7.35

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

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
Result: Decrease

RUC Recommendation: 0.50

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

57155 Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 30 **Specialty Developing Recommendation:** ACOG, ASTRO

First Identified: September 2007

2021 Medicare Utilization: 2,548

2023 Work RVU: 5.15
2023 NF PE RVU: 6.28
2023 Fac PE RVU: 2.85
Result: Decrease

RUC Recommendation: 5.40

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

57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy **Global:** 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 30 **Specialty Developing Recommendation:** ACOG, ASTRO

First Identified: September 2007

2021 Medicare Utilization: 15,080

2023 Work RVU: 2.69
2023 NF PE RVU: 3.95
2023 Fac PE RVU: 1.60
Result: Decrease

RUC Recommendation: 2.69

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

Status Report: CMS Requests and Relativity Assessment Issues

57160 Fitting and insertion of pessary or other intravaginal support device **Global:** 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2021 Medicare Utilization:** 74,669 **2023 Work RVU:** 0.89 **2023 NF PE RVU:** 1.21 **2023 Fac PE RVU:**0.34 **Result:** Maintain

RUC Recommendation: 0.89 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2021 Medicare Utilization:** 6,409 **2023 Work RVU:** 10.08 **2023 NF PE RVU:** NA **2023 Fac PE RVU:**6.79 **Result:** Decrease

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2021 Medicare Utilization:** 7,699 **2023 Work RVU:** 10.08 **2023 NF PE RVU:** NA **2023 Fac PE RVU:**6.82 **Result:** Decrease

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57260 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 14 **Specialty Developing Recommendation:** ACOG

First Identified: April 2016

2021 Medicare Utilization: 7,785

2023 Work RVU: 13.25

2023 NF PE RVU: NA

2023 Fac PE RVU: 8.02

Result: Decrease

RUC Recommendation: 13.25

Referred to CPT September 2016

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

57265 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 14 **Specialty Developing Recommendation:** ACOG

First Identified: April 2016

2021 Medicare Utilization: 3,401

2023 Work RVU: 15.00

2023 NF PE RVU: NA

2023 Fac PE RVU: 8.73

Result: Decrease

RUC Recommendation: 15.00

Referred to CPT September 2016

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

57282 Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus) **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020

Tab: 26 **Specialty Developing Recommendation:**

First Identified: October 2019

2021 Medicare Utilization: 5,779

2023 Work RVU: 11.63

2023 NF PE RVU: NA

2023 Fac PE RVU: 7.40

Result: Increase

RUC Recommendation: 13.48

Referred to CPT

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

57283 Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy) **Global:** 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020

Tab: 26 **Specialty Developing Recommendation:**

First Identified: October 2019

2021 Medicare Utilization: 4,707

2023 Work RVU: 11.66

2023 NF PE RVU: NA

2023 Fac PE RVU: 7.46

Result: Increase

RUC Recommendation: 13.51

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

57287 Removal or revision of sling for stress incontinence (eg, fascia or synthetic) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **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
Result: Maintain

RUC Recommendation: 0.77

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

58555 Hysteroscopy, diagnostic (separate procedure) **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 37 **Specialty Developing Recommendation:** ACOG

First Identified: NA

2021 Medicare Utilization: 1,257

2023 Work RVU: 2.65
2023 NF PE RVU: 7.88
2023 Fac PE RVU: 1.42
Result: Decrease

RUC Recommendation: 3.07

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

58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without d & c **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 37 **Specialty Developing Recommendation:** ACOG

First Identified: NA

2021 Medicare Utilization: 41,984

2023 Work RVU: 4.17
2023 NF PE RVU: 35.64
2023 Fac PE RVU: 2.03
Result: Decrease

RUC Recommendation: 4.37

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

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Decrease

RUC Recommendation: 5.54 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

58560 Hysteroscopy, surgical; with division or resection of intrauterine septum (any method) **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2021 Medicare Utilization:** 28 **2023 Work RVU:** 5.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.61
Result: Decrease

RUC Recommendation: 6.15 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

58561 Hysteroscopy, surgical; with removal of leiomyomata **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2021 Medicare Utilization:** 2,045 **2023 Work RVU:** 6.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.95
Result: Decrease

RUC Recommendation: 7.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58562 Hysteroscopy, surgical; with removal of impacted foreign body **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **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, electrocauterization, endometrial 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
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

58823 Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic) **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **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 2012
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
Result: Increase

RUC Recommendation: 32.69

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

59409 Vaginal delivery only (with or without episiotomy and/or forceps); **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP

First Identified: February 2008 **2021 Medicare Utilization:** 1,129

2023 Work RVU: 14.37
2023 NF PE RVU: NA
2023 Fac PE RVU: 5.76
Result: Increase

RUC Recommendation: 14.37

Referred to CPT
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
Result: Decrease

RUC Recommendation: 11.16

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

59430 Postpartum care only (separate procedure)

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent RUC Meeting: October 2009 Tab: 15 Specialty Developing Recommendation: ACOG, AAFP

First Identified: April 2008

2021 Medicare Utilization: 642

2023 Work RVU: 3.22
2023 NF PE RVU: 3.87
2023 Fac PE RVU: 1.27
Result: Increase

RUC Recommendation: 2.47

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

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
Result: Increase

RUC Recommendation: 36.17

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

59514 Cesarean delivery only;

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent RUC Meeting: October 2009 Tab: 15 Specialty Developing Recommendation: ACOG, AAFP

First Identified: October 2008

2021 Medicare Utilization: 974

2023 Work RVU: 16.13
2023 NF PE RVU: NA
2023 Fac PE RVU: 6.33
Result: Increase

RUC Recommendation: 16.13

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

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
 Result: Increase

RUC Recommendation: 36.69 Referred to CPT
 Referred to CPT Asst Published in CPT Asst:

59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; Global: MMM Issue: Obstetrical Care Screen: High IWPUT Complete? Yes

Most Recent RUC Meeting: October 2009 Tab: 15 Specialty Developing Recommendation: ACOG, AAFP First Identified: April 2008 2021 Medicare Utilization: 14 2023 Work RVU: 16.66
 2023 NF PE RVU: NA
 2023 Fac PE RVU: 6.44
 Result: Decrease

RUC Recommendation: 16.66 Referred to CPT
 Referred to CPT Asst Published in CPT Asst:

59622 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care Global: MMM Issue: Obstetrical Care Screen: High IWPUT Complete? Yes

Most Recent RUC Meeting: October 2009 Tab: 15 Specialty Developing Recommendation: ACOG, AAFP First Identified: April 2008 2021 Medicare Utilization: 12 2023 Work RVU: 22.66
 2023 NF PE RVU: NA
 2023 Fac PE RVU: 11.13
 Result: Increase

RUC Recommendation: 22.53 Referred to CPT
 Referred to CPT Asst Published in CPT Asst:

60220 Total thyroid lobectomy, unilateral; with or without isthmusectomy Global: 090 Issue: Total Thyroid Lobectomy Screen: Site of Service Anomaly Complete? Yes

Most Recent RUC Meeting: April 2008 Tab: 46 Specialty Developing Recommendation: ACS, AAO-HNS First Identified: September 2007 2021 Medicare Utilization: 6,624 2023 Work RVU: 11.19
 2023 NF PE RVU: NA
 2023 Fac PE RVU: 7.92
 Result: Maintain

RUC Recommendation: 12.29 Referred to CPT
 Referred to CPT Asst Published in CPT Asst:

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 **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:**

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 **Result:** Remove from Screen

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

61624 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) **Global:** 000 **Issue:** Endovascular Therapy Bundling **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, ACR, CNS **First Identified:** April 2022 **2021 Medicare Utilization:** 9,239 **2023 Work RVU:** 20.12 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 8.37 **Result:**

RUC Recommendation: Refer to CPT for code bundling solution **Referred to CPT** February 2024 **Referred to CPT Asst** **Published in CPT Asst:**

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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
Result: Decrease

RUC Recommendation: 3.75

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

61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab: 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS

First Identified: October 2009

2021 Medicare Utilization: 16,258

2023 Work RVU: 3.18
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.50
Result: Decrease

RUC Recommendation: 3.18

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

61783 Stereotactic computer-assisted (navigational) procedure; spinal (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab: 13 **Specialty Developing Recommendation:** NASS, AANS/CNS

First Identified: October 2009

2021 Medicare Utilization: 23,110

2023 Work RVU: 3.75
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.84
Result: Decrease

RUC Recommendation: 3.75

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

Status Report: CMS Requests and Relativity Assessment Issues

61793 Deleted from CPT **Global:** **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **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** February 2008
Referred to CPT Asst **Published in CPT Asst:**

61795 Deleted from CPT **Global:** **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

61796 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2021 Medicare Utilization:** 6,056 **2023 Work RVU:** 13.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 11.30
Result: Decrease

RUC Recommendation: 15.50 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61797 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2021 Medicare Utilization:** 7,926 **2023 Work RVU:** 3.48 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 1.67 **Result:** Decrease

RUC Recommendation: 3.48 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

61798 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2021 Medicare Utilization:** 3,065 **2023 Work RVU:** 19.85 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 14.01 **Result:** Decrease

RUC Recommendation: 19.75 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

61799 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2021 Medicare Utilization:** 764 **2023 Work RVU:** 4.81 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.31 **Result:** Decrease

RUC Recommendation: 4.81 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61800 Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab: 16 **Specialty Developing Recommendation:**

First Identified: February 2008

2021 Medicare Utilization: 4,244

2023 Work RVU: 2.25
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.36
Result: Decrease

RUC Recommendation: 2.25

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

61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array **Global:** 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab: 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007

2021 Medicare Utilization: 4,573

2023 Work RVU: 6.05
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.59
Result: Decrease

RUC Recommendation: 6.44

Referred to CPT October 2009
Referred to CPT Asst **Published in CPT Asst:**

62263 Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days **Global:** 010 **Issue:** Epidural Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS

First Identified: September 2007

2021 Medicare Utilization: 167

2023 Work RVU: 5.00
2023 NF PE RVU: 13.64
2023 Fac PE RVU: 3.94
Result: Maintain

RUC Recommendation: 6.54

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62270 Spinal puncture, lumbar, diagnostic; **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2021 Medicare Utilization:** 24,458 **2023 Work RVU:** 1.22 **2023 NF PE RVU:** 2.53 **2023 Fac PE RVU:** 0.41 **Result:** Increase

RUC Recommendation: 1.44 **Referred to CPT** September 2018
Referred to CPT Asst **Published in CPT Asst:**

62272 Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); **Global:** 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2021 Medicare Utilization:** 3,414 **2023 Work RVU:** 1.58 **2023 NF PE RVU:** 3.34 **2023 Fac PE RVU:** 0.69 **Result:** Increase

RUC Recommendation: 1.80 **Referred to CPT** September 2018
Referred to CPT Asst **Published in CPT Asst:**

62281 Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic **Global:** 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2021 Medicare Utilization:** 198 **2023 Work RVU:** 2.66 **2023 NF PE RVU:** 4.29 **2023 Fac PE RVU:** 1.80 **Result:** PE Only

RUC Recommendation: Remove 99238 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Q&A May 2010

Status Report: CMS Requests and Relativity Assessment Issues

62284 Injection procedure for myelography and/or computed tomography, lumbar **Global:** 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 15,012 **2023 Work RVU:** 1.54 **2023 NF PE RVU:** 4.01 **2023 Fac PE RVU:** 0.77 **Result:** Maintain

RUC Recommendation: 1.54 **Referred to CPT** October 2013 **Referred to CPT Asst** **Published in CPT Asst:**

62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar **Global:** 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2021 Medicare Utilization:** 87 **2023 Work RVU:** 9.03 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 6.86 **Result:** PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

62290 Injection procedure for discography, each level; lumbar **Global:** 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2021 Medicare Utilization:** 5,927 **2023 Work RVU:** 3.00 **2023 NF PE RVU:** 7.24 **2023 Fac PE RVU:** 1.38 **Result:** Maintain

RUC Recommendation: 3.00, CPT Assistant article published. **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** Mar 2011

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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
Result: Decrease

RUC Recommendation: 2.29 **Referred to CPT** October 2013
Referred to CPT Asst **Published in CPT Asst:**

62303 Myelography via lumbar injection, including radiological supervision and interpretation; thoracic **Global:** 000 **Issue:** Myelography

Screen: Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 311 **2023 Work RVU:** 2.29
2023 NF PE RVU: 5.37
2023 Fac PE RVU: 1.01
Result: Decrease

RUC Recommendation: 2.29 **Referred to CPT** October 2013
Referred to CPT Asst **Published in CPT Asst:**

62304 Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral **Global:** 000 **Issue:** Myelography

Screen: Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 11,749 **2023 Work RVU:** 2.25
2023 NF PE RVU: 5.22
2023 Fac PE RVU: 1.00
Result: Decrease

RUC Recommendation: 2.25 **Referred to CPT** October 2013
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62305 Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical) **Global:** 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 5,024 **2023 Work RVU:** 2.35 **2023 NF PE RVU:** 5.79 **2023 Fac PE RVU:** 1.04 **Result:** Decrease

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Referred to CPT Asst** **Published in CPT Asst:**

62310 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic **Global:** **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **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** May 2015 **Referred to CPT Asst** **Published in CPT Asst:**

62311 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) **Global:** **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **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** May 2015 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62318 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic **Global:** **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab: 10

Specialty Developing Recommendation: AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP

First Identified: January 2012

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 May 2015

Referred to CPT Asst **Published in CPT Asst:**

62319 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) **Global:** **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab: 10

Specialty Developing Recommendation: AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP

First Identified: January 2012

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 May 2015

Referred to CPT Asst **Published in CPT Asst:**

62320 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab: 10

Specialty Developing Recommendation: AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: May 2015

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

Referred to CPT Asst **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62321 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct) **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **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 **Result:** Decrease
Referred to CPT Asst **Published in CPT Asst:**

62325 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or ct) **Global:** 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **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 **Result:** Decrease
Referred to CPT Asst **Published in CPT Asst:**

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

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

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

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
Result: Increase

RUC Recommendation: 2.25

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

62350 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007 **2021 Medicare Utilization:** 4,451

2023 Work RVU: 6.05
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.68
Result: Decrease

RUC Recommendation: 6.05

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

62355 Removal of previously implanted intrathecal or epidural catheter **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007 **2021 Medicare Utilization:** 913

2023 Work RVU: 3.55
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.89
Result: Decrease

RUC Recommendation: 4.35

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

62360 Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS

First Identified: April 2008 **2021 Medicare Utilization:** 205

2023 Work RVU: 4.33
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.21
Result: Decrease

RUC Recommendation: 4.33

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62361 Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump **Global:** 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: April 2008

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 **Result:** Maintain

RUC Recommendation: New PE inputs. 0.48 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

62368 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming **Global:** XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2021 Medicare Utilization:** 34,198 **2023 Work RVU:** 0.67 **2023 NF PE RVU:** 0.56 **2023 Fac PE RVU:** 0.27 **Result:** Decrease

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

62369 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill **Global:** XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2021 Medicare Utilization:** 24,182 **2023 Work RVU:** 0.67 **2023 NF PE RVU:** 2.00 **2023 Fac PE RVU:** 0.28 **Result:** Decrease

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62370 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional) **Global:** XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS

First Identified: October 2010

2021 Medicare Utilization: 94,529

2023 Work RVU: 0.90

2023 NF PE RVU: 1.77

2023 Fac PE RVU: 0.36

Result: Decrease

RUC Recommendation: New PE inputs. 1.10

Referred to CPT October 2010

Referred to CPT Asst **Published in CPT Asst:**

63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical **Global:** 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022

Tab: 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS

First Identified: January 2022

2021 Medicare Utilization: 927

2023 Work RVU: 14.91

2023 NF PE RVU: NA

2023 Fac PE RVU: 13.40

Result: Decrease

RUC Recommendation: 15.95

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar **Global:** 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Pre-Time Analysis / Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022

Tab: 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS

First Identified: January 2014

2021 Medicare Utilization: 21,722

2023 Work RVU: 12.00

2023 NF PE RVU: NA

2023 Fac PE RVU: 11.75

Result: Maintain

RUC Recommendation: 13.18

Referred to CPT September 2021

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022

Tab: 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS

First Identified: January 2022

2021 Medicare Utilization: 5,203

2023 Work RVU: 3.86

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.92

Result: Increase

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

63042 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS

First Identified: January 2014

2021 Medicare Utilization: 8,780

2023 Work RVU: 18.76

2023 NF PE RVU: NA

2023 Fac PE RVU: 14.72

Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical **Global:** 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 16 **Specialty Developing Recommendation:**

First Identified: November 2013

2021 Medicare Utilization: 10,176

2023 Work RVU: 17.95

2023 NF PE RVU: NA

2023 Fac PE RVU: 14.63

Result: Maintain

RUC Recommendation: 17.95

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic **Global:** 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 16 **Specialty Developing Recommendation:**

First Identified: November 2013

2021 Medicare Utilization: 3,910

2023 Work RVU: 17.25

2023 NF PE RVU: NA

2023 Fac PE RVU: 14.15

Result: Maintain

RUC Recommendation: 17.25

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar **Global:** 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: September 2011

2021 Medicare Utilization: 85,737

2023 Work RVU: 15.37

2023 NF PE RVU: NA

2023 Fac PE RVU: 13.14

Result: Maintain

RUC Recommendation: 15.37

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: January 2012

2021 Medicare Utilization: 110,425

2023 Work RVU: 3.47

2023 NF PE RVU: NA

2023 Fac PE RVU: 1.73

Result: Maintain

RUC Recommendation: 3.47

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63056 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc) **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2021 Medicare Utilization:** 4,890 **2023 Work RVU:** 21.86 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 15.94 **Result:** Maintain

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT:** February 2010 **Referred to CPT Asst:** **Published in CPT Asst:** Oct 2009

63075 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, single interspace **Global:** 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2021 Medicare Utilization:** 243 **2023 Work RVU:** 19.60 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 15.00 **Result:** Maintain

RUC Recommendation: 19.60 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

63076 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; cervical, each additional interspace (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2021 Medicare Utilization:** 163 **2023 Work RVU:** 4.04 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.02 **Result:** Maintain

RUC Recommendation: 4.04 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63081 Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment **Global:** 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022

Tab: 13

Specialty Developing Recommendation: AANS, AAOS, CNS, ISASS, NASS

First Identified: April 2022

2021 Medicare Utilization: 3,920

2023 Work RVU: 26.10

2023 NF PE RVU: NA

2023 Fac PE RVU: 18.39

Result:

RUC Recommendation: Refer to CPT Assistant

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:** Aug 2023

63090 Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment **Global:** 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022

Tab: 13

Specialty Developing Recommendation: AAOS, AANS

First Identified: January 2015

2021 Medicare Utilization: 687

2023 Work RVU: 30.93

2023 NF PE RVU: NA

2023 Fac PE RVU: 19.06

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT September 2016

Referred to CPT Asst **Published in CPT Asst:**

63620 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion **Global:** 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab: 38

Specialty Developing Recommendation:

First Identified: NA

2021 Medicare Utilization: 546

2023 Work RVU: 15.60

2023 NF PE RVU: NA

2023 Fac PE RVU: 12.16

Result: Decrease

RUC Recommendation: 15.50

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Decrease

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

63650 Percutaneous implantation of neurostimulator electrode array, epidural **Global:** 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 24 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS

First Identified: September 2007

2021 Medicare Utilization: 79,217

2023 Work RVU: 7.15
2023 NF PE RVU: 61.14
2023 Fac PE RVU: 4.33
Result: Decrease

RUC Recommendation: 7.20. New PE Inputs

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab: 17 **Specialty Developing Recommendation:** NASS, AANS

First Identified: October 2008

2021 Medicare Utilization: 6,491

2023 Work RVU: 10.92
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.67
Result: Maintain

RUC Recommendation: 11.43

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63660 Deleted from CPT **Global:** **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab: 17** **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **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 2008
Referred to CPT Asst **Published in CPT Asst:**

63661 Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed **Global:** 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab: 17** **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2021 Medicare Utilization:** 3,609 **2023 Work RVU:** 5.08
2023 NF PE RVU: 14.48
2023 Fac PE RVU: 3.75
Result: Decrease

RUC Recommendation: 5.03 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

63662 Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab: 17** **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2021 Medicare Utilization:** 2,003 **2023 Work RVU:** 11.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 10.84
Result: Decrease

RUC Recommendation: 10.87 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed **Global:** 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab: 17** **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2021 Medicare Utilization:** 1,474 **2023 Work RVU:** 7.75
2023 NF PE RVU: 18.19
2023 Fac PE RVU: 4.56
Result: Decrease

RUC Recommendation: 70 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2021 Medicare Utilization:** 596 **2023 Work RVU:** 11.52 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 11.16 **Result:** Decrease

RUC Recommendation: 11.39 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, 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 **Result:** Decrease

RUC Recommendation: 5.19 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver **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 **Result:** Decrease

RUC Recommendation: 4.35 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64400 Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM&R, AAPM, NANS, SIS **First Identified:** October 2021 **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** **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** **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** **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** **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
Result: Increase

RUC Recommendation: 1.50 **Referred to CPT** May 2021
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
Result: Decrease

RUC Recommendation: 1.80 **Referred to CPT** May 2021
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
Result: Decrease

RUC Recommendation: 1.31 **Referred to CPT** May 2021
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 **Result:** Decrease

RUC Recommendation: 1.10 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

64420 Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2021 Medicare Utilization:** 20,712 **2023 Work RVU:** 1.08 **2023 NF PE RVU:** 1.73 **2023 Fac PE RVU:** 0.55 **Result:** Maintain

RUC Recommendation: 1.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

64421 Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2021 Medicare Utilization:** 18,781 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 0.44 **2023 Fac PE RVU:** 0.18 **Result:** Decrease

RUC Recommendation: 0.60 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

64425 Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2021 Medicare Utilization:** 7,700 **2023 Work RVU:** 1.00 **2023 NF PE RVU:** 2.21 **2023 Fac PE RVU:** 0.52 **Result:** Decrease

RUC Recommendation: 1.19 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64430 Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve Global: 000 Issue: Somatic Nerve Injections Screen: Added as part of family Complete? Yes

Most Recent RUC Meeting: October 2021
Tab: 05 Specialty Developing Recommendation: AAPM, ACOG, NANS, SIS
First Identified: October 2021
2021 Medicare Utilization: 4,666
2023 Work RVU: 1.00
2023 NF PE RVU: 1.83
2023 Fac PE RVU: 0.50
Result: Decrease

RUC Recommendation: 1.15

Referred to CPT
 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
Result: Decrease

RUC Recommendation: 0.75

Referred to CPT
 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
Result: Decrease

RUC Recommendation: 1.39

Referred to CPT
 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
Result: Decrease

RUC Recommendation: 1.75

Referred to CPT May 2021
 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
Result: Decrease

RUC Recommendation: 1.34

Referred to CPT May 2021

Referred to CPT Asst **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021

Tab: 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: February 2008

2021 Medicare Utilization: 30,575

2023 Work RVU: 1.68
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.31
Result: Increase

RUC Recommendation: 1.68

Referred to CPT May 2021

Referred to CPT Asst **Published in CPT Asst:**

64449 Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2021

Tab: 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS

First Identified: September 2007

2021 Medicare Utilization: 1,298

2023 Work RVU: 1.27
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.44
Result: Decrease

RUC Recommendation: 1.55

Referred to CPT February 2008

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, APMA, NANS, SIS **First Identified:** October 2009 **2021 Medicare Utilization:** 363,846 **2023 Work RVU:** 0.75 **2023 NF PE RVU:** 1.41 **2023 Fac PE RVU:** 0.41 **Result:** Maintain

RUC Recommendation: 0.75 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Jan 2013

64451 Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2021 Medicare Utilization:** 21,967 **2023 Work RVU:** 1.52 **2023 NF PE RVU:** 5.16 **2023 Fac PE RVU:** 0.75 **Result:** Maintain

RUC Recommendation: 1.52 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

64454 Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2021 Medicare Utilization:** 37,945 **2023 Work RVU:** 1.52 **2023 NF PE RVU:** 4.96 **2023 Fac PE RVU:** 0.76 **Result:** Maintain

RUC Recommendation: 1.52 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64455 Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, morton's neuroma) **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021

Tab: 05 **Specialty Developing Recommendation:** AAPM, APMA, NANS, SIS

First Identified: October 2016

2021 Medicare Utilization: 68,180

2023 Work RVU: 0.75
2023 NF PE RVU: 0.67
2023 Fac PE RVU: 0.18
Result: Maintain

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

64461 Paravertebral block (pvb) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed) **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 10 **Specialty Developing Recommendation:** ASA

First Identified: April 2015

2021 Medicare Utilization: 7,431

2023 Work RVU: 1.75
2023 NF PE RVU: 2.12
2023 Fac PE RVU: 0.39
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:** Jan 2016

64462 Paravertebral block (pvb) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 10 **Specialty Developing Recommendation:** ASA

First Identified: April 2015

2021 Medicare Utilization: 2,015

2023 Work RVU: 1.10
2023 NF PE RVU: 0.95
2023 Fac PE RVU: 0.24
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:** Jan 2016

Status Report: CMS Requests and Relativity Assessment Issues

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 **Result:** Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT Referred to CPT Asst** **Published in CPT Asst:** Jan 2016

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009
Referred to CPT Asst **Published in CPT Asst:**

64479 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), cervical or thoracic, single level **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2021 Medicare Utilization:** 40,431 **2023 Work RVU:** 2.29
2023 NF PE RVU: 5.42
2023 Fac PE RVU: 1.34
Result: Increase

RUC Recommendation: 2.29 **Referred to CPT** June 2009
Referred to CPT Asst **Published in CPT Asst:**

64480 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), cervical or thoracic, each additional level (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2021 Medicare Utilization:** 17,260 **2023 Work RVU:** 1.20
2023 NF PE RVU: 2.70
2023 Fac PE RVU: 0.49
Result: Decrease

RUC Recommendation: 1.20 **Referred to CPT** June 2009
Referred to CPT Asst **Published in CPT Asst:**

64483 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), lumbar or sacral, single level **Global:** 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2021 Medicare Utilization:** 956,821 **2023 Work RVU:** 1.90
2023 NF PE RVU: 5.28
2023 Fac PE RVU: 1.19
Result: Decrease

RUC Recommendation: 1.90 **Referred to CPT** June 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64484 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or ct), lumbar or sacral, each additional level (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009

Tab: 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR

First Identified: October 2008

2021 Medicare Utilization: 378,950

2023 Work RVU: 1.00
2023 NF PE RVU: 2.24
2023 Fac PE RVU: 0.42
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT June 2009
Referred to CPT Asst **Published in CPT Asst:**

64488 Transversus abdominis plane (tap) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed) **Global:** 000 **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2022

Tab: 13 **Specialty Developing Recommendation:** ANA, ASA

First Identified: April 2022

2021 Medicare Utilization: 63,110

2023 Work RVU: 1.60
2023 NF PE RVU: 2.43
2023 Fac PE RVU: 0.30
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

64490 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; single level **Global:** 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab: 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS

First Identified:

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
Referred to CPT Asst **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

64491 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or ct), cervical or thoracic; second level (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **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

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

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

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

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

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

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
Result: PE Only

RUC Recommendation: PE Review - no change **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

64550 Application of surface (transcutaneous) neurostimulator (eg, TENS unit) **Global:** **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **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** June 2017
Referred to CPT Asst **Published in CPT Asst:**

64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2021 Medicare Utilization:** 192 **2023 Work RVU:** 6.13
2023 NF PE RVU: 69.03
2023 Fac PE RVU: 4.75
Result: Increase

RUC Recommendation: 6.13 **Referred to CPT** September 2016
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2021 Medicare Utilization:** 7,898 **2023 Work RVU:** 5.76 **2023 NF PE RVU:** 58.43 **2023 Fac PE RVU:** 3.25 **Result:** Increase

RUC Recommendation: 5.76. Article published Jan2016 and addressed issues. **Referred to CPT:** September 2016 **Referred to CPT Asst:** **Published in CPT Asst:** Jan 2016

64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2021 Medicare Utilization:** 17,727 **2023 Work RVU:** 5.44 **2023 NF PE RVU:** 16.04 **2023 Fac PE RVU:** 2.82 **Result:** Decrease

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen. **Referred to CPT:** September 2016 **Referred to CPT Asst:** **Published in CPT Asst:**

64565 Percutaneous implantation of neurostimulator electrode array; neuromuscular **Global:** **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **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:** September 2016 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64566 Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming **Global:** 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 37 **Specialty Developing Recommendation:** ACOG, AUA

First Identified: July 2013

2021 Medicare Utilization: 165,975

2023 Work RVU: 0.60
2023 NF PE RVU: 2.83
2023 Fac PE RVU: 0.21
Result: Maintain

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

64568 Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator **Global:** 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab: 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: February 2009

2021 Medicare Utilization: 2,011

2023 Work RVU: 9.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.19
Result: Decrease

RUC Recommendation: 11.19

Referred to CPT October 2009
Referred to CPT Asst **Published in CPT Asst:**

64573 Deleted from CPT **Global:** **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab: 28 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007

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 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64581 Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **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?** Yes

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: 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

64596 Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array **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:** **Result:** Contractor Price

RUC Recommendation: Review action plan. Contractor Price. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

64597 Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure) **Global:** **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:** **Result:** Contractor Price

RUC Recommendation: Review action plan. Contractor Price. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

64598 Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator **Global:** **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:** **Result:** Contractor Price

RUC Recommendation: Review action plan. Contractor Price. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64615 Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine) **Global:** 010 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, NANS **First Identified:** October 2019 **2021 Medicare Utilization:** 149,976 **2023 Work RVU:** 1.85 **2023 NF PE RVU:** 2.13 **2023 Fac PE RVU:** 1.18 **Result:** Maintain

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

64622 Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level **Global:** **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Referred to CPT Asst** **Published in CPT Asst:**

64623 Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure) **Global:** **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **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** June 2008 and Feb 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level **Global:** **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab: 27** **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Referred to CPT Asst** **Published in CPT Asst:**

64627 Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure) **Global:** **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab: 57** **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **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** June 2008 and Feb 2011 **Referred to CPT Asst** **Published in CPT Asst:**

64633 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint **Global:** 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab: 17** **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **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 **Referred to CPT Asst** **Published in CPT Asst:** Feb 2015 **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

64634 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **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 **Referred to CPT Asst:** **Published in CPT Asst:** Feb 2015 **Result:** Maintain

64635 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint **Global:** 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **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 **Referred to CPT Asst:** **Published in CPT Asst:** Feb 2015 **Result:** Decrease

64636 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **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 **Referred to CPT Asst:** **Published in CPT Asst:** Feb 2015 **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

64640 Destruction by neurolytic agent; other peripheral nerve or branch **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2021 Medicare Utilization:** 64,408 **2023 Work RVU:** 1.98 **2023 NF PE RVU:** 5.20 **2023 Fac PE RVU:** 1.33 **Result:** Decrease

RUC Recommendation: 1.23. Remove 99238. **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

64708 Neuroplasty, major peripheral nerve, arm or leg, open; other than specified **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2021 Medicare Utilization:** 6,398 **2023 Work RVU:** 6.36 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 7.65 **Result:** Maintain

RUC Recommendation: 6.36 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

64712 Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2021 Medicare Utilization:** 645 **2023 Work RVU:** 8.07 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 8.18 **Result:** Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

64831 Suture of digital nerve, hand or foot; 1 nerve **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2021 Medicare Utilization:** 794 **2023 Work RVU:** 9.16 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 10.04 **Result:** Decrease

RUC Recommendation: 9.16 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65105 Eucleation of eye; with implant, muscles attached to implant **Global:** 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2021 Medicare Utilization:** 646 **2023 Work RVU:** 9.93 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 17.80 **Result:** PE Only

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

65205 Removal of foreign body, external eye; conjunctival superficial **Global:** 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** July 2016 **2021 Medicare Utilization:** 23,025 **2023 Work RVU:** 0.49 **2023 NF PE RVU:** 0.33 **2023 Fac PE RVU:** 0.33 **Result:** Decrease

RUC Recommendation: 0.49 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

65210 Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating **Global:** 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** July 2016 **2021 Medicare Utilization:** 22,067 **2023 Work RVU:** 0.61 **2023 NF PE RVU:** 0.49 **2023 Fac PE RVU:** 0.41 **Result:** Decrease

RUC Recommendation: 0.75 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65222 Removal of foreign body, external eye; corneal, with slit lamp **Global:** 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2021 Medicare Utilization:** 21,757 **2023 Work RVU:** 0.84
2023 NF PE RVU: 1.12
2023 Fac PE RVU: 0.59
Result: Maintain

RUC Recommendation: 0.93 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

65285 Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue **Global:** 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 8 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **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:**

Status Report: CMS Requests and Relativity Assessment Issues

65779 Placement of amniotic membrane on the ocular surface; single layer, sutured **Global:** 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** September 2022 **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:**

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 **Result:** Decrease

RUC Recommendation: 7.03 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** Jun 2009

65800 Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous **Global:** 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO **First Identified:** September 2011 **2021 Medicare Utilization:** 21,162 **2023 Work RVU:** 1.53 **2023 NF PE RVU:** 1.89 **2023 Fac PE RVU:** 0.96 **Result:** Decrease

RUC Recommendation: 1.53 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** October 2011

Status Report: CMS Requests and Relativity Assessment Issues

65805 Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous **Global:** **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **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 2011 **Referred to CPT Asst** **Published in CPT Asst:**

65820 Goniotomy **Global:** 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **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 **Result:**

RUC Recommendation: Refer to CPT to bundle **Referred to CPT** Feb 2024 **Referred to CPT Asst** **Published in CPT Asst:**

65855 Trabeculoplasty by laser surgery **Global:** 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2021 Medicare Utilization:** 134,166 **2023 Work RVU:** 3.00 **2023 NF PE RVU:** 4.03 **2023 Fac PE RVU:** 2.81 **Result:** Decrease

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66170 Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery **Global:** 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2021 Medicare Utilization:** 5,537 **2023 Work RVU:** 13.94 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 17.17 **Result:** Decrease

RUC Recommendation: 13.94 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

66172 Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents) **Global:** 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2021 Medicare Utilization:** 2,229 **2023 Work RVU:** 14.84 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 19.16 **Result:** Decrease

RUC Recommendation: 14.81 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

66174 Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent **Global:** 090 **Issue:** Dilation of Aqueous Outflow Canal **Screen:** New Technology/ New Service **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO **First Identified:** April 2010 **2021 Medicare Utilization:** 16,775 **2023 Work RVU:** 7.62 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 10.16 **Result:** Decrease

RUC Recommendation: Refer to CPT to bundle. 8.53 **Referred to CPT** Feb 2024
Referred to CPT Asst **Published in CPT Asst:**

66175 Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent **Global:** 090 **Issue:** Dilation of Aqueous Outflow Cana **Screen:** New Technology/ New Service **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO **First Identified:** October 2020 **2021 Medicare Utilization:** 431 **2023 Work RVU:** 9.34 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 11.26 **Result:** Decrease

RUC Recommendation: Refer to CPT to bundle. 10.25 **Referred to CPT** Feb 2024
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Decrease

RUC Recommendation: 14.00 **Referred to CPT** October 2013
Referred to CPT Asst **Published in CPT Asst:**

66180 Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2021 Medicare Utilization:** 9,749 **2023 Work RVU:** 15.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 17.35
Result: Decrease

RUC Recommendation: Maintain. 15.00 **Referred to CPT** October 2013
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
Result: Maintain

RUC Recommendation: Maintain. 13.20 **Referred to CPT**
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 **Result:** Decrease

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **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 **Result:** Increase

RUC Recommendation: Maintain. 10.58 **Referred to CPT** October 2013 **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 **Result:** Decrease

RUC Recommendation: 6.36 **Referred to CPT** May 2018 **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 **Result:** Decrease

RUC Recommendation: Maintain. 3.00 **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, yag laser) (1 or more stages) **Global:** 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** AAO **First Identified:** October 2010 **2021 Medicare Utilization:** 635,643 **2023 Work RVU:** 3.42 **2023 NF PE RVU:** 6.22 **2023 Fac PE RVU:** 5.52 **Result:** Maintain

RUC Recommendation: Maintain **Referred to CPT** **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?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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 **Result:** Decrease

RUC Recommendation: Refer to CPT to bundle. 10.25 **Referred to CPT** Feb 2024 **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
Result: Contractor Price

RUC Recommendation: Contractor Price

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation **Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2021 Medicare Utilization:** 1,527,486

2023 Work RVU: 7.35
2023 NF PE RVU: NA
2023 Fac PE RVU:8.09
Result: Decrease

RUC Recommendation: Refer to CPT to bundle

Referred to CPT Feb 2024
Referred to CPT Asst **Published in CPT Asst:**

66987 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation **Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2019 **2021 Medicare Utilization:** 918

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU:0.00
Result: Decrease

RUC Recommendation: 13.15

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

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

Result: Decrease

RUC Recommendation: 10.25

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

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

Result: Maintain

RUC Recommendation: 12.13

Referred to CPT October 2020

Referred to CPT Asst **Published in CPT Asst:**

66991 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more **Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021

Tab: 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2021

2021 Medicare Utilization:

2023 Work RVU: 9.23

2023 NF PE RVU: NA

2023 Fac PE RVU: 10.16

Result: Maintain

RUC Recommendation: 9.23

Referred to CPT October 2020

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67028 Intravitreal injection of a pharmacologic agent (separate procedure) **Global:** 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** February 2008 **2021 Medicare Utilization:** 3,951,441 **2023 Work RVU:** 1.44 **2023 NF PE RVU:** 1.80 **2023 Fac PE RVU:** 1.14 **Result:** Maintain

RUC Recommendation: 1.44 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

67036 Vitrectomy, mechanical, pars plana approach; **Global:** 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2021 Medicare Utilization:** 17,220 **2023 Work RVU:** 12.13 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 13.26 **Result:** Decrease

RUC Recommendation: 12.13 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

67038 Deleted from CPT **Global:** **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **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** February 2007
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67039 Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation **Global:** 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2021 Medicare Utilization:** 3,661 **2023 Work RVU:** 13.20 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 13.95 **Result:** Decrease

RUC Recommendation: 13.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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 **Result:** Decrease

RUC Recommendation: 14.50 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

67041 Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker) **Global:** 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2021 Medicare Utilization:** 11,425 **2023 Work RVU:** 16.33 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 15.94 **Result:** Decrease

RUC Recommendation: 16.33 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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

Result: Decrease

RUC Recommendation: 16.33

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

67043 Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation **Global:** 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2021 Medicare Utilization: 289

2023 Work RVU: 17.40

2023 NF PE RVU: NA

2023 Fac PE RVU: 16.61

Result: Decrease

RUC Recommendation: 17.40

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

67101 Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy **Global:** 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab: 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2015

2021 Medicare Utilization: 286

2023 Work RVU: 3.50

2023 NF PE RVU: 6.13

2023 Fac PE RVU: 4.61

Result: Decrease

RUC Recommendation: 3.50

Referred to CPT May 2015

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67105 Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation **Global:** 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab: 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2015

2021 Medicare Utilization: 3,103

2023 Work RVU: 3.39

2023 NF PE RVU: 5.10

2023 Fac PE RVU: 4.44

Result: Decrease

RUC Recommendation: 3.84

Referred to CPT May 2015

Referred to CPT Asst **Published in CPT Asst:**

67107 Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2021 Medicare Utilization: 449

2023 Work RVU: 16.00

2023 NF PE RVU: NA

2023 Fac PE RVU: 15.73

Result: Decrease

RUC Recommendation: 16.00. Reduce 99238 to 0.5

Referred to CPT October 2014

Referred to CPT Asst **Published in CPT Asst:**

67108 Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2021 Medicare Utilization: 15,259

2023 Work RVU: 17.13

2023 NF PE RVU: NA

2023 Fac PE RVU: 16.43

Result: Decrease

RUC Recommendation: 17.13

Referred to CPT October 2014

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67110 Repair of retinal detachment; by injection of air or other gas (eg, pneumatic 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 **Result:** Maintain

RUC Recommendation: 10.25. Remove 99238 **Referred to CPT:** October 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

67112 Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques **Global:** **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** April 2014 **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 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

67113 Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage c-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens **Global:** 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2021 Medicare Utilization:** 10,813 **2023 Work RVU:** 19.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 18.52 **Result:** Decrease

RUC Recommendation: 19.00 **Referred to CPT:** October 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy **Global:** 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 08 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: January 2020

2021 Medicare Utilization: 1,128

2023 Work RVU: 2.53

2023 NF PE RVU: 5.26

2023 Fac PE RVU: 3.65

Result: Decrease

RUC Recommendation: 2.53

Referred to CPT May 2020

Referred to CPT Asst **Published in CPT Asst:**

67145 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation **Global:** 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 08 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2019

2021 Medicare Utilization: 30,277

2023 Work RVU: 2.53

2023 NF PE RVU: 4.46

2023 Fac PE RVU: 3.65

Result: Decrease

RUC Recommendation: 2.53

Referred to CPT May 2020

Referred to CPT Asst **Published in CPT Asst:**

67210 Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation **Global:** 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2021 Medicare Utilization: 41,588

2023 Work RVU: 6.36

2023 NF PE RVU: 8.35

2023 Fac PE RVU: 7.80

Result: Decrease

RUC Recommendation: 6.36

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67220 Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions **Global:** 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2021 Medicare Utilization:** 2,172 **2023 Work RVU:** 6.36 **2023 NF PE RVU:** 8.80 **2023 Fac PE RVU:** 7.80 **Result:** Decrease

RUC Recommendation: 6.36 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

67225 Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (list separately in addition to code for primary eye treatment) **Global:** ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** P **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2021 Medicare Utilization:** 125 **2023 Work RVU:** 0.47 **2023 NF PE RVU:** 0.35 **2023 Fac PE RVU:** 0.30 **Result:** Maintain

RUC Recommendation: 0.47 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

67228 Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation **Global:** 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2021 Medicare Utilization:** 46,728 **2023 Work RVU:** 4.39 **2023 NF PE RVU:** 5.28 **2023 Fac PE RVU:** 4.17 **Result:** Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67255 Scleral reinforcement (separate procedure); with graft **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **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
Result: Decrease

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

67316 Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique) **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 18 **Specialty Developing Recommendation:** AAO, AAP

First Identified: April 2020

2021 Medicare Utilization: 140

2023 Work RVU: 10.31
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.83
Result: Decrease

RUC Recommendation: 10.31

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

67318 Strabismus surgery, any procedure, superior oblique muscle **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 18 **Specialty Developing Recommendation:** AAO, AAP

First Identified: April 2020

2021 Medicare Utilization: 143

2023 Work RVU: 9.80
2023 NF PE RVU: NA
2023 Fac PE RVU: 9.65
Result: Decrease

RUC Recommendation: 9.80

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

67320 Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 18 **Specialty Developing Recommendation:** AAO, AAP

First Identified: October 2019

2021 Medicare Utilization: 290

2023 Work RVU: 3.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.75
Result: Decrease

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67331 Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2021 Medicare Utilization:** 871 **2023 Work RVU:** 2.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.52 **Result:** Decrease

RUC Recommendation: 2.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

67332 Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2021 Medicare Utilization:** 1,424 **2023 Work RVU:** 3.50 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 2.39 **Result:** Decrease

RUC Recommendation: 3.50 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

67334 Strabismus surgery by posterior fixation suture technique, with or without muscle recession (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2021 Medicare Utilization:** 125 **2023 Work RVU:** 2.06 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.38 **Result:** Decrease

RUC Recommendation: 2.06 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67335 Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (list separately in addition to code for specific strabismus surgery) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 18 **Specialty Developing Recommendation:** AAO, AAP

First Identified: October 2019

2021 Medicare Utilization: 1,511

2023 Work RVU: 3.23
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.02
Result: Increase

RUC Recommendation: 3.23

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

67340 Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 18 **Specialty Developing Recommendation:** AAO, AAP

First Identified: October 2019

2021 Medicare Utilization: 69

2023 Work RVU: 5.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.17
Result: Decrease

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

67500 Retrolbulbar 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
Result: Decrease

RUC Recommendation: 1.18

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67505 Retrobulbar injection; alcohol **Global:** 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2021 Medicare Utilization:** 79 **2023 Work RVU:** 1.18 **2023 NF PE RVU:** 1.28 **2023 Fac PE RVU:**0.85 **Result:** Decrease

RUC Recommendation: 1.18 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

67515 Injection of medication or other substance into tenon's capsule **Global:** 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** July 2016 **2021 Medicare Utilization:** 20,130 **2023 Work RVU:** 0.75 **2023 NF PE RVU:** 0.72 **2023 Fac PE RVU:**0.58 **Result:** Decrease

RUC Recommendation: 0.84 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

67820 Correction of trichiasis; epilation, by forceps only **Global:** 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 29 **Specialty Developing Recommendation:** AOA, AOA (optometry) **First Identified:** July 2015 **2021 Medicare Utilization:** 180,998 **2023 Work RVU:** 0.32 **2023 NF PE RVU:** 0.23 **2023 Fac PE RVU:**0.31 **Result:** Decrease

RUC Recommendation: 0.32 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67914 Repair of ectropion; suture **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2021 Medicare Utilization:** 1,286 **2023 Work RVU:** 3.75
2023 NF PE RVU: 10.52
2023 Fac PE RVU: 5.61
Result: Maintain

RUC Recommendation: 3.75 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Decrease

RUC Recommendation: 2.03 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

67916 Repair of ectropion; excision tarsal wedge **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2021 Medicare Utilization:** 1,137 **2023 Work RVU:** 5.48
2023 NF PE RVU: 12.27
2023 Fac PE RVU: 6.71
Result: Maintain

RUC Recommendation: 5.48 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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

Result: Decrease

RUC Recommendation: 5.93

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

67921 Repair of entropion; suture

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab: 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2021 Medicare Utilization: 3,049

2023 Work RVU: 3.47

2023 NF PE RVU: 10.54

2023 Fac PE RVU: 5.45

Result: Maintain

RUC Recommendation: 3.47

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

67922 Repair of entropion; thermocauterization

Global: 090 **Issue:** Repair of Eyelid

Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab: 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2021 Medicare Utilization: 66

2023 Work RVU: 2.03

2023 NF PE RVU: 6.99

2023 Fac PE RVU: 3.69

Result: Decrease

RUC Recommendation: 2.03

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67923 Repair of entropion; excision tarsal wedge **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2021 Medicare Utilization:** 860 **2023 Work RVU:** 5.48
2023 NF PE RVU: 12.28
2023 Fac PE RVU:6.72
Result: Decrease

RUC Recommendation: 5.48 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

67924 Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation) **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2021 Medicare Utilization:** 9,083 **2023 Work RVU:** 5.93
2023 NF PE RVU: 12.96
2023 Fac PE RVU:7.01
Result: Maintain

RUC Recommendation: 5.93 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

68040 Expression of conjunctival follicles (eg, for trachoma) **Global:** 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2021 Medicare Utilization:** 6,286 **2023 Work RVU:** 0.85
2023 NF PE RVU: 0.94
2023 Fac PE RVU:0.50
Result: Maintain

RUC Recommendation: Revised parenthetical **Referred to CPT** February 2013
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68200 Subconjunctival injection **Global:** 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO **First Identified:** April 2011 **2021 Medicare Utilization:** 5,347 **2023 Work RVU:** 0.49
2023 NF PE RVU: 0.70
2023 Fac PE RVU: 0.47
Result: Maintain

RUC Recommendation: 0.49 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

68801 Dilation of lacrimal punctum, with or without irrigation **Global:** 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2021 Medicare Utilization:** 22,177 **2023 Work RVU:** 0.82
2023 NF PE RVU: 2.00
2023 Fac PE RVU: 1.47
Result: Maintain

RUC Recommendation: 1.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

68810 Probing of nasolacrimal duct, with or without irrigation; **Global:** 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2007 **2021 Medicare Utilization:** 21,662 **2023 Work RVU:** 1.54
2023 NF PE RVU: 3.13
2023 Fac PE RVU: 2.11
Result: Decrease

RUC Recommendation: 1.54 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Result: Decrease	
RUC Recommendation: 2.03			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
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 Result: Decrease	
RUC Recommendation: 3.00			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation		Global: 010	Issue:		Screen: 010-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab: 23	Specialty Developing Recommendation: AAO, AOA (optometry)	First Identified: September 2014	2021 Medicare Utilization: 181		2023 Work RVU: 2.10 2023 NF PE RVU: 23.49 2023 Fac PE RVU: 2.35 Result: Decrease	
RUC Recommendation: 2.35			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		
69100	Biopsy external ear		Global: 000	Issue: Biopsy of Ear		Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab: 28	Specialty Developing Recommendation: AAD	First Identified: October 2008	2021 Medicare Utilization: 159,540		2023 Work RVU: 0.81 2023 NF PE RVU: 1.99 2023 Fac PE RVU: 0.48 Result: Maintain	
RUC Recommendation: 0.81			Referred to CPT	Referred to CPT Asst <input type="checkbox"/>	Published in CPT Asst:		

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
Result: Maintain

RUC Recommendation: 0.77

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

69210 Removal impacted cerumen requiring instrumentation, unilateral **Global:** 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab: 29 **Specialty Developing Recommendation:** AAFP, AAO-HNS

First Identified: September 2011

2021 Medicare Utilization: 1,423,836

2023 Work RVU: 0.61
2023 NF PE RVU: 0.73
2023 Fac PE RVU: 0.28
Result: Decrease

RUC Recommendation: 0.58.

Referred to CPT October 2012
Referred to CPT Asst **Published in CPT Asst:**

69400 Eustachian tube inflation, transnasal; with catheterization **Global:** **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013

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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

69401 Eustachian tube inflation, transnasal; without catheterization **Global:** **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2013

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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69405 Eustachian tube catheterization, transtympanic **Global:** **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **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** February 2014
Referred to CPT Asst **Published in CPT Asst:**

69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia **Global:** 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 30 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2021 Medicare Utilization:** 30,622 **2023 Work RVU:** 1.57
2023 NF PE RVU: 4.32
2023 Fac PE RVU: 2.19
Result: Maintain

RUC Recommendation: 1.57 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

69801 Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal **Global:** 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2021 Medicare Utilization:** 23,490 **2023 Work RVU:** 2.06
2023 NF PE RVU: 4.54
2023 Fac PE RVU: 1.36
Result: Decrease

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010
Referred to CPT Asst **Published in CPT Asst:** May 2011

Status Report: CMS Requests and Relativity Assessment Issues

69802 Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy **Global:** **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent 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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

69930 Cochlear device implantation, with or without mastoidectomy **Global:** 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent 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 **Result:** Maintain

RUC Recommendation: 17.60 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

70030 Radiologic examination, eye, for detection of foreign body **Global:** XXX **Issue:** X-Ray of Eye **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent 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 **Result:** Increase

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 inappropriate 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
Result: Decrease

RUC Recommendation: 0.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70260 Radiologic examination, skull; complete, minimum of 4 views **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2021 Medicare Utilization:** 8,116 **2023 Work RVU:** 0.28
2023 NF PE RVU: 1.04
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.29 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70310 Radiologic examination, teeth; partial examination, less than full mouth **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2021 Medicare Utilization:** 1,368 **2023 Work RVU:** 0.16
2023 NF PE RVU: 1.00
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:**

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 **Result:** Increase

RUC Recommendation: 0.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70371 Complex dynamic pharyngeal and speech evaluation by cine or video recording **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2021 Medicare Utilization:** 980 **2023 Work RVU:** 0.84 **2023 NF PE RVU:** 2.36 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: CPT Assistant article published, addressed issues identified. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** July 2014

70373 Laryngography, contrast, radiological supervision and interpretation **Global:** **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: CPT Assistant article published. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

70450 Computed tomography, head or brain; without contrast material **Global:** XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

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
Result: Maintain

RUC Recommendation: 0.85 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

70460 Computed tomography, head or brain; with contrast material(s) **Global:** XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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
Result: Maintain

RUC Recommendation: 1.13 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

70470 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

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
Result: Maintain

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2021 Medicare Utilization:** 48,924 **2023 Work RVU:** 1.28 **2023 NF PE RVU:** 3.56 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.28 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70481 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2021 Medicare Utilization:** 9,404 **2023 Work RVU:** 1.13 **2023 NF PE RVU:** 4.41 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.13 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70482 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2021 Medicare Utilization:** 4,372 **2023 Work RVU:** 1.27 **2023 NF PE RVU:** 5.20 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.27 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70486 Computed tomography, maxillofacial area; without contrast material **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2021 Medicare Utilization:** 450,568 **2023 Work RVU:** 0.85 **2023 NF PE RVU:** 3.08 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.85 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70487 Computed tomography, maxillofacial area; with contrast material(s) **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 27,136 **2023 Work RVU:** 1.13 **2023 NF PE RVU:** 3.52 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70488 Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2021 Medicare Utilization:** 3,177 **2023 Work RVU:** 1.27 **2023 NF PE RVU:** 4.39 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.30 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70490 Computed tomography, soft tissue neck; without contrast material **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 58,481 **2023 Work RVU:** 1.28 **2023 NF PE RVU:** 3.30 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.28 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70491 Computed tomography, soft tissue neck; with contrast material(s) **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 263,568 **2023 Work RVU:** 1.38 **2023 NF PE RVU:** 4.27 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.38 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70492 Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 21,431 **2023 Work RVU:** 1.62 **2023 NF PE RVU:** 5.18 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.62 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** Computed Tomographic Arteriography - Head and Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2021 Medicare Utilization:** 601,126 **2023 Work RVU:** 1.75 **2023 NF PE RVU:** 6.70 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Refer to CPT for code bundling solution. 1.75 **Referred to CPT** February 2024
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** Computed Tomographic Arteriography - Head and Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2021 Medicare Utilization:** 622,608 **2023 Work RVU:** 1.75 **2023 NF PE RVU:** 6.69 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Refer to CPT for code bundling solution. 1.75 **Referred to CPT:** February 2024 **Referred to CPT Asst:** **Published in CPT Asst:**

70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) **Global:** XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 9,546 **2023 Work RVU:** 1.35 **2023 NF PE RVU:** 5.64 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.35 **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

70542 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s) **Global:** XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 707 **2023 Work RVU:** 1.62 **2023 NF PE RVU:** 6.69 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.62 **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70543 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 61,935 **2023 Work RVU:** 2.15 **2023 NF PE RVU:** 8.32 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 2.15 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70544 Magnetic resonance angiography, head; without contrast material(s) **Global:** XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 194,391 **2023 Work RVU:** 1.20 **2023 NF PE RVU:** 5.44 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Review action plan. 1.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70545 Magnetic resonance angiography, head; with contrast material(s) **Global:** XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 3,043 **2023 Work RVU:** 1.20 **2023 NF PE RVU:** 5.80 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70546 Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: July 2015

2021 Medicare Utilization: 18,663

2023 Work RVU: 1.48
2023 NF PE RVU: 8.69
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.48

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

70547 Magnetic resonance angiography, neck; without contrast material(s) **Global:** XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022

Tab: 13 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: July 2015

2021 Medicare Utilization: 64,908

2023 Work RVU: 1.20
2023 NF PE RVU: 5.45
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Review action plan. 1.20

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

70548 Magnetic resonance angiography, neck; with contrast material(s) **Global:** XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 19 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: July 2015

2021 Medicare Utilization: 12,924

2023 Work RVU: 1.50
2023 NF PE RVU: 6.06
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70549 Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2021 Medicare Utilization:** 42,928 **2023 Work RVU:** 1.80 **2023 NF PE RVU:** 8.85 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.80 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material **Global:** XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2021 Medicare Utilization:** 1,069,458 **2023 Work RVU:** 1.48 **2023 NF PE RVU:** 4.53 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.48 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

70552 Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) **Global:** XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2021 Medicare Utilization:** 17,460 **2023 Work RVU:** 1.78 **2023 NF PE RVU:** 6.54 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.78 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70553 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2021 Medicare Utilization:** 944,689 **2023 Work RVU:** 2.29 **2023 NF PE RVU:** 7.51 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 2.36 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

71010 Radiologic examination, chest; single view, frontal **Global:** **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **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** February 2016 **Referred to CPT Asst** **Published in CPT Asst:**

71015 Radiologic examination, chest; stereo, frontal **Global:** **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **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** February 2016 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71020 Radiologic examination, chest, 2 views, frontal and lateral; **Global:** **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **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** February 2016 **Referred to CPT Asst** **Published in CPT Asst:**

71021 Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure **Global:** **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **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** February 2016 **Referred to CPT Asst** **Published in CPT Asst:**

71022 Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections **Global:** **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **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** February 2016 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **Result:** Decrease

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Referred to CPT Asst** **Published in CPT Asst:**

71046 Radiologic examination, chest; 2 views **Global:** XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2021 Medicare Utilization:** 6,063,799 **2023 Work RVU:** 0.22 **2023 NF PE RVU:** 0.77 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.22 **Referred to CPT** February 2016 **Referred to CPT Asst** **Published in CPT Asst:**

71047 Radiologic examination, chest; 3 views **Global:** XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2021 Medicare Utilization:** 12,495 **2023 Work RVU:** 0.27 **2023 NF PE RVU:** 0.98 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Referred to CPT Asst** **Published in CPT Asst:**

71048 Radiologic examination, chest; 4 or more views **Global:** XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2021 Medicare Utilization:** 7,750 **2023 Work RVU:** 0.31 **2023 NF PE RVU:** 1.06 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.31 **Referred to CPT** February 2016 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation **Global:** **Issue:** Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab: 10** **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

71100 Radiologic examination, ribs, unilateral; 2 views **Global:** XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab: 30** **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2021 Medicare Utilization:** 132,073 **2023 Work RVU:** 0.22 **2023 NF PE RVU:** 0.87 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.22 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

71101 Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views **Global:** XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab: 30** **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2021 Medicare Utilization:** 249,946 **2023 Work RVU:** 0.27 **2023 NF PE RVU:** 0.98 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.27 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71110 Radiologic examination, ribs, bilateral; 3 views **Global:** XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2021 Medicare Utilization:** 20,626 **2023 Work RVU:** 0.29
2023 NF PE RVU: 1.01
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.29 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

71111 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views **Global:** XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2021 Medicare Utilization:** 27,613 **2023 Work RVU:** 0.32
2023 NF PE RVU: 1.23
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.32 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

71250 Computed tomography, thorax, diagnostic; without contrast material **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2021 Medicare Utilization:** 2,145,188 **2023 Work RVU:** 1.08
2023 NF PE RVU: 2.98
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71260 Computed tomography, thorax, diagnostic; with contrast material(s) **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 1,736,347 **2023 Work RVU:** 1.16
2023 NF PE RVU: 3.94
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.38 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

71270 Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 56,503 **2023 Work RVU:** 1.25
2023 NF PE RVU: 4.78
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.24 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) **Global:** XXX **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR **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
Result: Increase

RUC Recommendation: 1.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 27 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2021 Medicare Utilization:** 1,478,442 **2023 Work RVU:** 1.82 **2023 NF PE RVU:** 6.79 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.82 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** Jun 2009

72020 Radiologic examination, spine, single view, specify level **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2021 Medicare Utilization:** 110,300 **2023 Work RVU:** 0.16 **2023 NF PE RVU:** 0.56 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

72040 Radiologic examination, spine, cervical; 2 or 3 views **Global:** XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2021 Medicare Utilization:** 558,600 **2023 Work RVU:** 0.22 **2023 NF PE RVU:** 0.95 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.22 **Referred to CPT** October 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72050 Radiologic examination, spine, cervical; 4 or 5 views **Global:** XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2021 Medicare Utilization:** 326,846 **2023 Work RVU:** 0.27
2023 NF PE RVU: 1.31
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.27 **Referred to CPT** October 2011
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
Result: Decrease

RUC Recommendation: 0.30 **Referred to CPT** October 2011
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
Result: Decrease

RUC Recommendation: 0.20 **Referred to CPT**
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
Result: Increase

RUC Recommendation: 0.23 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72074 Radiologic examination, spine; thoracic, minimum of 4 views **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2021 Medicare Utilization:** 10,986 **2023 Work RVU:** 0.25
2023 NF PE RVU: 1.06
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.25 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72080 Radiologic examination, spine; thoracolumbar junction, minimum of 2 views **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2021 Medicare Utilization:** 41,682 **2023 Work RVU:** 0.21
2023 NF PE RVU: 0.81
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.21 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72100 Radiologic examination, spine, lumbosacral; 2 or 3 views **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab: 27** **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2021 Medicare Utilization:** 1,583,990 **2023 Work RVU:** 0.22 **2023 NF PE RVU:** 0.96 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

72110 Radiologic examination, spine, lumbosacral; minimum of 4 views **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab: 27** **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2009 **2021 Medicare Utilization:** 742,086 **2023 Work RVU:** 0.26 **2023 NF PE RVU:** 1.26 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.26 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

72114 Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab: 27** **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2021 Medicare Utilization:** 87,900 **2023 Work RVU:** 0.30 **2023 NF PE RVU:** 1.53 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72120 Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2021 Medicare Utilization:** 46,212 **2023 Work RVU:** 0.22
2023 NF PE RVU: 0.98
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.22 **Referred to CPT** October 2010
Referred to CPT Asst **Published in CPT Asst:**

72125 Computed tomography, cervical spine; without contrast material **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2021 Medicare Utilization:** 1,295,484 **2023 Work RVU:** 1.00
2023 NF PE RVU: 2.97
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.07 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72126 Computed tomography, cervical spine; with contrast material **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2021 Medicare Utilization:** 18,311 **2023 Work RVU:** 1.22
2023 NF PE RVU: 3.94
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72127 Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2021 Medicare Utilization:** 1,728 **2023 Work RVU:** 1.27
2023 NF PE RVU: 4.78
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.27 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72128 Computed tomography, thoracic spine; without contrast material **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2021 Medicare Utilization:** 200,681 **2023 Work RVU:** 1.00
2023 NF PE RVU: 2.97
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

72129 Computed tomography, thoracic spine; with contrast material **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2021 Medicare Utilization:** 33,452 **2023 Work RVU:** 1.22
2023 NF PE RVU: 3.97
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

72130 Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2021 Medicare Utilization:** 1,316 **2023 Work RVU:** 1.27
2023 NF PE RVU: 4.84
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

72131 Computed tomography, lumbar spine; without contrast material **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2021 Medicare Utilization:** 487,126 **2023 Work RVU:** 1.00
2023 NF PE RVU: 2.95
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72132 Computed tomography, lumbar spine; with contrast material **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2021 Medicare Utilization:** 61,062 **2023 Work RVU:** 1.22
2023 NF PE RVU: 3.95
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72133 Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2021 Medicare Utilization:** 3,692 **2023 Work RVU:** 1.27
2023 NF PE RVU: 4.80
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.27 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2021 Medicare Utilization:** 544,579 **2023 Work RVU:** 1.48
2023 NF PE RVU: 4.36
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.48 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Decrease

RUC Recommendation: 1.78 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Decrease

RUC Recommendation: 1.48 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Decrease

RUC Recommendation: 1.78 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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 **Result:** Maintain

RUC Recommendation: 1.48 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72149 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2021 Medicare Utilization:** 4,604 **2023 Work RVU:** 1.78 **2023 NF PE RVU:** 6.56 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.78 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72156 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2021 Medicare Utilization:** 111,923 **2023 Work RVU:** 2.29 **2023 NF PE RVU:** 7.56 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 2.29 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72157 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2021 Medicare Utilization: 97,003

2023 Work RVU: 2.29
2023 NF PE RVU: 7.58
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

72158 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar **Global:** XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2021 Medicare Utilization: 216,368

2023 Work RVU: 2.29
2023 NF PE RVU: 7.54
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

72170 Radiologic examination, pelvis; 1 or 2 views **Global:** XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010

2021 Medicare Utilization: 706,554

2023 Work RVU: 0.17
2023 NF PE RVU: 0.65
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72190 Radiologic examination, pelvis; complete, minimum of 3 views **Global:** XXX **Issue:** X-Ray Exam – Pelvis **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2021 Medicare Utilization:** 54,865 **2023 Work RVU:** 0.25 **2023 NF PE RVU:** 1.00 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

72191 Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2021 Medicare Utilization:** 2,841 **2023 Work RVU:** 1.81 **2023 NF PE RVU:** 7.56 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.81 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

72192 Computed tomography, pelvis; without contrast material **Global:** XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2021 Medicare Utilization:** 171,942 **2023 Work RVU:** 1.09 **2023 NF PE RVU:** 2.97 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.09 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72193 Computed tomography, pelvis; with contrast material(s) **Global:** XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2021 Medicare Utilization:** 34,286 **2023 Work RVU:** 1.16
2023 NF PE RVU: 5.95
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.16 **Referred to CPT** October 2009
Referred to CPT Asst **Published in CPT Asst:**

72194 Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2021 Medicare Utilization:** 5,008 **2023 Work RVU:** 1.22
2023 NF PE RVU: 6.63
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT** October 2009
Referred to CPT Asst **Published in CPT Asst:**

72195 Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) **Global:** XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 80,763 **2023 Work RVU:** 1.46
2023 NF PE RVU: 5.61
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.46 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) **Global:** XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 2,197 **2023 Work RVU:** 1.73
2023 NF PE RVU: 6.57
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.73 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72197 Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 249,299 **2023 Work RVU:** 2.20
2023 NF PE RVU: 8.22
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72200 Radiologic examination, sacroiliac joints; less than 3 views **Global:** XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2021 Medicare Utilization:** 13,715 **2023 Work RVU:** 0.17
2023 NF PE RVU: 0.80
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

72202 Radiologic examination, sacroiliac joints; 3 or more views **Global:** XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2021 Medicare Utilization:** 38,357 **2023 Work RVU:** 0.23
2023 NF PE RVU: 0.93
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.26 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72220 Radiologic examination, sacrum and coccyx, minimum of 2 views **Global:** XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2016 **2021 Medicare Utilization:** 100,892 **2023 Work RVU:** 0.17
2023 NF PE RVU: 0.79
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

72240 Myelography, cervical, radiological supervision and interpretation **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 356 **2023 Work RVU:** 0.91
2023 NF PE RVU: 2.46
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Referred to CPT Asst** **Published in CPT Asst:**

72255 Myelography, thoracic, radiological supervision and interpretation **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2013 **2021 Medicare Utilization:** 90 **2023 Work RVU:** 0.91
2023 NF PE RVU: 2.59
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.91 **Referred to CPT** October 2013 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72265 Myelography, lumbosacral, radiological supervision and interpretation **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 2,010 **2023 Work RVU:** 0.83 **2023 NF PE RVU:** 2.41 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.83 **Referred to CPT** October 2013 **Referred to CPT Asst** **Published in CPT Asst:**

72270 Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation **Global:** XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2021 Medicare Utilization:** 361 **2023 Work RVU:** 1.33 **2023 NF PE RVU:** 3.53 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.33 **Referred to CPT** October 2013 **Referred to CPT Asst** **Published in CPT Asst:**

72275 Epidurography, radiological supervision and interpretation **Global:** XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2021 Medicare Utilization:** 56,054 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Referred to CPT Asst** **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

Status Report: CMS Requests and Relativity Assessment Issues

72291 Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I

Screen: Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab: 06** **Specialty Developing Recommendation:**

First Identified: October 2012 **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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

72292 Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I

Screen: Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab: 06** **Specialty Developing Recommendation:**

First Identified: October 2012 **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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

73000 Radiologic examination; clavicle, complete

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab: 17** **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2021 Medicare Utilization:** 91,121

2023 Work RVU: 0.16
2023 NF PE RVU: 0.79
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73010 Radiologic examination; scapula, complete **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2021 Medicare Utilization:** 42,771 **2023 Work RVU:** 0.17
2023 NF PE RVU: 0.52
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73020 Radiologic examination, shoulder; 1 view **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2021 Medicare Utilization:** 99,142 **2023 Work RVU:** 0.15
2023 NF PE RVU: 0.48
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.15 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73030 Radiologic examination, shoulder; complete, minimum of 2 views **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** Low Value-High Volume / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2010 **2021 Medicare Utilization:** 2,525,765 **2023 Work RVU:** 0.18
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73050 Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction **Global:** XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** October 2017 **2021 Medicare Utilization:** 6,416 **2023 Work RVU:** 0.18 **2023 NF PE RVU:** 0.66 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73060 Radiologic examination; humerus, minimum of 2 views **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2021 Medicare Utilization:** 303,754 **2023 Work RVU:** 0.16 **2023 NF PE RVU:** 0.79 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73070 Radiologic examination, elbow; 2 views **Global:** XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2021 Medicare Utilization:** 192,334 **2023 Work RVU:** 0.16 **2023 NF PE RVU:** 0.70 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Maintain

RUC Recommendation: 0.17 **Referred to CPT** **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
Result: Maintain

RUC Recommendation: 0.16 **Referred to CPT** **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
Result: Maintain

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **Result:** Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73120 Radiologic examination, hand; 2 views **Global:** XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 244,773 **2023 Work RVU:** 0.16 **2023 NF PE RVU:** 0.76 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73130 Radiologic examination, hand; minimum of 3 views **Global:** XXX **Issue:** X-Ray of Hand/Fingers **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2021 Medicare Utilization:** 1,230,447 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.92 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73140 Radiologic examination, finger(s), minimum of 2 views **Global:** XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 340,779 **2023 Work RVU:** 0.13
2023 NF PE RVU: 0.99
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.13 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73200 Computed tomography, upper extremity; without contrast material **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 23 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2021 Medicare Utilization:** 127,767 **2023 Work RVU:** 1.00
2023 NF PE RVU: 3.98
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.09 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73201 Computed tomography, upper extremity; with contrast material(s) **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2021 Medicare Utilization:** 20,132 **2023 Work RVU:** 1.16
2023 NF PE RVU: 5.04
2023 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73202 Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2021 Medicare Utilization:** 1,750 **2023 Work RVU:** 1.22
2023 NF PE RVU: 6.49
2023 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73206 Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2021 Medicare Utilization:** 7,201 **2023 Work RVU:** 1.81 **2023 NF PE RVU:** 7.32 **2023 Fac PE RVU:** NA **Result:** Remove from Screen

RUC Recommendation: Survey with all CTA codes for October 2013. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73218 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2021 Medicare Utilization:** 31,297 **2023 Work RVU:** 1.35 **2023 NF PE RVU:** 8.09 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: CPT Assistant published. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Feb 2011

73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2021 Medicare Utilization:** 428,900 **2023 Work RVU:** 1.35 **2023 NF PE RVU:** 4.88 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.35 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73500 Radiologic examination, hip, unilateral; 1 view **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab: 14** **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

73501 Radiologic examination, hip, unilateral, with pelvis when performed; 1 view **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab: 14** **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2021 Medicare Utilization:** 225,727 **2023 Work RVU:** 0.18 **2023 NF PE RVU:** 0.79 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.17 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

73502 Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab: 14** **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2021 Medicare Utilization:** 2,397,096 **2023 Work RVU:** 0.22 **2023 NF PE RVU:** 1.17 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73503 Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 14 Specialty Developing Recommendation: AAOS, ACR

First Identified: October 2014

2021 Medicare Utilization: 47,178

2023 Work RVU: 0.27
2023 NF PE RVU: 1.49
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.27

Referred to CPT October 2014

Referred to CPT Asst **Published in CPT Asst:**

73510 Radiologic examination, hip, unilateral; complete, minimum of 2 views **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 14 Specialty Developing Recommendation: AAOS, ACR

First Identified: October 2008

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 2014

Referred to CPT Asst **Published in CPT Asst:**

73520 Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 14 Specialty Developing Recommendation: AAOS, ACR

First Identified: April 2013

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 2014

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73521 Radiologic examination, hips, bilateral, with pelvis when performed; 2 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab: 14** **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2021 Medicare Utilization:** 137,912 **2023 Work RVU:** 0.22 **2023 NF PE RVU:** 1.00 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

73522 Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab: 14** **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2021 Medicare Utilization:** 171,162 **2023 Work RVU:** 0.29 **2023 NF PE RVU:** 1.30 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.29 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

73523 Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab: 14** **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2021 Medicare Utilization:** 102,864 **2023 Work RVU:** 0.31 **2023 NF PE RVU:** 1.52 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73540 Radiologic examination, pelvis and hips, infant or child, minimum of 2 views **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **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 2014 **Referred to CPT Asst** **Published in CPT Asst:**

73542 Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation **Global:** **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **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** February 2011 **Referred to CPT Asst** **Published in CPT Asst:** Deleted from CPT

73550 Radiologic examination, femur, 2 views **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **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 2014 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73551 Radiologic examination, femur; 1 view **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2021 Medicare Utilization:** 30,254 **2023 Work RVU:** 0.16
2023 NF PE RVU: 0.70
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.16 **Referred to CPT** October 2014
Referred to CPT Asst **Published in CPT Asst:**

73552 Radiologic examination, femur; minimum 2 views **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2021 Medicare Utilization:** 505,931 **2023 Work RVU:** 0.18
2023 NF PE RVU: 0.87
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.18 **Referred to CPT** October 2014
Referred to CPT Asst **Published in CPT Asst:**

73560 Radiologic examination, knee; 1 or 2 views **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2021 Medicare Utilization:** 1,439,460 **2023 Work RVU:** 0.16
2023 NF PE RVU: 0.85
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73562 Radiologic examination, knee; 3 views **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2021 Medicare Utilization:** 2,216,138 **2023 Work RVU:** 0.18
2023 NF PE RVU: 1.02
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **Result:** Maintain

RUC Recommendation: 0.22 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73565 Radiologic examination, knee; both knees, standing, anteroposterior **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2021 Medicare Utilization:** 120,857 **2023 Work RVU:** 0.16 **2023 NF PE RVU:** 1.02 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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 **Result:** Increase

RUC Recommendation: 0.59 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Jun 2012

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 **Result:** Decrease

RUC Recommendation: 0.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73600 Radiologic examination, ankle; 2 views **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2021 Medicare Utilization:** 205,057 **2023 Work RVU:** 0.16 **2023 NF PE RVU:** 0.80 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73610 Radiologic examination, ankle; complete, minimum of 3 views **Global:** XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2021 Medicare Utilization:** 1,141,900 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.92 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73620 Radiologic examination, foot; 2 views **Global:** XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2021 Medicare Utilization:** 449,205 **2023 Work RVU:** 0.16 **2023 NF PE RVU:** 0.67 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73630 Radiologic examination, foot; complete, minimum of 3 views **Global:** XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2021 Medicare Utilization:** 2,542,826

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

2023 Work RVU: 0.17
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA
Result: Maintain

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

RUC Recommendation: 0.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

2023 Work RVU: 0.16
2023 NF PE RVU: 0.68
2023 Fac PE RVU: NA
Result: Maintain

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

RUC Recommendation: 0.13 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

2023 Work RVU: 0.13
2023 NF PE RVU: 0.73
2023 Fac PE RVU: NA
Result: Maintain

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

RUC Recommendation: 1.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

2023 Work RVU: 1.00
2023 NF PE RVU: 2.96
2023 Fac PE RVU: NA
Result: Maintain

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 **Result:** Maintain

RUC Recommendation: 1.16 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73702 Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2021 Medicare Utilization:** 4,736 **2023 Work RVU:** 1.22 **2023 NF PE RVU:** 4.77 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.22 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2021 Medicare Utilization:** 18,273 **2023 Work RVU:** 1.90 **2023 NF PE RVU:** 8.04 **2023 Fac PE RVU:** NA **Result:** Remove from Screen

RUC Recommendation: Survey for October 2013. Remove from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

73718 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 130,744 **2023 Work RVU:** 1.35 **2023 NF PE RVU:** 5.56 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.35 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73719 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 996 **2023 Work RVU:** 1.62 **2023 NF PE RVU:** 6.50 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 59,489 **2023 Work RVU:** 2.15 **2023 NF PE RVU:** 8.28 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 2.15 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material **Global:** XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2021 Medicare Utilization:** 597,704 **2023 Work RVU:** 1.35 **2023 NF PE RVU:** 4.87 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.35 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74000 Radiologic examination, abdomen; single anteroposterior view **Global:** **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **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** February 2016
Referred to CPT Asst **Published in CPT Asst:**

74010 Radiologic examination, abdomen; anteroposterior and additional oblique and cone views **Global:** **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **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** February 2016
Referred to CPT Asst **Published in CPT Asst:**

74018 Radiologic examination, abdomen; 1 view **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2021 Medicare Utilization:** 1,943,803 **2023 Work RVU:** 0.18
2023 NF PE RVU: 0.70
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.18 **Referred to CPT** February 2016
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74019 Radiologic examination, abdomen; 2 views **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2021 Medicare Utilization:** 301,854 **2023 Work RVU:** 0.23
2023 NF PE RVU: 0.86
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.23 **Referred to CPT** February 2016
Referred to CPT Asst **Published in CPT Asst:**

74020 Radiologic examination, abdomen; complete, including decubitus and/or erect views **Global:** **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **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** February 2016
Referred to CPT Asst **Published in CPT Asst:**

74021 Radiologic examination, abdomen; 3 or more views **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2021 Medicare Utilization:** 40,490 **2023 Work RVU:** 0.27
2023 NF PE RVU: 1.00
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.27 **Referred to CPT** February 2016
Referred to CPT Asst **Published in CPT Asst:**

74022 Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest **Global:** XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 154,690 **2023 Work RVU:** 0.32
2023 NF PE RVU: 1.15
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.32 **Referred to CPT** February 2016
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74150 Computed tomography, abdomen; without contrast material **Global:** XXX **Issue:** CT Abdomen

Screen: Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2021 Medicare Utilization:** 62,048 **2023 Work RVU:** 1.19
2023 NF PE RVU: 2.98
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Review PE. 0.35 **Referred to CPT** October 2009
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Maintain

RUC Recommendation: 0.42 **Referred to CPT** October 2009
Referred to CPT Asst **Published in CPT Asst:**

74170 Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections **Global:** XXX **Issue:** CT Abdomen

Screen: Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2021 Medicare Utilization:** 98,664 **2023 Work RVU:** 1.40
2023 NF PE RVU: 6.72
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.40 **Referred to CPT** October 2009
Referred to CPT Asst **Published in CPT Asst:**

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 **Result:** Decrease

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2021 Medicare Utilization:** 30,514 **2023 Work RVU:** 1.82 **2023 NF PE RVU:** 7.60 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.82 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

74176 Computed tomography, abdomen and pelvis; without contrast material **Global:** XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2021 Medicare Utilization:** 1,996,910 **2023 Work RVU:** 1.74 **2023 NF PE RVU:** 3.82 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74177 Computed tomography, abdomen and pelvis; with contrast material(s) **Global:** XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2021 Medicare Utilization:** 3,314,771 **2023 Work RVU:** 1.82
2023 NF PE RVU: 7.58
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.82 **Referred to CPT** October 2009
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
Result: Decrease

RUC Recommendation: 2.01 **Referred to CPT** October 2009
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
Result: Maintain

RUC Recommendation: 1.46 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Maintain

RUC Recommendation: 1.73 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

74183 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2021 Medicare Utilization:** 381,929 **2023 Work RVU:** 2.20
2023 NF PE RVU: 8.26
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

74210 Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2021 Medicare Utilization:** 1,014 **2023 Work RVU:** 0.59
2023 NF PE RVU: 2.28
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.59 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74220 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 12 **Specialty Developing Recommendation:** ACR

First Identified: April 2016

2021 Medicare Utilization: 101,875

2023 Work RVU: 0.60
2023 NF PE RVU: 2.34
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

74221 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 12 **Specialty Developing Recommendation:**

First Identified: October 2018

2021 Medicare Utilization: 62,697

2023 Work RVU: 0.70
2023 NF PE RVU: 2.61
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

74230 Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017

Tab: 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2013

2021 Medicare Utilization: 300,780

2023 Work RVU: 0.53
2023 NF PE RVU: 3.24
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74240 Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 12 Specialty Developing Recommendation: ACR

First Identified: October 2017

2021 Medicare Utilization: 69,897

2023 Work RVU: 0.80
2023 NF PE RVU: 2.89
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.80

Referred to CPT May 2018
Referred to CPT Asst **Published in CPT Asst:**

74241 Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 12 Specialty Developing Recommendation: ACR

First Identified: October 2017

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 May 2018
Referred to CPT Asst **Published in CPT Asst:**

74245 Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 12 Specialty Developing Recommendation: ACR

First Identified: October 2017

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 May 2018
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74246 Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered **Global:** XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2021 Medicare Utilization:** 51,276

2023 Work RVU: 0.90
2023 NF PE RVU: 3.29
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.90

Referred to CPT May 2018
Referred to CPT Asst **Published in CPT Asst:**

74247 Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **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 May 2018
Referred to CPT Asst **Published in CPT Asst:**

74248 Radiologic small intestine follow-through study, including multiple serial images (list separately in addition to code for primary procedure for upper gi radiologic examination) **Global:** ZZZ **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: October 2018 **2021 Medicare Utilization:** 16,404

2023 Work RVU: 0.70
2023 NF PE RVU: 1.76
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.70

Referred to CPT February 2019-EC
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74249 Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through **Global:** **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017

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 May 2018
Referred to CPT Asst **Published in CPT Asst:**

74250 Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017

2021 Medicare Utilization: 44,087

2023 Work RVU: 0.81
2023 NF PE RVU: 2.86
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.81

Referred to CPT May 2018
Referred to CPT Asst **Published in CPT Asst:**

74251 Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017

2021 Medicare Utilization: 351

2023 Work RVU: 1.17
2023 NF PE RVU: 9.99
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.17

Referred to CPT May 2018
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74260 Duodenography, hypotonic **Global:** **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **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** May 2018
Referred to CPT Asst **Published in CPT Asst:**

74270 Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2021 Medicare Utilization:** 21,188 **2023 Work RVU:** 1.04
2023 NF PE RVU: 3.58
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.04 **Referred to CPT** May 2018
Referred to CPT Asst **Published in CPT Asst:**

74280 Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered **Global:** XXX **Issue:** Lower Gastrointestinal Tract Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2021 Medicare Utilization:** 5,661 **2023 Work RVU:** 1.26
2023 NF PE RVU: 5.38
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.26 **Referred to CPT** May 2018
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74300 Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2021 Medicare Utilization:** 22,738 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.32 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

74301 Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ACS, SAGES, SIR **First Identified:** October 2018 **2021 Medicare Utilization:** 72 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.21 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

74305 Deleted from CPT **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **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** February 2015
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74320 Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **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 February 2015
Referred to CPT Asst **Published in CPT Asst:**

74327 Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **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 February 2015
Referred to CPT Asst **Published in CPT Asst:**

74328 Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018 **2021 Medicare Utilization:** 61,638

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.47

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74329 Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018

2021 Medicare Utilization: 2,577

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018

2021 Medicare Utilization: 11,174

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

74400 Urography (pyelography), intravenous, with or without kub, with or without tomography **Global:** XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab: 31 **Specialty Developing Recommendation:** ACR

First Identified: April 2011

2021 Medicare Utilization: 3,315

2023 Work RVU: 0.49
2023 NF PE RVU: 3.55
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

74420 Urography, retrograde, with or without kub **Global:** XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017

Tab: 26 **Specialty Developing Recommendation:** ACR, AUA

First Identified: April 2016

2021 Medicare Utilization: 149,626

2023 Work RVU: 0.52
2023 NF PE RVU: 1.76
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.52

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74425 Urography, antegrade, radiological supervision and interpretation

Global: XXX **Issue:** Urography

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, AUA, SIR

First Identified: October 2012 **2021 Medicare Utilization:** 1,469

2023 Work RVU: 0.51
2023 NF PE RVU: 3.58
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.51, editorially revised

Referred to CPT September 2019
Referred to CPT Asst **Published in CPT Asst:**

74475 Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation

Global: **Issue:** Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **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 2014
Referred to CPT Asst **Published in CPT Asst:**

74480 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation

Global: **Issue:** Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **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 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74485 Dilation of ureter(s) or urethra, radiological supervision and interpretation **Global:** XXX **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2021 Medicare Utilization:** 1,316 **2023 Work RVU:** 0.83
RUC Recommendation: 0.83 **Referred to CPT** **2023 NF PE RVU:** 2.70
Referred to CPT Asst **Published in CPT Asst:** **2023 Fac PE RVU:** NA
Result: Increase

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
RUC Recommendation: Maintain **Referred to CPT** **2023 NF PE RVU:** 8.65
Referred to CPT Asst **Published in CPT Asst:** **2023 Fac PE RVU:** NA
Result: Remove from Screen

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
RUC Recommendation: Maintain **Referred to CPT** **2023 NF PE RVU:** 2.46
Referred to CPT Asst **Published in CPT Asst:** **2023 Fac PE RVU:** NA
Result: Maintain

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
Result: Remove from Screen

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) **Global:** XXX **Issue:** **Screen:** CMS Request - Final Rule for 2013 / High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021

Tab: 29 **Specialty Developing Recommendation:** ACR, SIR, ACC

First Identified: May 2013

2021 Medicare Utilization: 110,974

2023 Work RVU: 2.40
2023 NF PE RVU: 7.38
2023 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

75625 Aortography, abdominal, by serialography, radiological supervision and interpretation **Global:** XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS

First Identified: October 2017

2021 Medicare Utilization: 77,919

2023 Work RVU: 1.44
2023 NF PE RVU: 2.14
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation **Global:** XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS

First Identified: October 2017

2021 Medicare Utilization: 19,887

2023 Work RVU: 2.00

2023 NF PE RVU: 2.48

2023 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing **Global:** XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2021 Medicare Utilization: 105,000

2023 Work RVU: 2.40

2023 NF PE RVU: 10.17

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 2.40

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

75650 Angiography, carotid, cervical, bilateral, radiological supervision and interpretation **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010

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 February 2012

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75671 Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

75680 Angiography, carotid, cervical, bilateral, radiological supervision and interpretation **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

75710 Angiography, extremity, unilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** No

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2021 Medicare Utilization:** 132,977

RUC Recommendation: Refer to CPT Assistant and review after 2 years of data after publication available. 1.75 **Referred to CPT**

Referred to CPT Asst **Published in CPT Asst:** July 2021

2023 Work RVU: 1.75
2023 NF PE RVU: 2.51
2023 Fac PE RVU: NA
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

75716 Angiography, extremity, bilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS

First Identified: July 2015

2021 Medicare Utilization: 57,043

2023 Work RVU: 1.97

2023 NF PE RVU: 2.67

2023 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 1.97

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

75722 Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010

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 February 2011

Referred to CPT Asst **Published in CPT Asst:**

75724 Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS

First Identified: February 2010

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 February 2011

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75726 Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation **Global:** XXX **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2021 Medicare Utilization:** 38,496 **2023 Work RVU:** 2.05 **2023 NF PE RVU:** 2.89 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 2.05 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

75774 Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2021 Medicare Utilization:** 73,664 **2023 Work RVU:** 1.01 **2023 NF PE RVU:** 1.81 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.01 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

75790 Deleted from CPT **Global:** **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **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** February 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75791 Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation **Global:** **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** **Published in CPT Asst:**

75820 Venography, extremity, unilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2021 Medicare Utilization:** 21,725 **2023 Work RVU:** 1.05 **2023 NF PE RVU:** 2.13 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.05 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

75822 Venography, extremity, bilateral, radiological supervision and interpretation **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2021 Medicare Utilization:** 10,013 **2023 Work RVU:** 1.48 **2023 NF PE RVU:** 2.37 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75885 Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation **Global:** XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2021 Medicare Utilization:** 276 **2023 Work RVU:** 1.44
2023 NF PE RVU: 2.53
2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

75887 Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation **Global:** XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2021 Medicare Utilization:** 615 **2023 Work RVU:** 1.44
2023 NF PE RVU: 2.59
2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation **Global:** XXX **Issue:** Endovascular Therapy Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, ACR, CNS **First Identified:** February 2010 **2021 Medicare Utilization:** 10,086 **2023 Work RVU:** 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Refer to CPT to create a code bundling solution. **Referred to CPT** February 2024
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75896 Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation **Global:** **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **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** February 2014 February 2015 May 2015 **Referred to CPT Asst** **Published in CPT Asst:**

75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis **Global:** XXX **Issue:** Endovascular Therapy Bundling **Screen:** Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, ACR, CNS **First Identified:** February 2010 **2021 Medicare Utilization:** 13,562 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Contractor Price

RUC Recommendation: Refer to CPT for code bundling solution **Referred to CPT** February 2024 February 2014 February 2015 **Referred to CPT Asst** **Published in CPT Asst:** Sep 2019

75940 Percutaneous placement of IVC filter, radiological supervision and interpretation **Global:** **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **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** February 2011 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

75954 Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 10 Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: January 2017

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

Referred to CPT Asst **Published in CPT Asst:**

75960 Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel **Global:** **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012

Tab: 27 Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified: February 2013

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 February 2013

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75961 Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation **Global:** **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS

First Identified: February 2010

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 June 2011

Referred to CPT Asst **Published in CPT Asst:**

75962 Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 15 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: April 2010

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:**

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75966 Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **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:**

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** **Published in CPT Asst:**

75978 Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation **Global:** **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2013 **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

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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst **Published in CPT Asst:**

75982 Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation **Global:** **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab: 06** **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **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 February 2015
Referred to CPT Asst **Published in CPT Asst:**

75984 Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation **Global:** XXX **Issue:** Introduction of Catheter or Stent **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab: 17** **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2021 Medicare Utilization:** 19,778

2023 Work RVU: 0.83
2023 NF PE RVU: 2.00
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.83

Referred to CPT RAW will assess Oct 2018
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 Deleted from CPT **Global:** **Issue:** Transluminal Arthroctomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

75993 Deleted from CPT **Global:** **Issue:** Transluminal Arthroctomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

75994 Revised to Category III **Global:** **Issue:** Transluminal Arthroctomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

75995 Revised to Category III **Global:** **Issue:** Transluminal Arthroctomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75996 Revised to Category III **Global:** **Issue:** Transluminal Arthroctomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time **Global:** XXX **Issue:** Fluoroscopy **Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 27 **Specialty Developing Recommendation:** ACR, APMA **First Identified:** October 2010 **2021 Medicare Utilization:** 102,019 **2023 Work RVU:** 0.30
2023 NF PE RVU: 0.95
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.30 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76001 Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy) **Global:** **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **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** September 2017
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76098 Radiological examination, surgical specimen **Global:** XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2021 Medicare Utilization:** 69,462 **2023 Work RVU:** 0.31 **2023 NF PE RVU:** 0.92 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.31 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76100 Radiologic examination, single plane body section (eg, tomography), other than with urography **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2021 Medicare Utilization:** 6,850 **2023 Work RVU:** 0.58 **2023 NF PE RVU:** 2.07 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76101 Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2021 Medicare Utilization:** 1 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76102 Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2021 Medicare Utilization:** 2,793 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76376 3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing 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 **Result:** Maintain

RUC Recommendation: 0.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76377 3d rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation **Global:** XXX **Issue:** 3D Rendering with Interpretation and Report **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2019 **2021 Medicare Utilization:** 172,788 **2023 Work RVU:** 0.79 **2023 NF PE RVU:** 1.43 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.79 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76510 Ophthalmic ultrasound, diagnostic; b-scan and quantitative a-scan performed during the same patient encounter **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2021 Medicare Utilization:** 12,903 **2023 Work RVU:** 0.70 **2023 NF PE RVU:** 1.34 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.70 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76511 Ophthalmic ultrasound, diagnostic; quantitative a-scan only **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2021 Medicare Utilization:** 3,771 **2023 Work RVU:** 0.64
2023 NF PE RVU: 1.04
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.64 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76512 Ophthalmic ultrasound, diagnostic; b-scan (with or without superimposed non-quantitative a-scan) **Global:** XXX **Issue:** Ophthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2021 Medicare Utilization:** 209,882 **2023 Work RVU:** 0.56
2023 NF PE RVU: 0.85
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.56 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76513 Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) b-scan or high resolution biomicroscopy, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmic Ultrasound Anterior Segment **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 17 **Specialty Developing Recommendation:** AAO, AOA (optometric), ASCRS **First Identified:** February 2008 **2021 Medicare Utilization:** 15,878 **2023 Work RVU:** 0.60
2023 NF PE RVU: 1.62
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.60 and CPT Assistant article published **Referred to CPT** September 2019
Referred to CPT Asst **Published in CPT Asst:** Apr 2013

Status Report: CMS Requests and Relativity Assessment Issues

76514 Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness) **Global:** XXX **Issue:** Echo Exam of Eye Thickness **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 12 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2017 **2021 Medicare Utilization:** 438,672 **2023 Work RVU:** 0.14 **2023 NF PE RVU:** 0.18 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76516 Ophthalmic biometry by ultrasound echography, a-scan; **Global:** XXX **Issue:** Ophthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2021 Medicare Utilization:** 2,273 **2023 Work RVU:** 0.40 **2023 NF PE RVU:** 0.97 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.40 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76519 Ophthalmic biometry by ultrasound echography, a-scan; with intraocular lens power calculation **Global:** XXX **Issue:** Ophthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2021 Medicare Utilization:** 137,533 **2023 Work RVU:** 0.54 **2023 NF PE RVU:** 1.45 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.54 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76536 Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation **Global:** XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2021 Medicare Utilization:** 874,305 **2023 Work RVU:** 0.56 **2023 NF PE RVU:** 2.74 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.56 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76604 Ultrasound, chest (includes mediastinum), real time with image documentation **Global:** XXX **Issue:** Ultrasound Exam - Chest **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 24 **Specialty Developing Recommendation:** ACR

First Identified: October 2017

2021 Medicare Utilization: 103,362

2023 Work RVU: 0.59
2023 NF PE RVU: 1.06
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.59

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

76641 Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 13 **Specialty Developing Recommendation:** ACR

First Identified: January 2014

2021 Medicare Utilization: 685,993

2023 Work RVU: 0.73
2023 NF PE RVU: 2.33
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.73

Referred to CPT October 2013
Referred to CPT Asst **Published in CPT Asst:**

76642 Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 13 **Specialty Developing Recommendation:** ACR

First Identified: January 2014

2021 Medicare Utilization: 736,738

2023 Work RVU: 0.68
2023 NF PE RVU: 1.83
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.68

Referred to CPT October 2013
Referred to CPT Asst **Published in CPT Asst:**

76645 Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation **Global:** **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2011

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 2013
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
Result: Maintain

RUC Recommendation: 0.81 **Referred to CPT**
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
Result: Maintain

RUC Recommendation: 0.59 **Referred to CPT**
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
Result: Decrease

RUC Recommendation: 0.55 **Referred to CPT** May 2015
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
Result: Maintain

RUC Recommendation: 0.74 **Referred to CPT**
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 **Result:** Maintain

RUC Recommendation: 0.58 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76819 Fetal biophysical profile; without non-stress testing **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR **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 **Result:** Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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 **Result:** Maintain

RUC Recommendation: 0.69 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76856 Ultrasound, pelvic (nonobstetric), real time with image documentation; complete **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2021 Medicare Utilization:** 369,449 **2023 Work RVU:** 0.69 **2023 NF PE RVU:** 2.44 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.69 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Decrease

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

76870 Ultrasound, scrotum and contents **Global:** XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 28 **Specialty Developing Recommendation:** ACR, AUA

First Identified: April 2016 **2021 Medicare Utilization:** 130,406

2023 Work RVU: 0.64
2023 NF PE RVU: 2.35
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.64

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

76872 Ultrasound, transrectal; **Global:** XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACOG, ACR, AUA

First Identified: September 2011 **2021 Medicare Utilization:** 197,470

2023 Work RVU: 0.69
2023 NF PE RVU: 5.30
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Refer to CPT. 0.69

Referred to CPT February 2024
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76880 Deleted from CPT **Global:** **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

76881 Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation **Global:** XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2021 Medicare Utilization:** 181,541 **2023 Work RVU:** 0.90
2023 NF PE RVU: 0.66
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: New PE Inputs. 0.90 **Referred to CPT** June 2017
Referred to CPT Asst **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016

76882 Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation **Global:** XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2021 Medicare Utilization:** 279,657 **2023 Work RVU:** 0.69
2023 NF PE RVU: 0.52
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: New PE Inputs. 0.69 **Referred to CPT** June 2017
Referred to CPT Asst **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

Status Report: CMS Requests and Relativity Assessment Issues

76883 Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity **Global:** XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** New Technology/New Services / CMS Request- Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023

Tab: 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA

First Identified: October 2021

2021 Medicare Utilization:

2023 Work RVU: 1.21
2023 NF PE RVU: 0.87
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 1.21

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

76930 Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation **Global:** **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 04 **Specialty Developing Recommendation:** ACC

First Identified: July 2013

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 September 2018
Referred to CPT Asst **Published in CPT Asst:**

76932 Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation **Global:** YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 34 **Specialty Developing Recommendation:** ACC

First Identified: July 2013

2021 Medicare Utilization: 1,031

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.67

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76936 Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging) **Global:** XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 18 **Specialty Developing Recommendation:**

First Identified: July 2013

2021 Medicare Utilization: 593

2023 Work RVU: 1.99
2023 NF PE RVU: 5.51
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Ultrasound Guidance for Vascular Access **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022

Tab: 07 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: January 2018

2021 Medicare Utilization: 642,405

2023 Work RVU: 0.30
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.30

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

76940 Ultrasound guidance for, and monitoring of, parenchymal tissue ablation **Global:** YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab: 29 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: July 2013

2021 Medicare Utilization: 1,199

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation **Global:** XXX **Issue:** Somatic Nerve Injections **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** April 2011 **2021 Medicare Utilization:** 1,121,629 **2023 Work RVU:** 0.67 **2023 NF PE RVU:** 1.02 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.67 **Referred to CPT** May 2021 **Referred to CPT Asst** **Published in CPT Asst:**

76948 Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation **Global:** XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 25 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2013 **2021 Medicare Utilization:** 8 **2023 Work RVU:** 0.67 **2023 NF PE RVU:** 1.72 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.85 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

76950 Ultrasonic guidance for placement of radiation therapy fields **Global:** **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **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 2013 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76965 Ultrasonic guidance for interstitial radioelement application **Global:** XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2021 Medicare Utilization:** 4,906 **2023 Work RVU:** 1.34
2023 NF PE RVU: 1.40
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Maintain **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76970 Ultrasound study follow-up (specify) **Global:** **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 / CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **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** February 2020
Referred to CPT Asst **Published in CPT Asst:**

76978 Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion **Global:** XXX **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2021 Medicare Utilization:** 948 **2023 Work RVU:** 1.62
2023 NF PE RVU: 5.96
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT Assistant **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Aug 2023

Status Report: CMS Requests and Relativity Assessment Issues

76979 Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2021 Medicare Utilization:** 74 **2023 Work RVU:** 0.85 **2023 NF PE RVU:** 4.12 **2023 Fac PE RVU:** NA **Result:**

RUC Recommendation: Refer to CPT Assistant **Referred to CPT Referred to CPT Asst** **Published in CPT Asst:** Aug 2023

76984 Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic **Global:** **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:** **Result:** Decrease

RUC Recommendation: 0.60 **Referred to CPT Referred to CPT Asst** **Published in CPT Asst:**

76987 Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report **Global:** **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:** **Result:** Decrease

RUC Recommendation: 1.90 **Referred to CPT Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76988 Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only **Global:** **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:** Result: Decrease

RUC Recommendation: 1.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76989 Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only **Global:** **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:** Result: Decrease

RUC Recommendation: 1.55 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

76998 Ultrasonic guidance, intraoperative **Global:** XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, ACS, ASBrS, STS **First Identified:** January 2019 **2021 Medicare Utilization:** 28,257 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.20 **Referred to CPT** May 2022
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77001 Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** PICC Line Procedures **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2018

Tab: 09 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS

First Identified: January 2012

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:**

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 paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2021

Tab: 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS

First Identified: October 2010

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:**

Status Report: CMS Requests and Relativity Assessment Issues

77011 Computed tomography guidance for stereotactic localization **Global:** XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** 2021 Medicare Utilization: 3,899 **2023 Work RVU:** 1.21 **2023 NF PE RVU:** 5.42 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

77012 Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation **Global:** XXX **Issue:** CT Guidance Needle Placement **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75% or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2021 Medicare Utilization:** 137,969 **2023 Work RVU:** 1.50 **2023 NF PE RVU:** 2.63 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Referred to CPT Asst** **Published in CPT Asst:**

77014 Computed tomography guidance for placement of radiation therapy fields **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2021 Medicare Utilization:** 2,435,082 **2023 Work RVU:** 0.85 **2023 NF PE RVU:** 2.71 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Refer to CPT. Remove from screen **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77031 Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation **Global:** **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 Specialty Developing Recommendation:

First Identified: January 2012

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 2012

Referred to CPT Asst **Published in CPT Asst:**

77032 Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation **Global:** **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 04 Specialty Developing Recommendation:

First Identified: January 2012

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 2012

Referred to CPT Asst **Published in CPT Asst:**

77046 Magnetic resonance imaging, breast, without contrast material; unilateral **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 06 Specialty Developing Recommendation: ACR

First Identified: June 2017

2021 Medicare Utilization: 270

2023 Work RVU: 1.45

2023 NF PE RVU: 5.09

2023 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.45

Referred to CPT June 2017

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77047 Magnetic resonance imaging, breast, without contrast material; bilateral **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2021 Medicare Utilization:** 3,146 **2023 Work RVU:** 1.60 **2023 NF PE RVU:** 5.17 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.60 **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

77048 Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2021 Medicare Utilization:** 980 **2023 Work RVU:** 2.10 **2023 NF PE RVU:** 8.29 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 2.10 **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

77049 Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral **Global:** XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2021 Medicare Utilization:** 99,387 **2023 Work RVU:** 2.30 **2023 NF PE RVU:** 8.30 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 2.30 **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77051 Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure) **Global:** **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** **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:**

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** **Published in CPT Asst:**

77055 Mammography; unilateral **Global:** **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **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

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst **Published in CPT Asst:**

77057 Screening mammography, bilateral (2-view study of each breast)

Global: **Issue:** Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **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:**

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77059 Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral **Global:** **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

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 June 2017

Referred to CPT Asst **Published in CPT Asst:**

77065 Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2021 Medicare Utilization: 714,474

2023 Work RVU: 0.81

2023 NF PE RVU: 2.90

2023 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.81

Referred to CPT October 2015

Referred to CPT Asst **Published in CPT Asst:**

77066 Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2021 Medicare Utilization: 560,729

2023 Work RVU: 1.00

2023 NF PE RVU: 3.69

2023 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 1.00

Referred to CPT October 2015

Referred to CPT Asst **Published in CPT Asst:**

77067 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed **Global:** XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2021 Medicare Utilization: 5,691,064

2023 Work RVU: 0.76

2023 NF PE RVU: 3.04

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.76

Referred to CPT October 2015

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77073 Bone length studies (orthoroentgenogram, scanogram) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2021 Medicare Utilization:** 57,264 **2023 Work RVU:** 0.26
2023 NF PE RVU: 1.06
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.26 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

77074 Radiologic examination, osseous survey; limited (eg, for metastases) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2021 Medicare Utilization:** 3,132 **2023 Work RVU:** 0.44
2023 NF PE RVU: 1.48
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.44 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

77075 Radiologic examination, osseous survey; complete (axial and appendicular skeleton) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2021 Medicare Utilization:** 32,611 **2023 Work RVU:** 0.55
2023 NF PE RVU: 2.39
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.55 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

77076 Radiologic examination, osseous survey, infant **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2021 Medicare Utilization:** 19 **2023 Work RVU:** 0.70
2023 NF PE RVU: 2.47
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.70 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77077 Joint survey, single view, 2 or more joints (specify) **Global:** XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2021 Medicare Utilization:** 35,153 **2023 Work RVU:** 0.33 **2023 NF PE RVU:** 1.05 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.33 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

77079 Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) **Global:** **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **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 2010 **Referred to CPT Asst** **Published in CPT Asst:**

77080 Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2021 Medicare Utilization:** 2,615,040 **2023 Work RVU:** 0.20 **2023 NF PE RVU:** 0.92 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77081 Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) **Global:** XXX **Issue:** Dual-energy X-Ray Absorptiometry (DXA) **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 25 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2021 Medicare Utilization:** 52,608 **2023 Work RVU:** 0.20 **2023 NF PE RVU:** 0.72 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

77082 Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment **Global:** **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **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** May 2013 **Referred to CPT Asst** **Published in CPT Asst:**

77083 Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites **Global:** **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **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 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77085 Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

First Identified: 2021 **Medicare Utilization:** 101,080

2023 Work RVU: 0.30
2023 NF PE RVU: 1.23
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.30

Referred to CPT May 2013
Referred to CPT Asst **Published in CPT Asst:**

77086 Vertebral fracture assessment via dual-energy x-ray absorptiometry (dxa) **Global:** XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES

First Identified: 2021 **Medicare Utilization:** 1,954

2023 Work RVU: 0.17
2023 NF PE RVU: 0.80
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT May 2013
Referred to CPT Asst **Published in CPT Asst:**

77261 Therapeutic radiology treatment planning; simple **Global:** XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015 **2021 Medicare Utilization:** 8,395

2023 Work RVU: 1.30
2023 NF PE RVU: 0.72
2023 Fac PE RVU: 0.72
Result: Decrease

RUC Recommendation: 1.30

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77262 Therapeutic radiology treatment planning; intermediate **Global:** XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2021 Medicare Utilization:** 2,895 **2023 Work RVU:** 2.00
2023 NF PE RVU: 1.07
2023 Fac PE RVU: 1.07
Result: Decrease

RUC Recommendation: 2.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

77263 Therapeutic radiology treatment planning; complex **Global:** XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2021 Medicare Utilization:** 283,609 **2023 Work RVU:** 3.14
2023 NF PE RVU: 1.63
2023 Fac PE RVU: 1.63
Result: Maintain

RUC Recommendation: 3.14 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

77280 Therapeutic radiology simulation-aided field setting; simple **Global:** XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2011 **2021 Medicare Utilization:** 371,120 **2023 Work RVU:** 0.70
2023 NF PE RVU: 7.32
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.70 **Referred to CPT** October 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77285 Therapeutic radiology simulation-aided field setting; intermediate **Global:** XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2021 Medicare Utilization:** 4,932 **2023 Work RVU:** 1.05 **2023 NF PE RVU:** 12.10 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.05 **Referred to CPT** October 2012 **Referred to CPT Asst** **Published in CPT Asst:**

77290 Therapeutic radiology simulation-aided field setting; complex **Global:** XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2021 Medicare Utilization:** 183,127 **2023 Work RVU:** 1.56 **2023 NF PE RVU:** 11.89 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.56 **Referred to CPT** October 2012 **Referred to CPT Asst** **Published in CPT Asst:**

77293 Respiratory motion management simulation (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2021 Medicare Utilization:** 32,996 **2023 Work RVU:** 2.00 **2023 NF PE RVU:** 10.24 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77295 3-dimensional radiotherapy plan, including dose-volume histograms **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2021 Medicare Utilization:** 121,922 **2023 Work RVU:** 4.29 **2023 NF PE RVU:** 9.75 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 4.29 **Referred to CPT:** October 2012, October 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

77300 Basic radiation dosimetry calculation, central axis depth dose calculation, tdf, nsd, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2021 Medicare Utilization:** 1,190,989 **2023 Work RVU:** 0.62 **2023 NF PE RVU:** 1.30 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.62 **Referred to CPT:** February 2014, October 2014 **Referred to CPT Asst:** **Published in CPT Asst:**

77301 Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications **Global:** XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 28 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2021 Medicare Utilization:** 155,356 **2023 Work RVU:** 7.99 **2023 NF PE RVU:** 46.30 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: New PE Inputs. 7.99. CPT Assistant article published. **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:** Nov 2009

Status Report: CMS Requests and Relativity Assessment Issues

77305 Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

77306 Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2010 **2021 Medicare Utilization:** 1,211

2023 Work RVU: 1.40
2023 NF PE RVU: 2.93
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.40

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

77307 Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2010 **2021 Medicare Utilization:** 30,833

2023 Work RVU: 2.90
2023 NF PE RVU: 5.48
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.90

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77310 Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent **Tab:** 20 **Specialty Developing** ASTRO
RUC Meeting: April 2014 **Recommendation:**

First **2021**
Identified: October 2010 **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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

77315 Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent **Tab:** 20 **Specialty Developing** ASTRO
RUC Meeting: April 2014 **Recommendation:**

First **2021**
Identified: October 2010 **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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

77316 Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent **Tab:** 20 **Specialty Developing**
RUC Meeting: April 2014 **Recommendation:**

First **2021**
Identified: October 2012 **Medicare**
Utilization: 4,167

2023 Work RVU: 1.40
2023 NF PE RVU: 5.80
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77317 Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 20 **Specialty Developing Recommendation:**

First Identified: October 2012

2021 Medicare Utilization: 2,168

2023 Work RVU: 1.83
2023 NF PE RVU: 7.63
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.83

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

77318 Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s) **Global:** XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab: 21 **Specialty Developing Recommendation:**

First Identified: October 2012

2021 Medicare Utilization: 4,713

2023 Work RVU: 2.90
2023 NF PE RVU: 10.53
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.90

Referred to CPT February 2014
Referred to CPT Asst **Published in CPT Asst:**

77326 Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 20 **Specialty Developing Recommendation:**

First Identified: October 2012

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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77327 Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

77328 Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources) **Global:** **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **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 February 2014
Referred to CPT Asst **Published in CPT Asst:**

77332 Treatment devices, design and construction; simple (simple block, simple bolus) **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2015 **2021 Medicare Utilization:** 62,457

2023 Work RVU: 0.45
2023 NF PE RVU: 0.66
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.54

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77333 Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 40 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2015

2021 Medicare Utilization: 10,502

2023 Work RVU: 0.75

2023 NF PE RVU: 3.32

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.84

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

77334 Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) **Global:** XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 40 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010

2021 Medicare Utilization: 751,878

2023 Work RVU: 1.15

2023 NF PE RVU: 2.53

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.24

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

77336 Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy **Global:** XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 31 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2012

2021 Medicare Utilization: 363,375

2023 Work RVU: 0.00

2023 NF PE RVU: 2.50

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

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
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

77371 Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based **Global:** XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **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:**

Status Report: CMS Requests and Relativity Assessment Issues

77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions **Global:** XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **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:**

77385 Intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; simple **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:**

77386 Intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; complex **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77387 Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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
Result: Decrease

RUC Recommendation: Refer to CPT. 0.58 **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

77401 Radiation treatment delivery, superficial and/or ortho voltage, per day **Global:** XXX **Issue:** Radiation Treatment Delivery (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent 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
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** May 2019
Referred to CPT Asst **Published in CPT Asst:**

77402 Radiation treatment delivery, >=1 mev; simple **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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
Result: PE Only

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77403 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent **Tab:** 14 **Specialty Developing** ACRO, ASTRO
RUC Meeting: January 2014 **Recommendation:**

First **2021**
Identified: October 2012 **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 2013
Referred to CPT Asst **Published in CPT Asst:**

77404 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent **Tab:** 14 **Specialty Developing** ACRO, ASTRO
RUC Meeting: January 2014 **Recommendation:**

First **2021**
Identified: October 2012 **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 2013
Referred to CPT Asst **Published in CPT Asst:**

77406 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent **Tab:** 14 **Specialty Developing** ACRO, ASTRO
RUC Meeting: January 2014 **Recommendation:**

First **2021**
Identified: October 2012 **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 2013
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77407 Radiation treatment delivery, >=1 mev; intermediate **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** May 2024

Referred to CPT Asst **Published in CPT Asst:**

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

Referred to CPT Asst **Published in CPT Asst:**

77412 Radiation treatment delivery, >=1 mev; complex **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023

Tab: 22 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012

2021 Medicare Utilization:

2023 Work RVU: 0.00

2023 NF PE RVU: 0.00

2023 Fac PE RVU: 0.00

Result: PE Only

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines

Referred to CPT May 2024

Referred to CPT Asst **Published in CPT Asst:**

77413 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012

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 2013

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV **Global:** **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012

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 2013

Referred to CPT Asst **Published in CPT Asst:**

77416 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012

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 2013

Referred to CPT Asst **Published in CPT Asst:**

77418 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2008

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 2013

Referred to CPT Asst **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

Status Report: CMS Requests and Relativity Assessment Issues

77421 Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy **Global:** **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **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 2013 **Referred to CPT Asst** **Published in CPT Asst:**

77422 High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking **Global:** **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Contractor Price **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

77423 High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) **Global:** XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Maintain

RUC Recommendation: Contractor Price **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77427 Radiation treatment management, 5 treatments **Global:** XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2021 Medicare Utilization:** 939,960 **2023 Work RVU:** 3.37 **2023 NF PE RVU:** 2.06 **2023 Fac PE RVU:** 2.06 **Result:** Decrease

RUC Recommendation: 3.45. Remove from high E/M screen. **Referred to CPT** June 2009 **Referred to CPT Asst** **Published in CPT Asst:**

77435 Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2021 Medicare Utilization:** 40,892 **2023 Work RVU:** 11.87 **2023 NF PE RVU:** 6.31 **2023 Fac PE RVU:** 6.31 **Result:** Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

77470 Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) **Global:** XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 41 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2021 Medicare Utilization:** 83,022 **2023 Work RVU:** 2.03 **2023 NF PE RVU:** 2.00 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 2.03 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77520 Proton treatment delivery; simple, without compensation **Global:** XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2018 **2021 Medicare Utilization:** 153 **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:**

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
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

77523 Proton treatment delivery; intermediate **Global:** XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** High Volume Growth4 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2016 **2021 Medicare Utilization:** 70,873 **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:**

Status Report: CMS Requests and Relativity Assessment Issues

77525 Proton treatment delivery; complex **Global:** XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2018 **2021 Medicare Utilization:** 12,383 **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:**

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 **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

77767 Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2021 Medicare Utilization:** 4,110 **2023 Work RVU:** 1.05 **2023 NF PE RVU:** 6.31 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.05 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77768 Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2021 Medicare Utilization:** 6,054 **2023 Work RVU:** 1.40 **2023 NF PE RVU:** 9.34 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.40 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

77770 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2021 Medicare Utilization:** 15,268 **2023 Work RVU:** 1.95 **2023 NF PE RVU:** 8.27 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

77771 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2021 Medicare Utilization:** 12,435 **2023 Work RVU:** 3.80 **2023 NF PE RVU:** 13.90 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77772 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels **Global:** XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab: 16 **Specialty Developing Recommendation:** ASTRO, ACRO

First Identified: October 2014

2021 Medicare Utilization: 3,720

2023 Work RVU: 5.40
2023 NF PE RVU: 20.96
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 5.40

Referred to CPT October 2014

Referred to CPT Asst **Published in CPT Asst:**

77776 Interstitial radiation source application; simple **Global:** **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 17 **Specialty Developing Recommendation:** ACR, ASTRO

First Identified: February 2015

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 February 2015

Referred to CPT Asst **Published in CPT Asst:**

77777 Interstitial radiation source application; intermediate **Global:** **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 17 **Specialty Developing Recommendation:** ACR, ASTRO

First Identified: February 2015

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 February 2015

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77778 Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed **Global:** 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab: 21 **Specialty Developing Recommendation:** ACR, ASTRO

First Identified: October 2012

2021 Medicare Utilization: 3,532

2023 Work RVU: 8.78
2023 NF PE RVU: 17.94
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 8.78

Referred to CPT February 2015
Referred to CPT Asst **Published in CPT Asst:**

77781 Deleted from CPT **Global:** **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008

Tab: 26 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008

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 February 2008
Referred to CPT Asst **Published in CPT Asst:**

77782 Deleted from CPT **Global:** **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008

Tab: S **Specialty Developing Recommendation:** ASTRO

First Identified: February 2008

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 February 2008
Referred to CPT Asst **Published in CPT Asst:**

77784 Deleted from CPT **Global:** **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008

Tab: S **Specialty Developing Recommendation:** ASTRO

First Identified: February 2008

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 February 2008
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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77787 Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels **Global:** **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2012 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU: Deleted from CPT
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst **Published in CPT Asst:**

77790 Supervision, handling, loading of radiation source **Global:** XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR

First Identified: October 2012 **2021 Medicare Utilization:** 32

2023 Work RVU: 0.00
2023 NF PE RVU: 0.50
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.00

Referred to CPT February 2015
Referred to CPT Asst **Published in CPT Asst:**

78000 Thyroid uptake; single determination **Global:** **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM

First Identified: **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU: Deleted from CPT
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

78011 Thyroid imaging; with vascular flow **Global:** **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **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** February 2012
Referred to CPT Asst **Published in CPT Asst:**

78012 Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2021 Medicare Utilization:** 975 **2023 Work RVU:** 0.19
2023 NF PE RVU: 2.18
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.19 **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

78013 Thyroid imaging (including vascular flow, when performed); **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2021 Medicare Utilization:** 870 **2023 Work RVU:** 0.37
2023 NF PE RVU: 4.91
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.37 **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) **Global:** XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM

First Identified:

2021 Medicare Utilization: 12,722

2023 Work RVU: 0.50
2023 NF PE RVU: 6.10
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.50

Referred to CPT February 2012

Referred to CPT Asst **Published in CPT Asst:**

78070 Parathyroid planar imaging (including subtraction, when performed); **Global:** XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM

First Identified: April 2011

2021 Medicare Utilization: 9,919

2023 Work RVU: 0.80
2023 NF PE RVU: 7.31
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.80

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:** Dec 2016

78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect) **Global:** XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM

First Identified: April 2011

2021 Medicare Utilization: 6,665

2023 Work RVU: 1.20
2023 NF PE RVU: 8.48
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.20

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78072 Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization **Global:** XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2021 Medicare Utilization:** 11,357 **2023 Work RVU:** 1.60 **2023 NF PE RVU:** 10.49 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.60 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** Dec 2016

78223 Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function **Global:** **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **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 2010 **Referred to CPT Asst** **Published in CPT Asst:**

78226 Hepatobiliary system imaging, including gallbladder when present; **Global:** XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2021 Medicare Utilization:** 51,132 **2023 Work RVU:** 0.74 **2023 NF PE RVU:** 8.25 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.74 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed **Global:** XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab: 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM

First Identified:

2021 Medicare Utilization: 44,564

2023 Work RVU: 0.90
2023 NF PE RVU: 11.18
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.90

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

78265 Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit **Global:** XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI

First Identified: April 2015

2021 Medicare Utilization: 553

2023 Work RVU: 0.98
2023 NF PE RVU: 9.83
2023 Fac PE RVU: NA
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:** Dec 2015

78266 Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days **Global:** XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI

First Identified: April 2015

2021 Medicare Utilization: 275

2023 Work RVU: 1.08
2023 NF PE RVU: 11.21
2023 Fac PE RVU: NA
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:** Dec 2015

78278 Acute gastrointestinal blood loss imaging **Global:** XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab: 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM

First Identified: April 2011

2021 Medicare Utilization: 19,163

2023 Work RVU: 0.99
2023 NF PE RVU: 8.65
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.99

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78300 Bone and/or joint imaging; limited area **Global:** XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2021 Medicare Utilization:** 4,626 **2023 Work RVU:** 0.62
2023 NF PE RVU: 5.65
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.62 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

78305 Bone and/or joint imaging; multiple areas **Global:** XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2021 Medicare Utilization:** 772 **2023 Work RVU:** 0.83
2023 NF PE RVU: 6.81
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.83 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

78306 Bone and/or joint imaging; whole body **Global:** XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2021 Medicare Utilization:** 224,828 **2023 Work RVU:** 0.86
2023 NF PE RVU: 7.31
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.86 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78429 Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2021 Medicare Utilization:** 972 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.76 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

78430 Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2021 Medicare Utilization:** 443 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.67 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

78431 Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2021 Medicare Utilization:** 57,480 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.90 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78432 Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

First Identified: May 2018

2021 Medicare Utilization: 51

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 2.07

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

78433 Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

First Identified: May 2018

2021 Medicare Utilization: 1,321

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 2.26

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

78434 Absolute quantitation of myocardial blood flow (aqmbf), positron emission tomography (pet), rest and pharmacologic stress (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

First Identified: May 2018

2021 Medicare Utilization: 53,560

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.63

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2021 Medicare Utilization:** 26,101 **2023 Work RVU:** 1.38 **2023 NF PE RVU:** 7.99 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.40 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

78452 Myocardial perfusion imaging, tomographic (spect) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2021 Medicare Utilization:** 1,436,710 **2023 Work RVU:** 1.62 **2023 NF PE RVU:** 11.36 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.75 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

78453 Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2021 Medicare Utilization:** 1,261 **2023 Work RVU:** 1.00 **2023 NF PE RVU:** 7.08 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection **Global:** XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2021 Medicare Utilization:** 6,679 **2023 Work RVU:** 1.34 **2023 NF PE RVU:** 10.69 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.34 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

78459 Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2021 Medicare Utilization:** 795 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.61 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

78460 Deleted from CPT **Global:** **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **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 2008
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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **Result:** Maintain

RUC Recommendation: 0.98 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

78478 Deleted from CPT **Global:** **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **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 2008
Referred to CPT Asst **Published in CPT Asst:**

78480 Deleted from CPT **Global:** **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **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 2008
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78491 Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

First Identified: May 2018

2021 Medicare Utilization: 455

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.56

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

78492 Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

First Identified: October 2016

2021 Medicare Utilization: 135,259

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.80

Referred to CPT May 2018
Referred to CPT Asst **Published in CPT Asst:**

78579 Pulmonary ventilation imaging (eg, aerosol or gas) **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab: 13 **Specialty Developing Recommendation:** ACR, SNM

First Identified: February 2010

2021 Medicare Utilization: 248

2023 Work RVU: 0.49
2023 NF PE RVU: 4.73
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.49

Referred to CPT October 2010
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78580 Pulmonary perfusion imaging (eg, particulate) **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2021 Medicare Utilization:** 80,607 **2023 Work RVU:** 0.74
2023 NF PE RVU: 5.80
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Review action plan. 0.74 **Referred to CPT** October 2010
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Decrease

RUC Recommendation: 1.07 **Referred to CPT** October 2010
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78585 Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath **Global:** **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: October 2009 **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 2010
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

78593 Deleted from CPT **Global:** **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **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 2010 **Referred to CPT Asst** **Published in CPT Asst:**

78594 Deleted from CPT **Global:** **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **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 2010 **Referred to CPT Asst** **Published in CPT Asst:**

78596 Deleted from CPT **Global:** **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **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 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78597 Quantitative differential pulmonary perfusion, including imaging when performed **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2021 Medicare Utilization:** 2,480 **2023 Work RVU:** 0.75 **2023 NF PE RVU:** 4.80 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

78598 Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2021 Medicare Utilization:** 1,174 **2023 Work RVU:** 0.85 **2023 NF PE RVU:** 7.51 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

78803 Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging **Global:** XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2021 Medicare Utilization:** 37,154 **2023 Work RVU:** 1.09 **2023 NF PE RVU:** 9.46 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78815 Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; skull base to mid-thigh **Global:** XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2010 **2021 Medicare Utilization:** 592,418 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Reaffirmed RUC recommendation **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

79101 Radiopharmaceutical therapy, by intravenous administration **Global:** XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2021 Medicare Utilization:** 9,889 **2023 Work RVU:** 1.96 **2023 NF PE RVU:** 2.33 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Article published Feb 2012 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Feb 2012

80500 Clinical pathology consultation; limited, without review of patient's history and medical records **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2019 **2021 Medicare Utilization:** 16,592 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

80502 Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2021 Medicare Utilization:** 10,332

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020
Referred to CPT Asst **Published in CPT Asst:**

80503 Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making when using time for code selection, 5-20 minutes of total time is spent on the date of the consultation. **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2021 Medicare Utilization:**

2023 Work RVU: 0.43
2023 NF PE RVU: 0.35
2023 Fac PE RVU: 0.20
Result: Decrease

RUC Recommendation: 0.50

Referred to CPT October 2020
Referred to CPT Asst **Published in CPT Asst:**

80504 Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making when using time for code selection, 21-40 minutes of total time is spent on the date of the consultation. **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2021 Medicare Utilization:**

2023 Work RVU: 0.91
2023 NF PE RVU: 0.62
2023 Fac PE RVU: 0.45
Result: Decrease

RUC Recommendation: 0.91

Referred to CPT October 2020
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

80505 Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making when using time for code selection, 41-60 minutes of total time is spent on the date of the consultation. **Global:** XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 1.71 **2023 NF PE RVU:** 1.03 **2023 Fac PE RVU:** 0.85 **Result:** Decrease

RUC Recommendation: 1.80 **Referred to CPT:** October 2020 **Referred to CPT Asst:** **Published in CPT Asst:**

80506 Pathology clinical consultation; prolonged service, each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 0.80 **2023 NF PE RVU:** 0.43 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.80 **Referred to CPT:** October 2020 **Referred to CPT Asst:** **Published in CPT Asst:**

85060 Blood smear, peripheral, interpretation by physician with written report **Global:** XXX **Issue:** Blood Smear Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 30 **Specialty Developing Recommendation:** CAP **First Identified:** April 2016 **2021 Medicare Utilization:** 181,850 **2023 Work RVU:** 0.45 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 0.22 **Result:** Maintain

RUC Recommendation: 0.45 **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Increase

RUC Recommendation: 1.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Increase

RUC Recommendation: 0.75 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Maintain

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Maintain

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

88107 Deleted from CPT **Global:** **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **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 2010
Referred to CPT Asst **Published in CPT Asst:**

88108 Cytopathology, concentration technique, smears and interpretation (eg, saccomanno technique) **Global:** XXX **Issue:** Cytopathology Concentration Technique- PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** February 2010 **2021 Medicare Utilization:** 192,453

2023 Work RVU: 0.44
2023 NF PE RVU: 1.51
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88112 Cytopathology, selective cellular enhancement technique with interpretation (eg, Global: XXX Issue: Cytopathology Concentration Technique- PE Only Screen: CMS High Expenditure Procedural Codes1 / Final Rule for 2015 Complete? Yes
liquid based slide preparation method), except cervical or vaginal

Most Recent Tab: 36 **Specialty Developing** ACR, CAP
RUC Meeting: April 2015 **Recommendation:**

First 2021
Identified: September 2011 **Medicare**
Utilization: 761,461

2023 Work RVU: 0.56
2023 NF PE RVU: 1.41
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

88120 Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with Global: XXX Issue: RAW review Screen: CMS Request - Final Rule for 2013 Complete? Yes
morphometric analysis, 3-5 molecular probes, each specimen; manual

Most Recent Tab: 19 **Specialty Developing**
RUC Meeting: October 2017 **Recommendation:**

First 2021
Identified: November 2012 **Medicare**
Utilization: 44,750

2023 Work RVU: 1.20
2023 NF PE RVU: 16.56
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

88121 Cytopathology, in situ hybridization (eg, fish), urinary tract specimen with Global: XXX Issue: RAW review Screen: CMS Request - Final Rule for 2013 Complete? Yes
morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology

Most Recent Tab: 19 **Specialty Developing**
RUC Meeting: October 2017 **Recommendation:**

First 2021
Identified: November 2012 **Medicare**
Utilization: 22,780

2023 Work RVU: 1.00
2023 NF PE RVU: 11.49
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88141 Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician **Global:** XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017

2021 Medicare Utilization: 46,295

2023 Work RVU: 0.26

2023 NF PE RVU: 0.41

2023 Fac PE RVU: 0.41

Result: Maintain

RUC Recommendation: 0.42

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

88160 Cytopathology, smears, any other source; screening and interpretation **Global:** XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2021 Medicare Utilization: 5,607

2023 Work RVU: 0.50

2023 NF PE RVU: 1.71

2023 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

88161 Cytopathology, smears, any other source; preparation, screening and interpretation **Global:** XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2021 Medicare Utilization: 3,925

2023 Work RVU: 0.50

2023 NF PE RVU: 1.76

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

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

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

88184 Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker **Global:** XXX **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab:

Specialty Developing Recommendation: CAP

First Identified: July 2015

2021 Medicare Utilization: 104,898

2023 Work RVU: 0.00

2023 NF PE RVU: 2.20

2023 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

88185 Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (list separately in addition to code for first marker) **Global:** ZZZ **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab:

Specialty Developing Recommendation: CAP

First Identified: July 2015

2021 Medicare Utilization: 1,956,734

2023 Work RVU: 0.00

2023 NF PE RVU: 0.71

2023 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88187 Flow cytometry, interpretation; 2 to 8 markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 42 Specialty Developing Recommendation: CAP

First Identified: July 2015

2021 Medicare Utilization: 40,982

2023 Work RVU: 0.74

2023 NF PE RVU: 0.26

2023 Fac PE RVU: 0.26

Result: Decrease

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst Published in CPT Asst:

88188 Flow cytometry, interpretation; 9 to 15 markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 42 Specialty Developing Recommendation: CAP

First Identified: July 2015

2021 Medicare Utilization: 38,785

2023 Work RVU: 1.20

2023 NF PE RVU: 0.56

2023 Fac PE RVU: 0.56

Result: Decrease

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst Published in CPT Asst:

88189 Flow cytometry, interpretation; 16 or more markers

Global: XXX

Issue: Flow Cytometry Interpretation

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 42 Specialty Developing Recommendation: CAP

First Identified: July 2015

2021 Medicare Utilization: 235,162

2023 Work RVU: 1.70

2023 NF PE RVU: 0.68

2023 Fac PE RVU: 0.68

Result: Decrease

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

88300 Level i - surgical pathology, gross examination only **Global:** XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2021 Medicare Utilization:** 171,872 **2023 Work RVU:** 0.08 **2023 NF PE RVU:** 0.38 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.08 and new PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

88302 Level ii - surgical pathology, gross and microscopic examination appendix, incidental fallopian tube, sterilization fingers/toes, amputation, traumatic foreskin, newborn hernia sac, any location hydrocele sac nerve skin, plastic repair sympathetic ganglion testis, castration vaginal mucosa, incidental vas deferens, sterilization **Global:** XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2021 Medicare Utilization:** 60,721 **2023 Work RVU:** 0.13 **2023 NF PE RVU:** 0.83 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.13 and new PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88304 Level iii - surgical pathology, gross and microscopic examination abortion, induced abscess aneurysm - arterial/ventricular anus, tag appendix, other than incidental artery, atheromatous plaque bartholin's gland cyst bone fragment(s), other than pathologic fracture bursa/synovial cyst carpal tunnel tissue cartilage, shavings cholesteatoma colon, colostomy stoma conjunctiva - biopsy/pterygium cornea diverticulum - esophagus/small intestine dupuytren's contracture tissue femoral head, other than fracture fissure/fistula foreskin, other than newborn gallbladder ganglion cyst hematoma hemorrhoids hydatid of morgagni intervertebral disc joint, loose body meniscus mucocele, salivary neuroma - morton's/traumatic pilonidal cyst/sinus polyps, inflammatory - nasal/sinusoidal skin - cyst/tag/debridement soft tissue, debridement soft tissue, lipoma spermatocoele 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:** Harvard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent **Tab:** 24 **Specialty Developing** AAD, AGA, CAP, **First** **2021**
RUC Meeting: January 2012 **Recommendation:** ASGE **Identified:** October 2008 **Medicare**
Utilization: 810,872

2023 Work RVU: 0.22
2023 NF PE RVU: 1.03
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.22 and new PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88305 Level iv - surgical pathology, gross and microscopic examination abortion - spontaneous/missed artery, biopsy bone marrow, biopsy bone exostosis brain/meninges, other than for tumor resection breast, biopsy, not requiring microscopic evaluation of surgical margins breast, reduction mammoplasty bronchus, biopsy cell block, any source cervix, biopsy colon, biopsy duodenum, biopsy endocervix, curettings/biopsy endometrium, curettings/biopsy esophagus, biopsy extremity, amputation, traumatic fallopian tube, biopsy fallopian tube, ectopic pregnancy femoral head, fracture fingers/toes, amputation, non-traumatic gingiva/oral mucosa, biopsy heart valve joint, resection kidney, biopsy larynx, biopsy leiomyoma(s), uterine myomectomy - without uterus lip, biopsy/wedge resection lung, transbronchial biopsy lymph node, biopsy muscle, biopsy nasal mucosa, biopsy nasopharynx/oropharynx, biopsy nerve, biopsy odontogenic/dental cyst omentum, biopsy ovary with or without tube, non-neoplastic ovary, biopsy/wedge resection parathyroid gland peritoneum, biopsy pituitary tumor placenta, other than third trimester pleura/pericardium - biopsy/tissue polyp, cervical/endometrial polyp, colorectal polyp, stomach/small intestine prostate, needle biopsy prostate, tur salivary gland, biopsy sinus, paranasal biopsy skin, other than cyst/tag/debridement/plastic repair small intestine, biopsy soft tissue, other than tumor/mass/lipoma/debridement spleen stomach, biopsy synovium testis, other than tumor/biopsy/castration thyroglossal duct/brachial cleft cyst tongue, biopsy tonsil, biopsy trachea, biopsy ureter, biopsy urethra, biopsy urinary bladder, biopsy uterus, with or without tubes and ovaries, for prolapse vagina, biopsy vulva/labia, biopsy

Global: XXX **Issue:** Pathology Consultations

Screen: Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: January 2012

Tab: 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

First Identified: October 2008

2021 Medicare Utilization: 15,994,812

2023 Work RVU: 0.75

2023 NF PE RVU: 1.35

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.75 and new PE inputs

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88307 Level v - surgical pathology, gross and microscopic examination adrenal, resection bone - biopsy/curetings bone fragment(s), pathologic fracture brain, biopsy brain/meninges, tumor resection breast, excision of lesion, requiring microscopic evaluation of surgical margins breast, mastectomy - partial/simple cervix, conization colon, segmental resection, other than for tumor extremity, amputation, non-traumatic eye, enucleation kidney, partial/total nephrectomy larynx, partial/total resection liver, biopsy - needle/wedge liver, partial resection lung, wedge biopsy lymph nodes, regional resection mediastinum, mass myocardium, biopsy odontogenic tumor ovary with or without tube, neoplastic pancreas, biopsy placenta, third trimester prostate, except radical resection salivary gland sentinel lymph node small intestine, resection, other than for tumor soft tissue mass (except lipoma) - biopsy/simple excision stomach - subtotal/total resection, other than for tumor testis, biopsy thymus, tumor thyroid, total/lobe ureter, resection urinary bladder, tur uterus, with or without tubes and ovaries, other than neoplastic/prolapse

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab: 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

First Identified: February 2009

2021 Medicare Utilization: 921,197

2023 Work RVU: 1.59
2023 NF PE RVU: 6.97
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.59 and new PE inputs

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

88309 Level vi - surgical pathology, gross and microscopic examination bone resection breast, mastectomy - with regional lymph nodes colon, segmental resection for tumor colon, total resection esophagus, partial/total resection extremity, disarticulation fetus, with dissection larynx, partial/total resection - with regional lymph nodes lung - total/lobe/segment resection pancreas, total/subtotal resection prostate, radical resection small intestine, resection for tumor soft tissue tumor, extensive resection stomach - subtotal/total resection for tumor testis, tumor tongue/tonsil -resection for tumor urinary bladder, partial/total resection uterus, with or without tubes and ovaries, neoplastic vulva, total/subtotal resection

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab: 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE

First Identified: February 2009

2021 Medicare Utilization: 135,868

2023 Work RVU: 2.80
2023 NF PE RVU: 10.15
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 2.80 and new PE inputs

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88312 Special stain including interpretation and report; group i for microorganisms (eg, acid fast, methenamine silver) **Global:** XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2021 Medicare Utilization:** 1,221,288 **2023 Work RVU:** 0.54 **2023 NF PE RVU:** 2.79 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.54 **Referred to CPT:** June 2010 **Referred to CPT Asst:** **Published in CPT Asst:**

88313 Special stain including interpretation and report; group ii, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry **Global:** XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2021 Medicare Utilization:** 1,300,022 **2023 Work RVU:** 0.24 **2023 NF PE RVU:** 2.18 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.24 **Referred to CPT:** June 2010 **Referred to CPT Asst:** **Published in CPT Asst:**

88314 Special stain including interpretation and report; histochemical stain on frozen tissue block (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2021 Medicare Utilization:** 23,532 **2023 Work RVU:** 0.45 **2023 NF PE RVU:** 2.23 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.45 **Referred to CPT:** June 2010 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 Deleted from CPT **Global:** **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **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** June 2010 **Referred to CPT Asst** **Published in CPT Asst:**

88319 Special stain including interpretation and report; group iii, for enzyme constituents **Global:** XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2021 Medicare Utilization:** 13,606 **2023 Work RVU:** 0.53 **2023 NF PE RVU:** 3.48 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.53 **Referred to CPT** June 2010 **Referred to CPT Asst** **Published in CPT Asst:**

88321 Consultation and report on referred slides prepared elsewhere **Global:** XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2021 Medicare Utilization:** 167,407 **2023 Work RVU:** 1.63 **2023 NF PE RVU:** 1.16 **2023 Fac PE RVU:** 0.74 **Result:** Maintain

RUC Recommendation: 1.63 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

88323 Consultation and report on referred material requiring preparation of slides **Global:** XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2021 Medicare Utilization:** 33,552 **2023 Work RVU:** 1.83 **2023 NF PE RVU:** 1.53 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.83 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88325 Consultation, comprehensive, with review of records and specimens, with report on referred material **Global:** XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016

Tab: 43 **Specialty Developing Recommendation:** CAP, ASC

First Identified: July 2015

2021 Medicare Utilization: 11,472

2023 Work RVU: 2.85

2023 NF PE RVU: 1.64

2023 Fac PE RVU: 0.95

Result: Increase

RUC Recommendation: 2.85

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

88329 Pathology consultation during surgery; **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 18 **Specialty Developing Recommendation:** CAP

First Identified: February 2010

2021 Medicare Utilization: 24,809

2023 Work RVU: 0.67

2023 NF PE RVU: 0.96

2023 Fac PE RVU: 0.33

Result: Maintain

RUC Recommendation: 0.67

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

88331 Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2021 Medicare Utilization: 363,762

2023 Work RVU: 1.19

2023 NF PE RVU: 1.81

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.19

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

88332 Pathology consultation during surgery; each additional tissue block with frozen section(s) (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 18 **Specialty Developing Recommendation:** CAP

First Identified: October 2009

2021 Medicare Utilization: 131,752

2023 Work RVU: 0.59

2023 NF PE RVU: 1.02

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.59

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88333 Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site **Global:** XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2021 Medicare Utilization:** 62,814 **2023 Work RVU:** 1.20 **2023 NF PE RVU:** 1.53 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

88334 Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2021 Medicare Utilization:** 29,401 **2023 Work RVU:** 0.73 **2023 NF PE RVU:** 0.93 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.73 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

88341 Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2021 Medicare Utilization:** 3,228,472 **2023 Work RVU:** 0.56 **2023 NF PE RVU:** 2.00 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.65 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88342 Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2021 Medicare Utilization:** 2,108,253 **2023 Work RVU:** 0.70
2023 NF PE RVU: 2.26
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.70 **Referred to CPT** May 2012
Referred to CPT Asst **Published in CPT Asst:**

88343 Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure) **Global:** **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **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**
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
Result: Decrease

RUC Recommendation: 0.77 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 Immunofluorescence, per specimen; initial single antibody stain procedure **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2021 Medicare Utilization:** 57,304 **2023 Work RVU:** 0.74
2023 NF PE RVU: 3.77
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.74 **Referred to CPT** October 2014
Referred to CPT Asst **Published in CPT Asst:**

88347 Immunofluorescent study, each antibody; indirect method **Global:** **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **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 2014
Referred to CPT Asst **Published in CPT Asst:**

88348 Electron microscopy, diagnostic **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2021 Medicare Utilization:** 16,007 **2023 Work RVU:** 1.51
2023 NF PE RVU: 12.49
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

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Referred to CPT Asst** **Published in CPT Asst:**

88350 Immunofluorescence, per specimen; each additional single antibody stain procedure (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2021 Medicare Utilization:** 248,542 **2023 Work RVU:** 0.59 **2023 NF PE RVU:** 2.86 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

88356 Morphometric analysis; nerve **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2021 Medicare Utilization:** 23,286 **2023 Work RVU:** 2.80 **2023 NF PE RVU:** 4.08 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 2.80 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 Morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual **Global:** XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 40 **Specialty Developing Recommendation:** ASC, CAP

First Identified: July 2015

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 **Result:** Decrease

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Referred to CPT Asst** **Published in CPT Asst:** Dec 2011 & May 2012

88366 In situ hybridization (eg, fish), per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2021 Medicare Utilization:** 2,123 **2023 Work RVU:** 1.24 **2023 NF PE RVU:** 7.03 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Referred to CPT Asst** **Published in CPT Asst:**

88367 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2021 Medicare Utilization:** 4,250 **2023 Work RVU:** 0.73 **2023 NF PE RVU:** 2.64 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Referred to CPT Asst** **Published in CPT Asst:** Dec 2011 & May 2012

Status Report: CMS Requests and Relativity Assessment Issues

88368 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2021 Medicare Utilization:** 17,611 **2023 Work RVU:** 0.88 **2023 NF PE RVU:** 3.33 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.88 **Referred to CPT:** May 2013 **Referred to CPT Asst:** **Published in CPT Asst:** Dec 2011 & May 2012

88373 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2021 Medicare Utilization:** 5,541 **2023 Work RVU:** 0.58 **2023 NF PE RVU:** 1.46 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.86 **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

88374 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2021 Medicare Utilization:** 137,899 **2023 Work RVU:** 0.93 **2023 NF PE RVU:** 8.09 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.04 **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88377 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 24 **Specialty Developing Recommendation:** CAP, ASCP, ASC

First Identified: May 2013

2021 Medicare Utilization: 140,599

2023 Work RVU: 1.40
2023 NF PE RVU: 10.38
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.40

Referred to CPT May 2013
Referred to CPT Asst **Published in CPT Asst:**

88381 Microdissection (ie, sample preparation of microscopically identified target); manual **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2022

Tab: 13 **Specialty Developing Recommendation:** ASC, AP

First Identified: April 2022

2021 Medicare Utilization: 47,358

2023 Work RVU: 0.53
2023 NF PE RVU: 5.44
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021

Tab: 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA

First Identified: July 2020

2021 Medicare Utilization: 179

2023 Work RVU: 0.24
2023 NF PE RVU: 0.41
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.24

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90461 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2021 Medicare Utilization:** 27 **2023 Work RVU:** 0.18 **2023 NF PE RVU:** 0.11 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

90465 Deleted from CPT **Global:** **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

90467 Deleted from CPT **Global:** **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2021 Medicare Utilization:** 261,636 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.42 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request – Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2021 Medicare Utilization:** 19,058 **2023 Work RVU:** 0.15 **2023 NF PE RVU:** 0.27 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.15 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

90473 Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2021 Medicare Utilization:** **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.31 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021

Tab: 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA

2021 Medicare Utilization:

2023 Work RVU: 0.15
2023 NF PE RVU: 0.19
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

90785 Interactive complexity (list separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 / High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: September 2023

Tab: 22 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013

2021 Medicare Utilization: 346,678

2023 Work RVU: 0.33
2023 NF PE RVU: 0.10
2023 Fac PE RVU: 0.05
Result: Increase

RUC Recommendation: Refer to CPT Review in 3 years. 0.33

Referred to CPT October 2020
Referred to CPT Asst **Published in CPT Asst:**

90791 Psychiatric diagnostic evaluation **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013

2021 Medicare Utilization: 712,884

2023 Work RVU: 3.84
2023 NF PE RVU: 1.22
2023 Fac PE RVU: 0.51
Result: Increase

RUC Recommendation: 3.00

Referred to CPT February 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Increase

RUC Recommendation: 3.25 **Referred to CPT** February 2012
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

90808 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent 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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

90818 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent 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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90832 Psychotherapy, 30 minutes with patient **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 2,184,946 **2023 Work RVU:** 1.70
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.22
Result: Increase

RUC Recommendation: 1.50 **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 1,367,087 **2023 Work RVU:** 1.50
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.27
Result: Increase

RUC Recommendation: 1.50 **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

90834 Psychotherapy, 45 minutes with patient **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 4,201,662 **2023 Work RVU:** 2.24
2023 NF PE RVU: 0.65
2023 Fac PE RVU: 0.30
Result: Increase

RUC Recommendation: 2.00 **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90836 Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013

2021 Medicare Utilization: 454,175

2023 Work RVU: 1.90
2023 NF PE RVU: 0.62
2023 Fac PE RVU: 0.34
Result: Increase

RUC Recommendation: 1.90

Referred to CPT February 2012
Referred to CPT Asst **Published in CPT Asst:**

90837 Psychotherapy, 60 minutes with patient **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013

2021 Medicare Utilization: 6,075,835

2023 Work RVU: 3.31
2023 NF PE RVU: 0.95
2023 Fac PE RVU: 0.43
Result: Increase

RUC Recommendation: 3.00

Referred to CPT February 2012
Referred to CPT Asst **Published in CPT Asst:**

90838 Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (list separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013

2021 Medicare Utilization: 95,661

2023 Work RVU: 2.50
2023 NF PE RVU: 0.83
2023 Fac PE RVU: 0.47
Result: Increase

RUC Recommendation: 2.50

Referred to CPT February 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90839 Psychotherapy for crisis; first 60 minutes **Global:** XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 21,022 **2023 Work RVU:** 3.13 **2023 NF PE RVU:** 0.94 **2023 Fac PE RVU:** 0.46 **Result:** Increase

RUC Recommendation: 3.13 **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

90840 Psychotherapy for crisis; each additional 30 minutes (list separately in addition to code for primary service) **Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 8,005 **2023 Work RVU:** 1.50 **2023 NF PE RVU:** 0.49 **2023 Fac PE RVU:** 0.27 **Result:** Increase

RUC Recommendation: 1.50 **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

90845 Psychoanalysis **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab:** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2021 Medicare Utilization:** 9,551 **2023 Work RVU:** 2.10 **2023 NF PE RVU:** 0.63 **2023 Fac PE RVU:** 0.31 **Result:** Increase

RUC Recommendation: 2.10 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

90846 Family psychotherapy (without the patient present), 50 minutes **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2021 Medicare Utilization:** 24,871 **2023 Work RVU:** 2.40 **2023 NF PE RVU:** 0.35 **2023 Fac PE RVU:** 0.34 **Result:** Increase

RUC Recommendation: 2.40 **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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
Result: Increase

RUC Recommendation: 2.50 **Referred to CPT** February 2012
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
Result: Maintain

RUC Recommendation: 0.59 **Referred to CPT** February 2012
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **Result:** Increase

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

90868 Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session **Global:** 000 **Issue:** RAW **Screen:** Contractor Priced High Volume / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APA (psychiatry) **First Identified:** January 2018 **2021 Medicare Utilization:** 224,895 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:**0.00 **Result:** Maintain

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

90870 Electroconvulsive therapy (includes necessary monitoring) **Global:** 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2021 Medicare Utilization:** 95,284 **2023 Work RVU:** 2.50 **2023 NF PE RVU:** 2.51 **2023 Fac PE RVU:**0.51 **Result:** Increase

RUC Recommendation: 2.50 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90901 Biofeedback training by any modality **Global:** 000 **Issue:** RAW **Screen:** High Volume Growth9 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 29,148 **2023 Work RVU:** 0.41 **2023 NF PE RVU:** 0.80 **2023 Fac PE RVU:** 0.14 **Result:**

RUC Recommendation: Survey April 2024 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

90911 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry **Global:** **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2017 **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** September 2018
Referred to CPT Asst **Published in CPT Asst:**

90912 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient **Global:** 000 **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2021 Medicare Utilization:** 22,282 **2023 Work RVU:** 0.90 **2023 NF PE RVU:** 1.46 **2023 Fac PE RVU:** 0.32 **Result:** Increase

RUC Recommendation: Survey with 90901. 0.90 **Referred to CPT** February 2019-EC
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90913 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: January 2019 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2021 Medicare Utilization:** 14,519 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 0.42 **2023 Fac PE RVU:** 0.18 **Result:** Increase

RUC Recommendation: Survey with 90901. 0.50 **Referred to CPT** February 2019-EC **Referred to CPT Asst** **Published in CPT Asst:**

90935 Hemodialysis procedure with single evaluation by a physician or other qualified health care professional **Global:** 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** October 2008 **2021 Medicare Utilization:** 796,339 **2023 Work RVU:** 1.48 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 0.53 **Result:** Increase

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

90937 Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription **Global:** 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2021 Medicare Utilization:** 35,544 **2023 Work RVU:** 2.11 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 0.77 **Result:** Maintain

RUC Recommendation: 2.11 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90945 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional **Global:** 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2021 Medicare Utilization:** 146,794

2023 Work RVU: 1.56
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.86
Result: Increase

RUC Recommendation: 1.56

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

90947 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription **Global:** 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2021 Medicare Utilization:** 11,765

2023 Work RVU: 2.52
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.91
Result: Increase

RUC Recommendation: 2.52

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

90951 End-stage renal disease (esrd) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2021 Medicare Utilization:** 38

2023 Work RVU: 23.92
2023 NF PE RVU: 9.10
2023 Fac PE RVU: 9.10
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90952 End-stage renal disease (esrd) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2021 Medicare Utilization:** 5 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

90953 End-stage renal disease (esrd) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2021 Medicare Utilization:** 1 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

90954 End-stage renal disease (esrd) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2021 Medicare Utilization:** 426 **2023 Work RVU:** 20.86 **2023 NF PE RVU:** 7.51 **2023 Fac PE RVU:** 7.51 **Result:** PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90955 End-stage renal disease (esrd) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2021 Medicare Utilization:** 93 **2023 Work RVU:** 10.32 **2023 NF PE RVU:** 4.43 **2023 Fac PE RVU:** 4.43 **Result:** PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

90956 End-stage renal disease (esrd) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2021 Medicare Utilization:** 43 **2023 Work RVU:** 6.64 **2023 NF PE RVU:** 3.21 **2023 Fac PE RVU:** 3.21 **Result:** PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

90957 End-stage renal disease (esrd) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2021 Medicare Utilization:** 1,361 **2023 Work RVU:** 15.46 **2023 NF PE RVU:** 6.27 **2023 Fac PE RVU:** 6.27 **Result:** PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90958 End-stage renal disease (esrd) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2021 Medicare Utilization: 495

2023 Work RVU: 9.87
2023 NF PE RVU: 4.28
2023 Fac PE RVU: 4.28
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

90959 End-stage renal disease (esrd) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2021 Medicare Utilization: 279

2023 Work RVU: 6.19
2023 NF PE RVU: 3.01
2023 Fac PE RVU: 3.01
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

90960 End-stage renal disease (esrd) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2021 Medicare Utilization: 1,684,812

2023 Work RVU: 6.77
2023 NF PE RVU: 3.24
2023 Fac PE RVU: 3.24
Result: PE Only

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90961 End-stage renal disease (esrd) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **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
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

90965 End-stage renal disease (esrd) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2021 Medicare Utilization:** 1,070

2023 Work RVU: 9.80
2023 NF PE RVU: 4.32
2023 Fac PE RVU: 4.32
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

90966 End-stage renal disease (esrd) related services for home dialysis per full month, for patients 20 years of age and older **Global:** XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2021 Medicare Utilization:** 351,039

2023 Work RVU: 5.52
2023 NF PE RVU: 2.79
2023 Fac PE RVU: 2.79
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91038 Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours) **Global:** 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2021 Medicare Utilization:** 4,122 **2023 Work RVU:** 1.10 **2023 NF PE RVU:** 11.10 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

91110 Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report **Global:** XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2021 Medicare Utilization:** 45,759 **2023 Work RVU:** 2.24 **2023 NF PE RVU:** 20.01 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 2.49 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

91111 Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report **Global:** XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2021 Medicare Utilization:** 145 **2023 Work RVU:** 0.90 **2023 NF PE RVU:** 25.84 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91120 Rectal sensation, tone, and compliance test (ie, response to graded balloon distention) **Global:** XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

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
Result:

RUC Recommendation: Refer to CPT to bundle

Referred to CPT May 2024
Referred to CPT Asst **Published in CPT Asst:**

91122 Anorectal manometry **Global:** 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

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
Result:

RUC Recommendation: Refer to CPT to bundle

Referred to CPT May 2024
Referred to CPT Asst **Published in CPT Asst:**

91132 Electrogastrography, diagnostic, transcutaneous; **Global:** XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE

First Identified: **2021 Medicare Utilization:** 175

2023 Work RVU: 0.52
2023 NF PE RVU: 12.81
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

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
Result: Decrease

RUC Recommendation: 0.30

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

92082 Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on goldmann perimeter, or semiquantitative, automated suprathreshold screening program, humphrey suprathreshold automatic diagnostic test, octopus program 33) **Global:** XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 42 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: October 2009

2021 Medicare Utilization: 105,241

2023 Work RVU: 0.40
2023 NF PE RVU: 0.97
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.40

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

92083 Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, octopus program g-1, 32 or 42, humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2) **Global:** XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 46 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: October 2010

2021 Medicare Utilization: 2,670,714

2023 Work RVU: 0.50
2023 NF PE RVU: 1.34
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92100 Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure) **Global:** XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2021 Medicare Utilization:** 25,855 **2023 Work RVU:** 0.61 **2023 NF PE RVU:** 1.91 **2023 Fac PE RVU:** 0.32 **Result:** Decrease

RUC Recommendation: 0.61 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve **Global:** XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2009 **2021 Medicare Utilization:** 2,628,575 **2023 Work RVU:** 0.40 **2023 NF PE RVU:** 0.67 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

92134 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina **Global:** XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2021 Medicare Utilization:** 7,384,135 **2023 Work RVU:** 0.45 **2023 NF PE RVU:** 0.73 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92135 Deleted from CPT **Global:** **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation **Global:** XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2021 Medicare Utilization:** 1,571,536 **2023 Work RVU:** 0.54
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.54 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

92140 Provocative tests for glaucoma, with interpretation and report, without tonography **Global:** **Issue:** Glaucoma Provacative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **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** May 2016
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92201 Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2021 Medicare Utilization:** 461,255 **2023 Work RVU:** 0.40 **2023 NF PE RVU:** 0.31 **2023 Fac PE RVU:** 0.24 **Result:** Decrease

RUC Recommendation: 0.40 **Referred to CPT:** February 2018 **Referred to CPT Asst:** **Published in CPT Asst:**

92202 Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2021 Medicare Utilization:** 715,800 **2023 Work RVU:** 0.26 **2023 NF PE RVU:** 0.19 **2023 Fac PE RVU:** 0.16 **Result:** Decrease

RUC Recommendation: 0.26 **Referred to CPT:** February 2018 **Referred to CPT Asst:** **Published in CPT Asst:**

92225 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial **Global:** **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** April 2017 **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:** February 2018 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92226 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent **Global:** **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Referred to CPT Asst** **Published in CPT Asst:**

92227 Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 909 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.49 **2023 Fac PE RVU:** NA **Result:** Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

92228 Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 4,636 **2023 Work RVU:** 0.32 **2023 NF PE RVU:** 0.53 **2023 Fac PE RVU:** NA **Result:** Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

92229 Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 429 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 1.34 **2023 Fac PE RVU:** NA **Result:** Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92235 Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral **Global:** XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2011 **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 **Result:** Decrease

RUC Recommendation: 0.40 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

92270 Electro-oculography with interpretation and report **Global:** XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2021 Medicare Utilization:** 1,521 **2023 Work RVU:** 0.81 **2023 NF PE RVU:** 2.41 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: CPT Assistant article published. **Referred to CPT** February 2014 **Referred to CPT Asst** **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

92273 Electroretinography (erg), with interpretation and report; full field (ie, 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 **Result:** Decrease

RUC Recommendation: Review action plan. 0.80 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92274 Electoretinography (erg), with interpretation and report; multifocal (mferg) **Global:** XXX **Issue:** Electoretinography **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
Result: Decrease

RUC Recommendation: Review action plan. 0.72 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

92275 Electoretinography with interpretation and report **Global:** **Issue:** Electoretinography **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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017
Referred to CPT Asst **Published in CPT Asst:**

92284 Diagnostic dark adaptation examination with interpretation and report **Global:** XXX **Issue:** Dark Adaption Eye Exam **Screen:** Harvard Valued - Utilization over 30,000-Part5 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** October 2020 **2021 Medicare Utilization:** 40,706 **2023 Work RVU:** 0.00
2023 NF PE RVU: 1.37
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: Refer to CPT and CPT Assistant. **Referred to CPT** Feb 2024
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92285 External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography) **Global:** XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 32 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2021 Medicare Utilization:** 390,304

2023 Work RVU: 0.05
2023 NF PE RVU: 0.62
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.05 and new PE inputs

Referred to CPT February 2010
Referred to CPT Asst **Published in CPT Asst:**

92286 Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis **Global:** XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric)

First Identified: April 2011 **2021 Medicare Utilization:** 100,570

2023 Work RVU: 0.40
2023 NF PE RVU: 0.74
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.40

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

92287 Anterior segment imaging with interpretation and report; with fluorescein angiography **Global:** XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: **2021 Medicare Utilization:** 4,600

2023 Work RVU: 0.40
2023 NF PE RVU: 3.89
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.40

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:** Mar 2013

Status Report: CMS Requests and Relativity Assessment Issues

92504 Binocular microscopy (separate diagnostic procedure) **Global:** XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 43 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2009 **2021 Medicare Utilization:** 224,957 **2023 Work RVU:** 0.18
2023 NF PE RVU: 0.68
2023 Fac PE RVU: 0.09
Result: Maintain

RUC Recommendation: 0.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

92506 Evaluation of speech, language, voice, communication, and/or auditory processing **Global:** **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **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 2012
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Decrease

RUC Recommendation: 1.30 work RVU and clinical staff time removed. Remove from High Volume screen. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92508 Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals **Global:** XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA

First Identified: 2021 Medicare Utilization: 2,278

2023 Work RVU: 0.33
2023 NF PE RVU: 0.37
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.43 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

92521 Evaluation of speech fluency (eg, stuttering, cluttering) **Global:** XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA

First Identified: 2021 Medicare Utilization: 218

2023 Work RVU: 2.24
2023 NF PE RVU: 1.66
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.75

Referred to CPT October 2012
Referred to CPT Asst **Published in CPT Asst:**

92522 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); **Global:** XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA

First Identified: 2021 Medicare Utilization: 3,754

2023 Work RVU: 1.92
2023 NF PE RVU: 1.32
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.50

Referred to CPT October 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92523 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) **Global:** XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request/ High Volume Growth9 **Complete?** Yes

Most Recent RUC Meeting: April 2023

Tab: 15 **Specialty Developing Recommendation:** ASHA

First Identified:

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: Refer to CPT Assistant. 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 **Result:** Increase

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

92538 Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations) **Global:** XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2021 Medicare Utilization:** 5,808 **2023 Work RVU:** 0.30 **2023 NF PE RVU:** 0.35 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Referred to CPT Asst** **Published in CPT Asst:**

92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2021 Medicare Utilization:** 72,645 **2023 Work RVU:** 1.50 **2023 NF PE RVU:** 1.69 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.50 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2021 Medicare Utilization:** 11,711 **2023 Work RVU:** 0.40
2023 NF PE RVU: 0.33
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.40 **Referred to CPT** February 2009
Referred to CPT Asst **Published in CPT Asst:**

92542 Positional nystagmus test, minimum of 4 positions, with recording **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2021 Medicare Utilization:** 16,253 **2023 Work RVU:** 0.48
2023 NF PE RVU: 0.36
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.48 **Referred to CPT** February 2009
Referred to CPT Asst **Published in CPT Asst:**

92543 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording **Global:** **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **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 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2021 Medicare Utilization:** 2,578 **2023 Work RVU:** 0.27
2023 NF PE RVU: 0.24
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.27 **Referred to CPT** February 2009
Referred to CPT Asst **Published in CPT Asst:**

92545 Oscillating tracking test, with recording **Global:** XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2021 Medicare Utilization:** 4,130 **2023 Work RVU:** 0.25
2023 NF PE RVU: 0.23
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.25 **Referred to CPT** February 2009
Referred to CPT Asst **Published in CPT Asst:**

92546 Sinusoidal vertical axis rotational testing **Global:** XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** **First Identified:** February 2014 **2021 Medicare Utilization:** 35,961 **2023 Work RVU:** 0.29
2023 NF PE RVU: 3.47
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Editorial change only **Referred to CPT** February 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92547 Use of vertical electrodes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** **First Identified:** February 2014 **2021 Medicare Utilization:** 22,400 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.32 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Editorial change only **Referred to CPT** February 2014 **Referred to CPT Asst** **Published in CPT Asst:**

92548 Computerized dynamic posturography sensory organization test (cdp-sot), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; **Global:** XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:** AAA, AAN, ASHA **First Identified:** February 2014 **2021 Medicare Utilization:** 32,836 **2023 Work RVU:** 0.67 **2023 NF PE RVU:** 0.71 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.76 **Referred to CPT** September 2018 / February 2014 **Referred to CPT Asst** **Published in CPT Asst:**

92549 Computerized dynamic posturography sensory organization test (cdp-sot), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (mct) and adaptation test (adt) **Global:** XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2021 Medicare Utilization:** 6,600 **2023 Work RVU:** 0.87 **2023 NF PE RVU:** 1.04 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.96 **Referred to CPT** September 2018 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92550 Tympanometry and reflex threshold measurements **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2021 Medicare Utilization:** 190,130 **2023 Work RVU:** 0.35 **2023 NF PE RVU:** 0.30 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.35 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2021 Medicare Utilization:** 1,145,427 **2023 Work RVU:** 0.60 **2023 NF PE RVU:** 0.48 **2023 Fac PE RVU:** 0.32 **Result:** Decrease

RUC Recommendation: 0.60 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Referred to CPT Asst** **Published in CPT Asst:**

92558 Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** February 2011 **2021 Medicare Utilization:** **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.10 **2023 Fac PE RVU:** 0.07 **Result:** Increase

RUC Recommendation: 0.17 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92567 Tympanometry (impedance testing) **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2021 Medicare Utilization:** 840,849 **2023 Work RVU:** 0.20
2023 NF PE RVU: 0.28
2023 Fac PE RVU: 0.11
Result: Decrease

RUC Recommendation: 0.20 work RVU and clinical staff time removed **Referred to CPT** February 2009
Referred to CPT Asst **Published in CPT Asst:**

92568 Acoustic reflex testing, threshold **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2021 Medicare Utilization:** 3,376 **2023 Work RVU:** 0.29
2023 NF PE RVU: 0.15
2023 Fac PE RVU: 0.14
Result: Decrease

RUC Recommendation: 0.29 work RVU and clinical staff time removed **Referred to CPT** February 2009
Referred to CPT Asst **Published in CPT Asst:**

92569 Deleted from CPT **Global:** **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **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** February 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92570 Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: October 2015

Tab: 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA

First Identified:

2021 Medicare Utilization: 29,992

2023 Work RVU: 0.55
2023 NF PE RVU: 0.39
2023 Fac PE RVU: 0.29
Result: Decrease

RUC Recommendation: 0.55

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

92584 Electrocochleography **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

First Identified: February 2019

2021 Medicare Utilization: 9,643

2023 Work RVU: 1.00
2023 NF PE RVU: 2.34
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

92585 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive **Global:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

First Identified: October 2017

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 February 2019
Referred to CPT Asst **Published in CPT Asst:**

92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited **Global:** **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

First Identified: February 2019

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 February 2019
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92587 Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 35 **Specialty Developing Recommendation:** ASHA

First Identified: October 2008

2021 Medicare Utilization: 43,146

2023 Work RVU: 0.35
2023 NF PE RVU: 0.28
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.45

Referred to CPT October 2010
Referred to CPT Asst **Published in CPT Asst:**

92588 Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 35 **Specialty Developing Recommendation:** ASHA

First Identified:

2021 Medicare Utilization: 81,054

2023 Work RVU: 0.55
2023 NF PE RVU: 0.44
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.60

Referred to CPT February 2011
Referred to CPT Asst **Published in CPT Asst:**

92597 Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech **Global:** XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab: 30 **Specialty Developing Recommendation:** ASHA

First Identified: NA

2021 Medicare Utilization: 2,051

2023 Work RVU: 1.26
2023 NF PE RVU: 0.84
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.48 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92605 Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour **Global:** XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** 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
Result: Decrease

RUC Recommendation: 1.34 work RVU and clinical staff time removed

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

92618 Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA

First Identified: **2021 Medicare Utilization:**

2023 Work RVU: 0.65
2023 NF PE RVU: 0.26
2023 Fac PE RVU: 0.25
Result: Increase

RUC Recommendation: 0.65

Referred to CPT February 2011
Referred to CPT Asst **Published in CPT Asst:**

92620 Evaluation of central auditory function, with report; initial 60 minutes **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA **2021 Medicare Utilization:** 1,006

2023 Work RVU: 1.50
2023 NF PE RVU: 1.08
2023 Fac PE RVU: 0.79
Result: Decrease

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92621 Evaluation of central auditory function, with report; each additional 15 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2021 Medicare Utilization:** 38 **2023 Work RVU:** 0.35 **2023 NF PE RVU:** 0.29 **2023 Fac PE RVU:** 0.19 **Result:** Decrease

RUC Recommendation: 0.35 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

92625 Assessment of tinnitus (includes pitch, loudness matching, and masking) **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2021 Medicare Utilization:** 8,388 **2023 Work RVU:** 1.15 **2023 NF PE RVU:** 0.84 **2023 Fac PE RVU:** 0.62 **Result:** Decrease

RUC Recommendation: 1.15 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

92626 Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 30 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** NA **2021 Medicare Utilization:** 19,748 **2023 Work RVU:** 1.40 **2023 NF PE RVU:** 1.15 **2023 Fac PE RVU:** 0.77 **Result:** Decrease

RUC Recommendation: 1.40 **Referred to CPT** May 2018
Referred to CPT Asst **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

92627 Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 30 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA

2021 Medicare Utilization: 5,166

2023 Work RVU: 0.33
2023 NF PE RVU: 0.27
2023 Fac PE RVU: 0.18
Result: Decrease

RUC Recommendation: 0.33

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

92640 Diagnostic analysis with programming of auditory brainstem implant, per hour **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008

Tab: 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS

First Identified: NA

2021 Medicare Utilization: 18

2023 Work RVU: 1.76
2023 NF PE RVU: 1.47
2023 Fac PE RVU: 0.97
Result: Decrease

RUC Recommendation: 1.76

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

92650 Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

First Identified: February 2019

2021 Medicare Utilization:

2023 Work RVU: 0.25
2023 NF PE RVU: 0.56
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.25

Referred to CPT February 2019
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92651 Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

First Identified: February 2019

2021 Medicare Utilization: 1,107

2023 Work RVU: 1.00
2023 NF PE RVU: 1.49
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.00

Referred to CPT February 2019
Referred to CPT Asst **Published in CPT Asst:**

92652 Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA

First Identified: February 2019

2021 Medicare Utilization: 5,603

2023 Work RVU: 1.50
2023 NF PE RVU: 1.80
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.50

Referred to CPT February 2019
Referred to CPT Asst **Published in CPT Asst:**

92653 Auditory evoked potentials; neurodiagnostic, with interpretation and report **Global:** XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 06 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ACNS, ASHA

First Identified: February 2019

2021 Medicare Utilization: 22,364

2023 Work RVU: 1.05
2023 NF PE RVU: 1.41
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.05

Referred to CPT February 2019
Referred to CPT Asst **Published in CPT Asst:**

92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab: 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2021 Medicare Utilization: 20,592

2023 Work RVU: 9.85
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.38
Result: Decrease

RUC Recommendation: 9.00

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92921 Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2021 Medicare Utilization:

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Decrease

RUC Recommendation: 4.00

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

92924 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2021 Medicare Utilization: 1,959

2023 Work RVU: 11.74
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.03
Result: Decrease

RUC Recommendation: 11.00

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

92925 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2021 Medicare Utilization:

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Decrease

RUC Recommendation: 5.00

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2021 Medicare Utilization: 207,572

2023 Work RVU: 10.96
2023 NF PE RVU: NA
2023 Fac PE RVU: 3.76
Result: Decrease

RUC Recommendation: 10.49

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92929 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2021 Medicare Utilization:

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Decrease

RUC Recommendation: 4.44

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2021 Medicare Utilization: 17,941

2023 Work RVU: 12.29
2023 NF PE RVU: NA
2023 Fac PE RVU: 4.21
Result: Decrease

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

92934 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010

2021 Medicare Utilization:

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: 0.00
Result: Decrease

RUC Recommendation: 5.50

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92937 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2021 Medicare Utilization:** 14,099 **2023 Work RVU:** 10.95 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 3.75 **Result:** Decrease

RUC Recommendation: 10.49 **Referred to CPT:** October 2011 **Referred to CPT Asst:** **Published in CPT Asst:**

92938 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Decrease

RUC Recommendation: 6.00 **Referred to CPT:** October 2011 **Referred to CPT Asst:** **Published in CPT Asst:**

92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2021 Medicare Utilization:** 33,927 **2023 Work RVU:** 12.31 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 4.23 **Result:** Decrease

RUC Recommendation: 12.32 **Referred to CPT:** October 2011 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92943 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2021 Medicare Utilization:** 8,050 **2023 Work RVU:** 12.31 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 4.22 **Result:** Decrease

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Referred to CPT Asst** **Published in CPT Asst:**

92944 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Decrease

RUC Recommendation: 6.00 **Referred to CPT** October 2011 **Referred to CPT Asst** **Published in CPT Asst:**

92960 Cardioversion, elective, electrical conversion of arrhythmia; external **Global:** 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2021 Medicare Utilization:** 191,225 **2023 Work RVU:** 2.00 **2023 NF PE RVU:** 2.45 **2023 Fac PE RVU:** 1.02 **Result:** Maintain

RUC Recommendation: 2.25 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92973 Percutaneous transluminal coronary thrombectomy mechanical (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:**

First Identified: April 2013 **2021 Medicare Utilization:** 2,331

2023 Work RVU: 3.28
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.12
Result: Maintain

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

92980 Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **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 2011
Referred to CPT Asst **Published in CPT Asst:**

92981 Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure) **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **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 2011
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92982 Percutaneous transluminal coronary balloon angioplasty; single vessel **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than \$10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT:** October 2011 **Referred to CPT Asst:** **Published in CPT Asst:**

92984 Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT:** October 2011 **Referred to CPT Asst:** **Published in CPT Asst:**

92986 Percutaneous balloon valvuloplasty; aortic valve **Global:** 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2021 Medicare Utilization:** 2,322 **2023 Work RVU:** 22.60 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 11.07 **Result:** Remove from Screen

RUC Recommendation: Deleted from CPT **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92992 Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization) **Global:** **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: October 2018 **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 September 2019
Referred to CPT Asst **Published in CPT Asst:**

92993 Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization) **Global:** **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: October 2018 **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 September 2019
Referred to CPT Asst **Published in CPT Asst:**

92995 Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **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 2011
Referred to CPT Asst **Published in CPT Asst:**

92996 Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **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 2011
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93000 Electrocardiogram, routine ecg with at least 12 leads; with interpretation and report **Global:** XXX **Issue:** Complete Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** September 2011 **2021 Medicare Utilization:** 10,271,235 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.24 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93005 Electrocardiogram, routine ecg with at least 12 leads; tracing only, without interpretation and report **Global:** XXX **Issue:** Complete Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2021 Medicare Utilization:** 416,453 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.18 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: 0.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93010 Electrocardiogram, routine ecg with at least 12 leads; interpretation and report only **Global:** XXX **Issue:** Complete Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2021 Medicare Utilization:** 16,114,629 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.06 **2023 Fac PE RVU:** 0.06 **Result:** Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93012 Deleted from CPT **Global:** **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

93014 Deleted from CPT **Global:** **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report **Global:** XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 851,302 **2023 Work RVU:** 0.75
2023 NF PE RVU: 1.31
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.75. CPT Assistant published. **Referred to CPT** October 2010
Referred to CPT Asst **Published in CPT Asst:** Jan 2010

Status Report: CMS Requests and Relativity Assessment Issues

93016 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report **Global:** XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 827,798 **2023 Work RVU:** 0.45 **2023 NF PE RVU:** 0.16 **2023 Fac PE RVU:** 0.16 **Result:** Maintain

RUC Recommendation: 0.45 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93017 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report **Global:** XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2021 Medicare Utilization:** 78,787 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 1.05 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93018 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only **Global:** XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 988,540 **2023 Work RVU:** 0.30 **2023 NF PE RVU:** 0.10 **2023 Fac PE RVU:** 0.10 **Result:** Maintain

RUC Recommendation: 0.30 **Referred to CPT** October 2010
Referred to CPT Asst **Published in CPT Asst:** Jan 2010

Status Report: CMS Requests and Relativity Assessment Issues

93025 Microvolt t-wave alternans for assessment of ventricular arrhythmias **Global:** XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2021 Medicare Utilization:** 124 **2023 Work RVU:** 0.75 **2023 NF PE RVU:** 2.83 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93040 Rhythm ecg, 1-3 leads; with interpretation and report **Global:** XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2021 Medicare Utilization:** 80,784 **2023 Work RVU:** 0.15 **2023 NF PE RVU:** 0.21 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.15 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93041 Rhythm ecg, 1-3 leads; tracing only without interpretation and report **Global:** XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2021 Medicare Utilization:** 13,114 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.17 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.00 (PE only) **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93042 Rhythm ecg, 1-3 leads; interpretation and report only **Global:** XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC, ACEP **First Identified:** October 2008 **2021 Medicare Utilization:** 310,510 **2023 Work RVU:** 0.15 **2023 NF PE RVU:** 0.04 **2023 Fac PE RVU:** 0.04 **Result:** Decrease

RUC Recommendation: 0.15 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93050 Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive **Global:** XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 11,341 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.28 **2023 Fac PE RVU:** NA **Result:** Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

93150 Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming **Global:** **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:** **Result:**

RUC Recommendation: Review action Plan **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

93151 Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system **Global:** **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:** **Result:**

RUC Recommendation: Review action Plan **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93152 Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography **Global:** **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:** **Result:**

RUC Recommendation: Review action Plan **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

93153 Interrogation without programming of implanted phrenic nerve stimulator system **Global:** **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:** **Result:**

RUC Recommendation: Review action Plan **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

93224 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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 **Result:** Maintain

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93225 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection) **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2021 Medicare Utilization:** 77,725 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.54 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

93226 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 /Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2021 Medicare Utilization:** 126,782 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 1.07 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

93227 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2021 Medicare Utilization:** 248,956 **2023 Work RVU:** 0.39 **2023 NF PE RVU:** 0.14 **2023 Fac PE RVU:** 0.14 **Result:** Remove from screen

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93228 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ecg data storage (retrievable with query) with ecg triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2009 **2021 Medicare Utilization:** 222,551

2023 Work RVU: 0.48
2023 NF PE RVU: 0.23
2023 Fac PE RVU: 0.23
Result: Maintain

RUC Recommendation: 0.52

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

93229 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ecg data storage (retrievable with query) with ecg triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **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
Result: PE Only

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

93230 Deleted from CPT **Global:** **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **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 February 2010
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93231 Deleted from CPT **Global:** **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

93232 Deleted from CPT **Global:** **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

93233 Deleted from CPT **Global:** **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** NA **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93235 Deleted from CPT **Global:** **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** **First Identified:** October 2009 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

93236 Deleted from CPT **Global:** **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

93237 Deleted from CPT **Global:** **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **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** February 2010
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93241 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 14,181 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 7.35 **2023 Fac PE RVU:** NA **Result:** Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93242 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording) **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 95,118 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.35 **2023 Fac PE RVU:** NA **Result:** Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93243 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 154,581 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 6.83 **2023 Fac PE RVU:** NA **Result:** Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93244 External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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
Result: Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93245 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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
Result: Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93246 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording) **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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
Result: Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93247 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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 **Result:** Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

93248 External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation **Global:** XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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 **Result:** Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

93268 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent 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 **Result:** Maintain

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93270 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection) **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2021 Medicare Utilization:** 32,455 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.24 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE inputs **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

93271 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **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 **Result:** PE Only

RUC Recommendation: New PE inputs **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

93272 External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional **Global:** XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2021 Medicare Utilization:** 92,623 **2023 Work RVU:** 0.52 **2023 NF PE RVU:** 0.17 **2023 Fac PE RVU:** 0.17 **Result:** Maintain

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93279 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 111,766

2023 Work RVU: 0.65
2023 NF PE RVU: 1.35
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.65

Referred to CPT February 2017
Referred to CPT Asst **Published in CPT Asst:**

93280 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 776,133

2023 Work RVU: 0.77
2023 NF PE RVU: 1.58
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.77

Referred to CPT February 2017
Referred to CPT Asst **Published in CPT Asst:**

93281 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 66,325

2023 Work RVU: 0.85
2023 NF PE RVU: 1.64
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.85

Referred to CPT February 2017
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93282 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 79,997

2023 Work RVU: 0.85

2023 NF PE RVU: 1.52

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.85

Referred to CPT February 2017

Referred to CPT Asst **Published in CPT Asst:**

93283 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 158,873

2023 Work RVU: 1.15

2023 NF PE RVU: 1.75

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.15

Referred to CPT February 2017

Referred to CPT Asst **Published in CPT Asst:**

93284 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 191,788

2023 Work RVU: 1.25

2023 NF PE RVU: 1.88

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.25

Referred to CPT February 2017

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93285 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 35,450

2023 Work RVU: 0.52

2023 NF PE RVU: 1.27

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.52

Referred to CPT February 2017

Referred to CPT Asst **Published in CPT Asst:**

93286 Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 26,384

2023 Work RVU: 0.30

2023 NF PE RVU: 1.06

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.30

Referred to CPT February 2017

Referred to CPT Asst **Published in CPT Asst:**

93287 Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 13,517

2023 Work RVU: 0.45

2023 NF PE RVU: 1.13

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.45

Referred to CPT February 2017

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93288 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 179,111 **2023 Work RVU:** 0.43 **2023 NF PE RVU:** 1.24 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.43 **Referred to CPT:** February 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

93289 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 69,223 **2023 Work RVU:** 0.75 **2023 NF PE RVU:** 1.38 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.75 **Referred to CPT:** February 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

93290 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 83,336 **2023 Work RVU:** 0.43 **2023 NF PE RVU:** 1.15 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.43 **Referred to CPT:** February 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93291 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 58,066

2023 Work RVU: 0.37

2023 NF PE RVU: 1.10

2023 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.37

Referred to CPT February 2017

Referred to CPT Asst **Published in CPT Asst:**

93292 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 25 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 1,082

2023 Work RVU: 0.43

2023 NF PE RVU: 1.07

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.43

Referred to CPT February 2017

Referred to CPT Asst **Published in CPT Asst:**

93293 Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 23 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 20,156

2023 Work RVU: 0.31

2023 NF PE RVU: 1.03

2023 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.31

Referred to CPT February 2017

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93294 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 1,531,037 **2023 Work RVU:** 0.60 **2023 NF PE RVU:** 0.24 **2023 Fac PE RVU:** 0.24 **Result:** Decrease

RUC Recommendation: 0.60 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93295 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 704,136 **2023 Work RVU:** 0.74 **2023 NF PE RVU:** 0.30 **2023 Fac PE RVU:** 0.30 **Result:** Decrease

RUC Recommendation: 0.74 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93296 Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2021 Medicare Utilization:** 1,614,139 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.66 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE inputs and Refer to CPT **Referred to CPT** February 2017
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93297 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023

Tab: 20 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 542,980

2023 Work RVU: 0.52

2023 NF PE RVU: 0.20

2023 Fac PE RVU: 0.20

Result: Maintain

RUC Recommendation: 0.52 and PE Inputs

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

93298 Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional **Global:** XXX **Issue:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023

Tab: 20 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

2021 Medicare Utilization: 957,280

2023 Work RVU: 0.52

2023 NF PE RVU: 0.21

2023 Fac PE RVU: 0.21

Result: Maintain

RUC Recommendation: 0.52 and PE Inputs

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

93299 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 22 **Specialty Developing Recommendation:** ACC, HRS

First Identified: July 2015

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 February 2019

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93306 Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography **Global:** XXX **Issue:** Complete Transthoracic Echocardiography (TTE) with Doppler **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 21 **Specialty Developing Recommendation:** ACC, ASE

First Identified: July 2015

2021 Medicare Utilization: 6,696,461

2023 Work RVU: 1.46
2023 NF PE RVU: 4.32
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.46

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

93307 Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, complete, without spectral or color doppler echocardiography **Global:** XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 42 **Specialty Developing Recommendation:** ACC

First Identified: NA

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:**

Status Report: CMS Requests and Relativity Assessment Issues

93320 Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (list separately in addition to codes for echocardiographic imaging); complete **Global:** ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **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:**

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 **Result:** Maintain

RUC Recommendation: 0.15 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93325 Doppler echocardiography color flow velocity mapping (list separately in addition to codes for echocardiography) **Global:** ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2021 Medicare Utilization:** 591,854 **2023 Work RVU:** 0.07 **2023 NF PE RVU:** 0.63 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.07 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93350 Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; **Global:** XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** April 2008 **2021 Medicare Utilization:** 73,875 **2023 Work RVU:** 1.46 **2023 NF PE RVU:** 4.02 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.46; CPT Assistant article published **Referred to CPT:** October 2010 **Referred to CPT Asst:** **Published in CPT Asst:** Jan 2010

93351 Echocardiography, transthoracic, real-time with image documentation (2d), includes m-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional **Global:** XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2021 Medicare Utilization:** 188,627 **2023 Work RVU:** 1.75 **2023 NF PE RVU:** 5.08 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.75 **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

93451 Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed **Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 42,360 **2023 Work RVU:** 2.47 **2023 NF PE RVU:** 23.06 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93452 Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed **Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 3,145 **2023 Work RVU:** 4.50 **2023 NF PE RVU:** 21.66 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 4.32 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

93453 Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed **Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 2,028 **2023 Work RVU:** 5.99 **2023 NF PE RVU:** 27.20 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

93454 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; **Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 106,945 **2023 Work RVU:** 4.54 **2023 NF PE RVU:** 21.70 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93455 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 21,092 **2023 Work RVU:** 5.29 **2023 NF PE RVU:** 23.90 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 6.15 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

93456 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 20,308 **2023 Work RVU:** 5.90 **2023 NF PE RVU:** 26.71 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

93457 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 3,563 **2023 Work RVU:** 6.64 **2023 NF PE RVU:** 28.86 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 7.66 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93458 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 415,368 **2023 Work RVU:** 5.60 **2023 NF PE RVU:** 24.48 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 6.51 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

93459 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 67,014 **2023 Work RVU:** 6.35 **2023 NF PE RVU:** 25.95 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 7.34 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

93460 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 79,581 **2023 Work RVU:** 7.10 **2023 NF PE RVU:** 28.77 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 7.88 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93461 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography **Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 28 **Specialty Developing Recommendation:** ACC

First Identified:

2021 Medicare Utilization: 11,803

2023 Work RVU: 7.85
2023 NF PE RVU: 31.69
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 9.00

Referred to CPT October 2009
Referred to CPT Asst **Published in CPT Asst:**

93462 Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 28 **Specialty Developing Recommendation:** ACC

First Identified:

2021 Medicare Utilization: 7,044

2023 Work RVU: 3.73
2023 NF PE RVU: 1.56
2023 Fac PE RVU: 1.56
Result: Decrease

RUC Recommendation: 3.73

Referred to CPT October 2009
Referred to CPT Asst **Published in CPT Asst:**

93463 Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 28 **Specialty Developing Recommendation:** ACC

First Identified:

2021 Medicare Utilization: 5,368

2023 Work RVU: 2.00
2023 NF PE RVU: 0.70
2023 Fac PE RVU: 0.70
Result: Decrease

RUC Recommendation: 2.00

Referred to CPT October 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93464 Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 28 **Specialty Developing Recommendation:** ACC

First Identified:

2021 Medicare Utilization: 1,274

2023 Work RVU: 1.80
2023 NF PE RVU: 4.62
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.80

Referred to CPT October 2009

Referred to CPT Asst **Published in CPT Asst:**

93501 Deleted from CPT **Global:** **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

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 2009

Referred to CPT Asst **Published in CPT Asst:**

93503 Insertion and placement of flow directed catheter (eg, swan-ganz) for monitoring purposes **Global:** 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 33 **Specialty Developing Recommendation:** ACR, ASA

First Identified: July 2015

2021 Medicare Utilization: 54,329

2023 Work RVU: 2.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.40
Result: Decrease

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Referred to CPT Asst **Published in CPT Asst:**

93524 Deleted from CPT

Global: **Issue:** Cardiac Catheterization

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab: 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008

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 2009

Referred to CPT Asst **Published in CPT Asst:**

93526 Deleted from CPT

Global: **Issue:** Cardiac Catheterization

Screen: Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: February 2008

Tab: S **Specialty Developing Recommendation:** ACC

First Identified: February 2008

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 2009

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93527 Deleted from CPT

Global: **Issue:** Cardiac Catheterization

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

93528 Deleted from CPT

Global: **Issue:** Cardiac Catheterization

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

93529 Deleted from CPT

Global: **Issue:** Cardiac Catheterization

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

93539 Deleted from CPT

Global: **Issue:** Cardiac Catheterization

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93540 Deleted from CPT **Global:** **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

93541 Deleted from CPT **Global:** **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

93542 Deleted from CPT **Global:** **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93543 Deleted from CPT **Global:** **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

93544 Deleted from CPT **Global:** **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

93545 Deleted from CPT **Global:** **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **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 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

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:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **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:** Increase

RUC Recommendation: 0.77 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93562 Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output **Global:** ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2021 Medicare Utilization:** 3 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Increase

RUC Recommendation: 0.95 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

93563 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2021 Medicare Utilization:** 146 **2023 Work RVU:** 1.00 **2023 NF PE RVU:** 0.35 **2023 Fac PE RVU:** 0.35 **Result:** Decrease

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

93564 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pulmonary Angiography **Screen:** Codes Reported Together 95% or More / Survey Below 30 Threshold **Complete?** No

Most Recent RUC Meeting: October 2021 **Tab:** 08 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2021 **2021 Medicare Utilization:** 11 **2023 Work RVU:** 1.03 **2023 NF PE RVU:** 0.35 **2023 Fac PE RVU:** 0.35 **Result:** Decrease

RUC Recommendation: Review action plan **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93565 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** 2021 **Medicare Utilization:** 72 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 0.17 **2023 Fac PE RVU:** 0.17 **Result:** Decrease

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

93566 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** 2021 **Medicare Utilization:** 303 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 0.18 **2023 Fac PE RVU:** 0.18 **Result:** Decrease

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

93567 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** 2021 **Medicare Utilization:** 20,363 **2023 Work RVU:** 0.70 **2023 NF PE RVU:** 0.24 **2023 Fac PE RVU:** 0.24 **Result:** Decrease

RUC Recommendation: 0.97 **Referred to CPT** October 2009 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93568 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 28 **Specialty Developing Recommendation:** ACC

First Identified: October 2009

2021 Medicare Utilization: 1,197

2023 Work RVU: 0.88
2023 NF PE RVU: 0.31
2023 Fac PE RVU: 0.31
Result: Decrease

RUC Recommendation: 0.98

Referred to CPT **Referred to CPT Asst** **Published in CPT Asst:**

93571 Intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 13 **Specialty Developing Recommendation:** ACC, SCAI

First Identified: October 2016

2021 Medicare Utilization: 67,025

2023 Work RVU: 0.00
2023 NF PE RVU: NA
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.50

Referred to CPT **Referred to CPT Asst** **Published in CPT Asst:**

93572 Intravascular doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 13 **Specialty Developing Recommendation:** ACC, SCAI

First Identified: October 2017

2021 Medicare Utilization: 12,923

2023 Work RVU: 0.00
2023 NF PE RVU: NA
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93613 Intracardiac electrophysiologic 3-dimensional mapping (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2021

Tab: 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2008

2021 Medicare Utilization: 86,612

2023 Work RVU: 5.23
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.22
Result: Decrease

RUC Recommendation: 5.23

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

93620 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, his bundle recording **Global:** 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 45 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2021 Medicare Utilization: 6,937

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 11.57

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

93621 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2021

Tab: 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2019

2021 Medicare Utilization: 25,997

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93623 Programmed stimulation and pacing after intravenous drug infusion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pacing Heart Stimulation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2018 **2021 Medicare Utilization:** 38,723 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: Referral to CPT for parenthetical. 2.04 **Referred to CPT** May 2019 **Referred to CPT Asst** **Published in CPT Asst:**

93641 Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator **Global:** 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2021 Medicare Utilization:** 9,237 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B. **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

93651 Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination **Global:** **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **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 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93652 Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Referred to CPT Asst** **Published in CPT Asst:**

93653 Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and his bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2021 Medicare Utilization:** 27,745 **2023 Work RVU:** 15.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 6.37 **Result:** Decrease

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93654 Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and his bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011 **2021 Medicare Utilization:** 7,824

2023 Work RVU: 18.10
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.65
Result: Decrease

RUC Recommendation: 18.10

Referred to CPT: October 2011
Referred to CPT Asst: **Published in CPT Asst:**

93655 Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (list separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 /High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011 **2021 Medicare Utilization:** 40,338

2023 Work RVU: 5.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.35
Result: Decrease

RUC Recommendation: 7.00

Referred to CPT: October 2011
Referred to CPT Asst: **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93656 Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and his bundle recording, when performed

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011 **2021 Medicare Utilization:** 61,319

2023 Work RVU: 17.00
2023 NF PE RVU: NA
2023 Fac PE RVU: 7.23
Result: Decrease

RUC Recommendation: 17.00

Referred to CPT October 2020
Referred to CPT Asst **Published in CPT Asst:**

93657 Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (list separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011 **2021 Medicare Utilization:** 30,645

2023 Work RVU: 5.50
2023 NF PE RVU: NA
2023 Fac PE RVU: 2.35
Result: Decrease

RUC Recommendation: 7.00

Referred to CPT October 2011
Referred to CPT Asst **Published in CPT Asst:**

93662 Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (list separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth1 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: February 2008 **2021 Medicare Utilization:** 74,158

2023 Work RVU: 0.00
2023 NF PE RVU: 0.00
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.53

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93668 Peripheral arterial disease (pad) rehabilitation, per session **Global:** XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 28 **Specialty Developing Recommendation:** **First Identified:** July 2017 **2021 Medicare Utilization:** 1,383 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.42 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

93701 Bioimpedance-derived physiologic cardiovascular analysis **Global:** XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2021 Medicare Utilization:** 4,590 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.78 **2023 Fac PE RVU:** NA **Result:** Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

93731 Deleted from CPT **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **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** **Referred to CPT Asst** **Published in CPT Asst:**

93732 Deleted from CPT **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **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** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93733 Deleted from CPT **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **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** **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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

93744 Deleted from CPT **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **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** **Referred to CPT Asst** **Published in CPT Asst:**

93750 Interrogation of ventricular assist device (vad), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report **Global:** XXX **Issue:** Ventricular Assist Device (VAD) Interrogation **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 24 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** October 2018 **2021 Medicare Utilization:** 84,303 **2023 Work RVU:** 0.75
2023 NF PE RVU: 0.63
2023 Fac PE RVU: 0.31
Result: Decrease

RUC Recommendation: 0.85 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93792 Patient/caregiver training for initiation of home international normalized ratio (inr) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the inr monitor, obtaining blood sample, instructions for reporting home inr test results, and documentation of patient's/caregiver's ability to perform testing and report results

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: September 2016 **2021 Medicare Utilization:** 1,208

2023 Work RVU: 0.00
2023 NF PE RVU: 2.06
2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: Review in 3 years. 0.00 PE Only

Referred to CPT September 2016
Referred to CPT Asst **Published in CPT Asst:**

93793 Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (inr) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: September 2016 **2021 Medicare Utilization:** 1,643,960

2023 Work RVU: 0.18
2023 NF PE RVU: 0.15
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Review in 3 years. 0.18

Referred to CPT September 2016
Referred to CPT Asst **Published in CPT Asst:**

93875 Deleted from CPT

Global: **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

First Identified: February 2010 **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 2010
Referred to CPT Asst **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

Status Report: CMS Requests and Relativity Assessment Issues

93880 Duplex scan of extracranial arteries; complete bilateral study **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 1,780,271 **2023 Work RVU:** 0.80
2023 NF PE RVU: 4.82
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.80 **Referred to CPT:** October 2010
Referred to CPT Asst: **Published in CPT Asst:** Addressed in CPT Coding Changes

93882 Duplex scan of extracranial arteries; unilateral or limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2021 Medicare Utilization:** 25,981 **2023 Work RVU:** 0.50
2023 NF PE RVU: 3.13
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.50 **Referred to CPT:**
Referred to CPT Asst: **Published in CPT Asst:**

93886 Transcranial doppler study of the intracranial arteries; complete study **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** February 2010 **2021 Medicare Utilization:** 88,929 **2023 Work RVU:** 0.91
2023 NF PE RVU: 7.10
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.90 **Referred to CPT:** May 2023
Referred to CPT Asst: **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93888 Transcranial doppler study of the intracranial arteries; limited study **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **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: 0.73 **Referred to CPT:** October 2010 **Referred to CPT Asst:** **Published in CPT Asst:**

93890 Transcranial doppler study of the intracranial arteries; vasoreactivity study **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2021 Medicare Utilization:** 45,280 **2023 Work RVU:** 1.00 **2023 NF PE RVU:** 7.24 **2023 Fac PE RVU:** NA **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT 2025. **Referred to CPT:** May 2023 **Referred to CPT Asst:** **Published in CPT Asst:**

93892 Transcranial doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2021 Medicare Utilization:** 47,422 **2023 Work RVU:** 1.15 **2023 NF PE RVU:** 8.29 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.15 **Referred to CPT:** May 2023 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93893 **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** 2021 **Medicare Utilization:** 2,023 **2023 Work RVU:** 1.15 **2023 NF PE RVU:** 10.56 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.15 **Referred to CPT**

Referred to CPT Asst **Published in CPT Asst:**

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral** **Global:** XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Not Part of RAW

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **Referred to CPT**

Referred to CPT Asst **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)** **Global:** XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2021 Medicare Utilization:** 600,988 **2023 Work RVU:** 0.25 **2023 NF PE RVU:** 2.15 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.25 **Referred to CPT** February 2010

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93923 Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia) **Global:** XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2021 Medicare Utilization:** 349,633 **2023 Work RVU:** 0.45 **2023 NF PE RVU:** 3.31 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

93924 Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study **Global:** XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2021 Medicare Utilization:** 44,407 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 4.12 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93925 Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2021 Medicare Utilization:** 610,883 **2023 Work RVU:** 0.80
2023 NF PE RVU: 6.30
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.80 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93926 Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2021 Medicare Utilization:** 230,525 **2023 Work RVU:** 0.50
2023 NF PE RVU: 3.72
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.60 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

93930 Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2021 Medicare Utilization:** 20,894 **2023 Work RVU:** 0.80
2023 NF PE RVU: 4.95
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.80 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2021 Medicare Utilization:** 43,637 **2023 Work RVU:** 0.50
2023 NF PE RVU: 3.14
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.50 **Referred to CPT** October 2010
Referred to CPT Asst **Published in CPT Asst:**

93965 Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography) **Global:** **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **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** May 2016
Referred to CPT Asst **Published in CPT Asst:**

93970 Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2021 Medicare Utilization:** 1,534,961 **2023 Work RVU:** 0.70
2023 NF PE RVU: 4.85
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.70 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 33 **Specialty Developing Recommendation:** ACR, SVS, ACC

First Identified: October 2010

2021 Medicare Utilization: 1,546,507

2023 Work RVU: 0.45
2023 NF PE RVU: 3.07
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

93975 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 33 **Specialty Developing Recommendation:** ACR, SVS, ACC

First Identified: November 2013

2021 Medicare Utilization: 203,708

2023 Work RVU: 1.16
2023 NF PE RVU: 6.68
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.30

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

93976 Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 33 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2021 Medicare Utilization: 153,116

2023 Work RVU: 0.80
2023 NF PE RVU: 3.89
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93978 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 33 **Specialty Developing Recommendation:**

First Identified: April 2013

2021 Medicare Utilization: 249,599

2023 Work RVU: 0.80
2023 NF PE RVU: 4.47
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.97

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

93979 Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 33 **Specialty Developing Recommendation:**

First Identified: October 2013

2021 Medicare Utilization: 57,275

2023 Work RVU: 0.50
2023 NF PE RVU: 2.95
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

93982 Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report **Global:** **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

First Identified: January 2017

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
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93985 Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study **Global:** XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 17 **Specialty Developing Recommendation:**

First Identified: October 2018

2021 Medicare Utilization: 19,354

2023 Work RVU: 0.80
2023 NF PE RVU: 6.48
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.80

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

93986 Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study **Global:** XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 17 **Specialty Developing Recommendation:**

First Identified: October 2018

2021 Medicare Utilization: 6,364

2023 Work RVU: 0.50
2023 NF PE RVU: 3.84
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

93990 Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) **Global:** XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 40 **Specialty Developing Recommendation:** ACR, SVS

First Identified: October 2008

2021 Medicare Utilization: 106,664

2023 Work RVU: 0.50
2023 NF PE RVU: 3.79
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93X94 **Global:** **Issue:** Transcranial Doppler Studies **Screen:** **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** **2021 Medicare Utilization:** **2023 Work RVU:**

RUC Recommendation: 0.81 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**

Referred to CPT Asst **Published in CPT Asst:** **Result:** Decrease

93X95 **Global:** **Issue:** Transcranial Doppler Studies **Screen:** **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** **2021 Medicare Utilization:** **2023 Work RVU:**

RUC Recommendation: 0.73 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**

Referred to CPT Asst **Published in CPT Asst:** **Result:** Decrease

93X96 **Global:** **Issue:** Transcranial Doppler Studies **Screen:** **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** **2021 Medicare Utilization:** **2023 Work RVU:**

RUC Recommendation: 0.85 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**

Referred to CPT Asst **Published in CPT Asst:** **Result:** Decrease

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

RUC Recommendation: 0.17 **Referred to CPT** **2023 NF PE RVU:** 0.61 **2023 Fac PE RVU:** NA

Referred to CPT Asst **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

94014 Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2021 Medicare Utilization:** 201

2023 Work RVU: 0.52
2023 NF PE RVU: 1.09
2023 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

94015 Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration) **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2021 Medicare Utilization:** 56

2023 Work RVU: 0.00
2023 NF PE RVU: 0.91
2023 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

94016 Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2021 Medicare Utilization:** 6,642

2023 Work RVU: 0.52
2023 NF PE RVU: 0.18
2023 Fac PE RVU: 0.18
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94060 Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration **Global:** XXX **Issue:** Spirometry **Screen:** MPC List / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2021 Medicare Utilization:** 767,711 **2023 Work RVU:** 0.22
2023 NF PE RVU: 0.91
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.22 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Mar 2014

94200 Maximum breathing capacity, maximal voluntary ventilation **Global:** XXX **Issue:** Lung Function Test **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 28 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2021 Medicare Utilization:** 49,931 **2023 Work RVU:** 0.05
2023 NF PE RVU: 0.37
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.05 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

94240 Deleted from CPT **Global:** **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **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 2010
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to 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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010
Referred to CPT Asst **Published in CPT Asst:**

94370 Determination of airway closing volume, single breath tests **Global:** **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **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 2010
Referred to CPT Asst **Published in CPT Asst:**

94400 Breathing response to CO2 (CO2 response curve) **Global:** **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** **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** September 2019
Referred to CPT Asst **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

94450 Breathing response to hypoxia (hypoxia response curve) **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2021 Medicare Utilization:** 474

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT**

2023 Work RVU: 0.40
2023 NF PE RVU: 2.01
2023 Fac PE RVU: NA
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

RUC Recommendation: 0.70 **Referred to CPT** February 2016

2023 Work RVU: 0.70
2023 NF PE RVU: 1.87
2023 Fac PE RVU: NA
Result: Decrease

Referred to CPT Asst **Published in CPT Asst:**

94618 Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2021 Medicare Utilization:** 243,917

RUC Recommendation: 0.48 **Referred to CPT** February 2016

2023 Work RVU: 0.48
2023 NF PE RVU: 0.49
2023 Fac PE RVU: NA
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:**

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94621 Cardiopulmonary exercise testing, including measurements of minute ventilation, co2 production, o2 uptake, and electrocardiographic recordings **Global:** XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 05 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: January 2016

2021 Medicare Utilization: 16,432

2023 Work RVU: 1.42

2023 NF PE RVU: 3.02

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.42

Referred to CPT February 2016

Referred to CPT Asst **Published in CPT Asst:**

94640 Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (ippb) device **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 /CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST,

First Identified:

2021 Medicare Utilization: 126,227

2023 Work RVU: 0.00

2023 NF PE RVU: 0.26

2023 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:** Mar 2014

94667 Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 25 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: April 2019

2021 Medicare Utilization: 3,342

2023 Work RVU: 0.00

2023 NF PE RVU: 0.68

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

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
Result: PE Only

RUC Recommendation: New PE Inputs CPT Assistant article published

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:** Mar 2014

94669 Mechanical chest wall oscillation to facilitate lung function, per session **Global:** XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 25

Specialty Developing Recommendation: ATS, CHEST

First Identified: April 2019

2021 Medicare Utilization: 180

2023 Work RVU: 0.00

2023 NF PE RVU: 0.56

2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

94681 Oxygen uptake, expired gas analysis; including co2 output, percentage oxygen extracted **Global:** XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab: 51

Specialty Developing Recommendation: AACE, TES, ACCP/ATS

First Identified: February 2008

2021 Medicare Utilization: 4,466

2023 Work RVU: 0.20

2023 NF PE RVU: 1.17

2023 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94720 Carbon monoxide diffusing capacity (eg, single breath, steady state) **Global:** **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **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 2010 **Referred to CPT Asst** **Published in CPT Asst:**

94725 Membrane diffusion capacity **Global:** **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **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 2010 **Referred to CPT Asst** **Published in CPT Asst:**

94726 Plethysmography for determination of lung volumes and, when performed, airway resistance **Global:** XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2021 Medicare Utilization:** 572,303 **2023 Work RVU:** 0.26 **2023 NF PE RVU:** 1.33 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

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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 **Result:** Decrease

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

94728 Airway resistance by oscillometry **Global:** XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2021 Medicare Utilization:** 4,406 **2023 Work RVU:** 0.26 **2023 NF PE RVU:** 0.90 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

94729 Diffusing capacity (eg, carbon monoxide, membrane) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2021 Medicare Utilization:** 917,478 **2023 Work RVU:** 0.19 **2023 NF PE RVU:** 1.48 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.19 **Referred to CPT** February 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94750 Pulmonary compliance study (eg, plethysmography, volume and pressure measurements) **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **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** **Referred to CPT Asst** **Published in CPT Asst:**

94760 Noninvasive ear or pulse oximetry for oxygen saturation; single determination **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2021 Medicare Utilization:** 14,911 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.06 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

94761 Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise) **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2021 Medicare Utilization:** 9,556 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.10 **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

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

Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

94770 Carbon dioxide, expired gas determination by infrared analyzer **Global:** **Issue:** Evaluation of Wheezing **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 25 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: February 2008

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 September 2019

Referred to CPT Asst **Published in CPT Asst:** Mar 2014

95004 Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests **Global:** XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI

First Identified: October 2010

2021 Medicare Utilization: 8,361,486

2023 Work RVU: 0.01

2023 NF PE RVU: 0.10

2023 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.01

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95010 Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests **Global:** **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI

First Identified: October 2010

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 February 2012

Referred to CPT Asst **Published in CPT Asst:**

95012 Nitric oxide expired gas determination **Global:** XXX **Issue:** Exhaled Nitric Oxide Measurement (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019

Tab: 26 **Specialty Developing Recommendation:** AAAAI, ACAAI, ATS, CHEST

First Identified: October 2018

2021 Medicare Utilization: 76,958

2023 Work RVU: 0.00

2023 NF PE RVU: 0.55

2023 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

95015 Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests **Global:** **Issue:** Intracutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI

First Identified: October 2010

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 February 2012

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95017 Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra-dermal), 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 **Result:** Decrease

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

95018 Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra-dermal), 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 **Result:** Decrease

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

95024 Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests **Global:** XXX **Issue:** Intracutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** JCAAI, ACAA, AAAA, 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 **Result:** PE Only

RUC Recommendation: New PE Inputs. **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95027 Intracutaneous (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 Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2021 Medicare Utilization:** 126,261 **2023 Work RVU:** 0.01 **2023 NF PE RVU:** 0.13 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.01 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection **Global:** XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2021 Medicare Utilization:** 820,003 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.29 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95117 Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections **Global:** XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2021 Medicare Utilization:** 2,467,399 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.34 **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

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 **Result:** Maintain

RUC Recommendation: 0.06 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95148 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms **Global:** XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2021 Medicare Utilization:** 18,727 **2023 Work RVU:** 0.06 **2023 NF PE RVU:** 2.53 **2023 Fac PE RVU:** 0.02 **Result:** Maintain

RUC Recommendation: 0.06 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses) **Global:** XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2021 Medicare Utilization:** 6,638,389 **2023 Work RVU:** 0.06 **2023 NF PE RVU:** 0.38 **2023 Fac PE RVU:** 0.03 **Result:** Maintain

RUC Recommendation: 0.06 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95249 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording **Global:** XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES, ACP **First Identified:** **2021 Medicare Utilization:** 14,677 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 1.78 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: PE Only **Referred to CPT:** June 2017 **Referred to CPT Asst:** **Published in CPT Asst:** June 2018

95250 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording **Global:** XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES **First Identified:** October 2013 **2021 Medicare Utilization:** 45,743 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 4.30 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE inputs **Referred to CPT:** October 2015 & February 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report **Global:** XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES **First Identified:** April 2013 **2021 Medicare Utilization:** 440,819 **2023 Work RVU:** 0.70 **2023 NF PE RVU:** 0.28 **2023 Fac PE RVU:** 0.28 **Result:** Decrease

RUC Recommendation: 0.70. **Referred to CPT:** February 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95700 Electroencephalogram (eeg) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by eeg technologist, minimum of 8 channels **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 14,757 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: Review action plan. PE Only **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95705 Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 749 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: PE Only **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95706 Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 257 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: PE Only **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95707 Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 128 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

95708 Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 8,123 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

95709 Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 1,311 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95710 Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 170 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: PE Only **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95711 Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; unmonitored **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 142 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: PE Only **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95712 Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 1,156 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: PE Only **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95713 Electroencephalogram with video (veeg), review of data, technical description by **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes
 eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance

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 **Result:** PE Only

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

95714 Electroencephalogram with video (veeg), review of data, technical description by **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes
 eeg technologist, each increment of 12-26 hours; unmonitored

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 **Result:** PE Only

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

95715 Electroencephalogram with video (veeg), review of data, technical description by **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes
 eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance

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 **Result:** PE Only

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95716 Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **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 **Result:** PE Only

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

95717 Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **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 **Result:** Decrease

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

95718 Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; with video (veeg) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **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 **Result:** Decrease

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95719 Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 5,951 **2023 Work RVU:** 3.00 **2023 NF PE RVU:** 1.44 **2023 Fac PE RVU:** 1.38 **Result:** Decrease

RUC Recommendation: 3.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95720 Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; with video (veeg) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 129,650 **2023 Work RVU:** 3.86 **2023 NF PE RVU:** 1.98 **2023 Fac PE RVU:** 1.87 **Result:** Decrease

RUC Recommendation: 3.86 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95721 Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 2,560 **2023 Work RVU:** 3.86 **2023 NF PE RVU:** 1.97 **2023 Fac PE RVU:** 1.85 **Result:** Decrease

RUC Recommendation: 3.86 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95722 Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, with video (veeg) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 1,997 **2023 Work RVU:** 4.70 **2023 NF PE RVU:** 2.38 **2023 Fac PE RVU:** 2.24 **Result:** Decrease

RUC Recommendation: 4.70 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95723 Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 2,590 **2023 Work RVU:** 4.75 **2023 NF PE RVU:** 2.38 **2023 Fac PE RVU:** 2.24 **Result:** Decrease

RUC Recommendation: 4.75 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95724 Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, with video (veeg) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 4,054 **2023 Work RVU:** 6.00 **2023 NF PE RVU:** 2.98 **2023 Fac PE RVU:** 2.82 **Result:** Decrease

RUC Recommendation: 6.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95725 Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, without video **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 229 **2023 Work RVU:** 5.40 **2023 NF PE RVU:** 2.75 **2023 Fac PE RVU:** 2.57 **Result:** Decrease

RUC Recommendation: 5.40 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95726 Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, with video (veeg) **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2021 Medicare Utilization:** 624 **2023 Work RVU:** 7.58 **2023 NF PE RVU:** 3.82 **2023 Fac PE RVU:** 3.60 **Result:** Decrease

RUC Recommendation: 7.58 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2021 Medicare Utilization:** 50,031 **2023 Work RVU:** 0.85 **2023 NF PE RVU:** 3.54 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.05 **Referred to CPT** October 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95801 Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2021 Medicare Utilization:** 237 **2023 Work RVU:** 0.85 **2023 NF PE RVU:** 1.86 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.00 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

95803 Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2021 Medicare Utilization:** 181 **2023 Work RVU:** 0.90 **2023 NF PE RVU:** 3.22 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2021 Medicare Utilization:** 1,910 **2023 Work RVU:** 1.20 **2023 NF PE RVU:** 11.14 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.20 **Referred to CPT:** October 2009 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95806 Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement) **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

First Identified: October 2009

2021 Medicare Utilization: 93,817

2023 Work RVU: 0.93
2023 NF PE RVU: 1.75
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.28

Referred to CPT October 2009
Referred to CPT Asst **Published in CPT Asst:**

95807 Sleep study, simultaneous recording of ventilation, respiratory effort, ecg or heart rate, and oxygen saturation, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

First Identified: October 2009

2021 Medicare Utilization: 1,205

2023 Work RVU: 1.28
2023 NF PE RVU: 10.13
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.25

Referred to CPT October 2009
Referred to CPT Asst **Published in CPT Asst:**

95808 Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

First Identified: October 2009

2021 Medicare Utilization: 1,007

2023 Work RVU: 1.74
2023 NF PE RVU: 14.49
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.74

Referred to CPT October 2009
Referred to CPT Asst **Published in CPT Asst:**

95810 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

First Identified: February 2010

2021 Medicare Utilization: 179,842

2023 Work RVU: 2.50
2023 NF PE RVU: 15.41
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.50

Referred to CPT October 2009
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95811 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

First Identified: October 2009

2021 Medicare Utilization: 195,976

2023 Work RVU: 2.60
2023 NF PE RVU: 16.12
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.60

Referred to CPT October 2009
Referred to CPT Asst **Published in CPT Asst:**

95812 Electroencephalogram (eeg) extended monitoring; 41-60 minutes **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: July 2015

2021 Medicare Utilization: 21,275

2023 Work RVU: 1.08
2023 NF PE RVU: 9.16
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

95813 Electroencephalogram (eeg) extended monitoring; 61-119 minutes **Global:** XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: July 2015

2021 Medicare Utilization: 23,070

2023 Work RVU: 1.63
2023 NF PE RVU: 11.08
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.63

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95816 Electroencephalogram (eeg); including recording awake and drowsy **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2021 Medicare Utilization:** 236,062 **2023 Work RVU:** 1.08
2023 NF PE RVU: 10.28
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.08 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

95819 Electroencephalogram (eeg); including recording awake and asleep **Global:** XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** September 2011 **2021 Medicare Utilization:** 161,385 **2023 Work RVU:** 1.08
2023 NF PE RVU: 12.11
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.08 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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
Result: Maintain

RUC Recommendation: 1.08 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst **Published in CPT Asst:**

95832 Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

First Identified: October 2017

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 September 2018

Referred to CPT Asst **Published in CPT Asst:**

95833 Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

First Identified: October 2017

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 September 2018

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95834 Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA

First Identified: October 2017

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 September 2018
Referred to CPT Asst **Published in CPT Asst:**

95851 Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022

Tab: 13 **Specialty Developing Recommendation:** APTA

First Identified: April 2022

2021 Medicare Utilization: 28,905

2023 Work RVU: 0.16
2023 NF PE RVU: 0.46
2023 Fac PE RVU: 0.06
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

95860 Needle electromyography; 1 extremity with or without related paraspinal areas **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over \$10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: October 2009

2021 Medicare Utilization: 2,639

2023 Work RVU: 0.96
2023 NF PE RVU: 2.34
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.96

Referred to CPT February 2011 & October 2011
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95861 Needle electromyography; 2 extremities with or without related paraspinal areas **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2021 Medicare Utilization:** 45,050 **2023 Work RVU:** 1.54 **2023 NF PE RVU:** 3.17 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

95863 Needle electromyography; 3 extremities with or without related paraspinal areas **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2021 Medicare Utilization:** 135 **2023 Work RVU:** 1.87 **2023 NF PE RVU:** 4.26 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.87 **Referred to CPT** February 2011 & October 2011 **Referred to CPT Asst** **Published in CPT Asst:**

95864 Needle electromyography; 4 extremities with or without related paraspinal areas **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2021 Medicare Utilization:** 1,488 **2023 Work RVU:** 1.99 **2023 NF PE RVU:** 4.87 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.99 **Referred to CPT** February 2011 & October 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95867 Needle electromyography; cranial nerve supplied muscle(s), unilateral **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** 2021 **Medicare Utilization:** 1,320 **2023 Work RVU:** 0.79 **2023 NF PE RVU:** 2.36 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.79 **Referred to CPT** October 2011 **Referred to CPT Asst** **Published in CPT Asst:**

95868 Needle electromyography; cranial nerve supplied muscles, bilateral **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** 2021 **Medicare Utilization:** 4,055 **2023 Work RVU:** 1.18 **2023 NF PE RVU:** 2.93 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Referred to CPT Asst** **Published in CPT Asst:**

95869 Needle electromyography; thoracic paraspinal muscles (excluding t1 or t12) **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2021 Medicare Utilization:** 450 **2023 Work RVU:** 0.37 **2023 NF PE RVU:** 2.47 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95870 Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: October 2011

2021 Medicare Utilization: 54,575

2023 Work RVU: 0.37
2023 NF PE RVU: 2.09
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.37

Referred to CPT October 2011

Referred to CPT Asst **Published in CPT Asst:**

95885 Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA

First Identified: February 2010

2021 Medicare Utilization: 125,139

2023 Work RVU: 0.35
2023 NF PE RVU: 1.49
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.35

Referred to CPT February 2011 and October 2011

Referred to CPT Asst **Published in CPT Asst:**

95886 Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA

First Identified: February 2010

2021 Medicare Utilization: 855,049

2023 Work RVU: 0.86
2023 NF PE RVU: 2.01
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.92

Referred to CPT February 2011 and October 2011

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95887 Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA

First Identified: February 2010

2021 Medicare Utilization: 14,550

2023 Work RVU: 0.71

2023 NF PE RVU: 1.75

2023 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.73

Referred to CPT February 2011 and October 2011

Referred to CPT Asst **Published in CPT Asst:**

95900 Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study **Global:** **Issue:** EMG in Conjunction with Nerve Testing **Screen:** MPC List / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: October 2010

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 2011 & February 2012

Referred to CPT Asst **Published in CPT Asst:**

95903 Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study **Global:** **Issue:** EMG in Conjunction with Nerve Testing **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: September 2011

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 2011 and February 2012 & February 2012

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95904 Nerve conduction, amplitude and latency/velocity study, each nerve; sensory **Global:** **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **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** February 2011 & October 2011 & February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

95907 Nerve conduction studies; 1-2 studies **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2021 Medicare Utilization:** 5,830 **2023 Work RVU:** 1.00 **2023 NF PE RVU:** 1.62 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

95908 Nerve conduction studies; 3-4 studies **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2021 Medicare Utilization:** 48,008 **2023 Work RVU:** 1.25 **2023 NF PE RVU:** 2.02 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95909 Nerve conduction studies; 5-6 studies

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: 2021 Medicare Utilization: 113,947

2023 Work RVU: 1.50
2023 NF PE RVU: 2.42
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.77

Referred to CPT February 2012
Referred to CPT Asst **Published in CPT Asst:**

95910 Nerve conduction studies; 7-8 studies

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: 2021 Medicare Utilization: 133,327

2023 Work RVU: 2.00
2023 NF PE RVU: 3.13
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.80

Referred to CPT February 2012
Referred to CPT Asst **Published in CPT Asst:**

95911 Nerve conduction studies; 9-10 studies

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA

First Identified: 2021 Medicare Utilization: 157,280

2023 Work RVU: 2.50
2023 NF PE RVU: 3.69
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 3.34

Referred to CPT February 2012
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95912 Nerve conduction studies; 11-12 studies **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** 2021 **Medicare Utilization:** 69,190 **2023 Work RVU:** 3.00 **2023 NF PE RVU:** 4.23 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

95913 Nerve conduction studies; 13 or more studies **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** 2021 **Medicare Utilization:** 76,286 **2023 Work RVU:** 3.56 **2023 NF PE RVU:** 4.79 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

95921 Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded r-r interval, valsalva ratio, and 30:15 ratio **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2009 **2021 Medicare Utilization:** 47,812 **2023 Work RVU:** 0.90 **2023 NF PE RVU:** 1.66 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Refer to CPT. 0.90 **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:** Sep 2020

Status Report: CMS Requests and Relativity Assessment Issues

95922 Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and r-r interval changes during valsalva maneuver and at least 5 minutes of passive tilt **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** February 2008 **2021 Medicare Utilization:** 1,791 **2023 Work RVU:** 0.96 **2023 NF PE RVU:** 1.87 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Refer to CPT. 0.96 **Referred to CPT:** May 2024 **Referred to CPT Asst:** **Published in CPT Asst:** Dec 2008; Sep 2020

95923 Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (qsart), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2019 **2021 Medicare Utilization:** 94,672 **2023 Work RVU:** 0.90 **2023 NF PE RVU:** 2.73 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: Refer to CPT. 0.90 **Referred to CPT:** May 2024 **Referred to CPT Asst:** **Published in CPT Asst:** Sep 2020

95924 Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** **2021 Medicare Utilization:** 14,658 **2023 Work RVU:** 1.73 **2023 NF PE RVU:** 2.68 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: Refer to CPT. 1.73 **Referred to CPT:** May 2024 **Referred to CPT Asst:** **Published in CPT Asst:** Sep 2020

Status Report: CMS Requests and Relativity Assessment Issues

95925 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2021 Medicare Utilization:** 5,126 **2023 Work RVU:** 0.54 **2023 NF PE RVU:** 4.70 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

95926 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2021 Medicare Utilization:** 4,812 **2023 Work RVU:** 0.54 **2023 NF PE RVU:** 4.04 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95928 Central motor evoked potential study (transcranial motor stimulation); upper limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **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:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

95936 H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle **Global:** **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** **First Identified:** **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 2011 & February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

95937 Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method **Global:** XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2021 Medicare Utilization:** 26,083 **2023 Work RVU:** 0.65 **2023 NF PE RVU:** 2.45 **2023 Fac PE RVU:** NA **Result:** Remove from screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95938 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

First Identified: January 2013

2021 Medicare Utilization: 95,684

2023 Work RVU: 0.86
2023 NF PE RVU: 9.94
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.86 and new PE inputs

Referred to CPT October 2010

Referred to CPT Asst **Published in CPT Asst:**

95939 Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs **Global:** XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

First Identified: January 2013

2021 Medicare Utilization: 45,557

2023 Work RVU: 2.25
2023 NF PE RVU: 13.92
2023 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.25 and new PE inputs

Referred to CPT October 2010

Referred to CPT Asst **Published in CPT Asst:**

95940 Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab: 12 **Specialty Developing Recommendation:**

First Identified: January 2012

2021 Medicare Utilization: 26,130

2023 Work RVU: 0.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.31
Result: Decrease

RUC Recommendation: 0.60

Referred to CPT February 2012

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95941 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure) **Global:** XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Decrease

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Referred to CPT Asst** **Published in CPT Asst:**

95943 Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change **Global:** XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** January 2018 **2021 Medicare Utilization:** 14,326 **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Referred to CPT Asst** **Published in CPT Asst:**

95950 Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **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** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95951 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 13 **Specialty Developing Recommendation:**

First Identified: October 2016

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 May 2018

Referred to CPT Asst **Published in CPT Asst:**

95953 Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: February 2009

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

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

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95956 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: October 2008

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

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

Result: Maintain

RUC Recommendation: 1.98

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

95970 Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 37 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

First Identified: February 2010

2021 Medicare Utilization: 27,748

2023 Work RVU: 0.35

2023 NF PE RVU: 0.17

2023 Fac PE RVU: 0.16

Result: Maintain

RUC Recommendation: 0.45

Referred to CPT June 2017

Referred to CPT Asst **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95971 Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS

First Identified: October 2009

2021 Medicare Utilization: 18,280

2023 Work RVU: 0.78
2023 NF PE RVU: 0.57
2023 Fac PE RVU: 0.30
Result: Maintain

RUC Recommendation: 0.78

Referred to CPT February 2015, June 2017

Referred to CPT Asst **Published in CPT Asst:**

95972 Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS

First Identified: February 2010

2021 Medicare Utilization: 39,855

2023 Work RVU: 0.80
2023 NF PE RVU: 0.78
2023 Fac PE RVU: 0.30
Result: Decrease

RUC Recommendation: 0.80

Referred to CPT May 2014 February, June 2017

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95973 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

Global: **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015

Tab: 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS

First Identified: February 2010

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 February 2015
Referred to CPT Asst **Published in CPT Asst:**

95974 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

First Identified: July 2015

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 June 2017
Referred to CPT Asst **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95975 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

First Identified: July 2015

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 June 2017
Referred to CPT Asst **Published in CPT Asst:** Jul 2016

95976 Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022

Tab: 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

First Identified: June 2017

2021 Medicare Utilization: 6,886

2023 Work RVU: 0.73
2023 NF PE RVU: 0.38
2023 Fac PE RVU: 0.35
Result: Maintain

RUC Recommendation: 0.95

Referred to CPT June 2017
Referred to CPT Asst **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95977 Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional **Global:** XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022

Tab: 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS

First Identified: June 2017

2021 Medicare Utilization: 5,089

2023 Work RVU: 0.97

2023 NF PE RVU: 0.49

2023 Fac PE RVU: 0.47

Result: Maintain

RUC Recommendation: 1.19

Referred to CPT: June 2017

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT: June 2017

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT: June 2017

Referred to CPT Asst **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

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 **Result:** Maintain

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

95981 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming **Global:** XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2021 Medicare Utilization:** 624 **2023 Work RVU:** 0.30 **2023 NF PE RVU:** 0.79 **2023 Fac PE RVU:**0.17 **Result:** Maintain

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

95982 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming **Global:** XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2021 Medicare Utilization:** 982 **2023 Work RVU:** 0.65 **2023 NF PE RVU:** 0.98 **2023 Fac PE RVU:**0.31 **Result:** Maintain

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95983 Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2021 Medicare Utilization:** 37,366 **2023 Work RVU:** 0.91 **2023 NF PE RVU:** 0.48 **2023 Fac PE RVU:** 0.45 **Result:** Maintain

RUC Recommendation: 1.25 **Referred to CPT:** June 2017 **Referred to CPT Asst:** **Published in CPT Asst:** February 2019

95984 Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (list separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2021 Medicare Utilization:** 50,959 **2023 Work RVU:** 0.80 **2023 NF PE RVU:** 0.41 **2023 Fac PE RVU:** 0.40 **Result:** Maintain

RUC Recommendation: 1.00 **Referred to CPT:** June 2017 **Referred to CPT Asst:** **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95990 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; **Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2021 Medicare Utilization:** 908 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 2.64 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

95991 Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional **Global:** XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2021 Medicare Utilization:** 6,550 **2023 Work RVU:** 0.77 **2023 NF PE RVU:** 2.43 **2023 Fac PE RVU:** 0.32 **Result:** Maintain

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Referred to CPT Asst** **Published in CPT Asst:**

95992 Canalith repositioning procedure(s) (eg, epley maneuver, semont maneuver), per day **Global:** XXX **Issue:** **Screen:** Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2021 Medicare Utilization:** 115,801 **2023 Work RVU:** 0.75 **2023 NF PE RVU:** 0.50 **2023 Fac PE RVU:** 0.28 **Result:** Maintain

RUC Recommendation: Remove from Modifier -51 Exempt list. **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015

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 June 2017
Referred to CPT Asst **Published in CPT Asst:**

96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015

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 June 2017
Referred to CPT Asst **Published in CPT Asst:**

96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013

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 June 2017
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96105 Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by boston diagnostic aphasia examination) with interpretation and report, per hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2021 Medicare Utilization:** 3,401 **2023 Work RVU:** 1.75 **2023 NF PE RVU:** 1.05 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 1.75 **Referred to CPT:** June 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

96110 Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.31 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT:** June 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

96111 Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **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:** June 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96112 Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2021 Medicare Utilization:** 4,750 **2023 Work RVU:** 2.56 **2023 NF PE RVU:** 1.04 **2023 Fac PE RVU:** 1.00 **Result:** Decrease

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

96113 Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2021 Medicare Utilization:** 627 **2023 Work RVU:** 1.16 **2023 NF PE RVU:** 0.55 **2023 Fac PE RVU:** 0.44 **Result:** Decrease

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2021 Medicare Utilization:** 135,507 **2023 Work RVU:** 1.86 **2023 NF PE RVU:** 0.81 **2023 Fac PE RVU:** 0.43 **Result:** Maintain

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96118 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 08

Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN

First Identified: July 2015

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 June 2017

Referred to CPT Asst **Published in CPT Asst:**

96119 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 08

Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN

First Identified: July 2015

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 June 2017

Referred to CPT Asst **Published in CPT Asst:**

96120 Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report **Global:** **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 08

Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN

First Identified: April 2013

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 June 2017

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96121 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2021 Medicare Utilization:** 36,763 **2023 Work RVU:** 1.71 **2023 NF PE RVU:** 0.49 **2023 Fac PE RVU:** 0.23 **Result:** Decrease

RUC Recommendation: 1.71 **Referred to CPT:** June 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

96125 Standardized cognitive performance testing (eg, ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2021 Medicare Utilization:** 5,434 **2023 Work RVU:** 1.70 **2023 NF PE RVU:** 1.29 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.70 **Referred to CPT:** June 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

96127 Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [adhd] scale), with scoring and documentation, per standardized instrument **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2021 Medicare Utilization:** 497,436 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.13 **2023 Fac PE RVU:** NA **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT:** June 2017 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96130 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 20

Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN

First Identified: June 2017

2021 Medicare Utilization: 104,985

2023 Work RVU: 2.56

2023 NF PE RVU: 0.89

2023 Fac PE RVU: 0.55

Result: Decrease

RUC Recommendation: 2.50

Referred to CPT June 2017

Referred to CPT Asst **Published in CPT Asst:**

96131 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 20

Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN

First Identified: June 2017

2021 Medicare Utilization: 71,902

2023 Work RVU: 1.96

2023 NF PE RVU: 0.56

2023 Fac PE RVU: 0.26

Result: Decrease

RUC Recommendation: 1.90

Referred to CPT June 2017

Referred to CPT Asst **Published in CPT Asst:**

96132 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017

Tab: 08

Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN

First Identified: June 2017

2021 Medicare Utilization: 204,387

2023 Work RVU: 2.56

2023 NF PE RVU: 1.18

2023 Fac PE RVU: 0.47

Result: Decrease

RUC Recommendation: 2.50

Referred to CPT June 2017

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96133 Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2021 Medicare Utilization:** 332,219 **2023 Work RVU:** 1.96 **2023 NF PE RVU:** 0.92 **2023 Fac PE RVU:** 0.26 **Result:** Decrease

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

96136 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2021 Medicare Utilization:** 175,704 **2023 Work RVU:** 0.55 **2023 NF PE RVU:** 0.69 **2023 Fac PE RVU:** 0.12 **Result:** Decrease

RUC Recommendation: 0.55 **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

96137 Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2021 Medicare Utilization:** 328,424 **2023 Work RVU:** 0.46 **2023 NF PE RVU:** 0.69 **2023 Fac PE RVU:** 0.06 **Result:** Decrease

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96138 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2021 Medicare Utilization:** 182,454 **2023 Work RVU:** 0.00
2023 NF PE RVU: 1.00
2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017
Referred to CPT Asst **Published in CPT Asst:**

96139 Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2021 Medicare Utilization:** 344,259 **2023 Work RVU:** 0.00
2023 NF PE RVU: 1.03
2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017
Referred to CPT Asst **Published in CPT Asst:**

96146 Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only **Global:** XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2021 Medicare Utilization:** 8,281 **2023 Work RVU:** 0.00
2023 NF PE RVU: 0.06
2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96150 Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **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** September 2018 **Referred to CPT Asst** **Published in CPT Asst:**

96151 Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **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** September 2018 **Referred to CPT Asst** **Published in CPT Asst:**

96152 Health and behavior intervention, each 15 minutes, face-to-face; individual **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **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** September 2018 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96153 Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients) **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018

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 September 2018
Referred to CPT Asst **Published in CPT Asst:**

96154 Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present) **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** APA (psychology), NASW

First Identified: April 2017

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 September 2018
Referred to CPT Asst **Published in CPT Asst:**

96155 Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present) **Global:** **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018

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 September 2018
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96156 Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 41 **Specialty Developing Recommendation:**

First Identified: September 2018

2021 Medicare Utilization: 18,966

2023 Work RVU: 2.10
2023 NF PE RVU: 0.65
2023 Fac PE RVU: 0.33
Result: Increase

RUC Recommendation: 2.10

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

96158 Health behavior intervention, individual, face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 41 **Specialty Developing Recommendation:**

First Identified: September 2018

2021 Medicare Utilization: 40,810

2023 Work RVU: 1.45
2023 NF PE RVU: 0.43
2023 Fac PE RVU: 0.20
Result: Increase

RUC Recommendation: 1.45

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

96159 Health behavior intervention, individual, face-to-face; each additional 15 minutes (list separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 41 **Specialty Developing Recommendation:**

First Identified: September 2018

2021 Medicare Utilization: 36,634

2023 Work RVU: 0.50
2023 NF PE RVU: 0.15
2023 Fac PE RVU: 0.07
Result: Increase

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96164 Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 41 **Specialty Developing Recommendation:**

First Identified: September 2018

2021 Medicare Utilization: 12,608

2023 Work RVU: 0.21
2023 NF PE RVU: 0.07
2023 Fac PE RVU: 0.04
Result: Increase

RUC Recommendation: 0.21

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

96165 Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 41 **Specialty Developing Recommendation:**

First Identified: September 2018

2021 Medicare Utilization: 34,107

2023 Work RVU: 0.10
2023 NF PE RVU: 0.03
2023 Fac PE RVU: 0.02
Result: Increase

RUC Recommendation: 0.10

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

96167 Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 41 **Specialty Developing Recommendation:**

First Identified: September 2018

2021 Medicare Utilization: 1,275

2023 Work RVU: 1.55
2023 NF PE RVU: 0.45
2023 Fac PE RVU: 0.20
Result: Increase

RUC Recommendation: 1.55

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96168 Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 41 **Specialty Developing Recommendation:**

First Identified: September 2018

2021 Medicare Utilization: 1,123

2023 Work RVU: 0.55
2023 NF PE RVU: 0.16
2023 Fac PE RVU: 0.07
Result: Increase

RUC Recommendation: 0.55

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

96170 Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes **Global:** XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 41 **Specialty Developing Recommendation:**

First Identified: September 2018

2021 Medicare Utilization:

2023 Work RVU: 1.50
2023 NF PE RVU: 0.72
2023 Fac PE RVU: 0.58
Result: Increase

RUC Recommendation: 1.50

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

96171 Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) **Global:** ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 41 **Specialty Developing Recommendation:**

First Identified: September 2018

2021 Medicare Utilization:

2023 Work RVU: 0.54
2023 NF PE RVU: 0.26
2023 Fac PE RVU: 0.21
Result: Increase

RUC Recommendation: 0.54

Referred to CPT September 2018
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96202 Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes **Global:** XXX **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 11 **Specialty Developing Recommendation:** AACAP, AND, APA (psychology) **First Identified:** April 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 0.43 **2023 NF PE RVU:** 0.23 **2023 Fac PE RVU:** 0.17 **Result:** Not part of RAW

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

96203 Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (list separately in addition to code for primary service) **Global:** ZZZ **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2021 **2021 Medicare Utilization:** **2023 Work RVU:** 0.12 **2023 NF PE RVU:** 0.05 **2023 Fac PE RVU:** 0.05 **Result:** Not part of RAW

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

96360 Intravenous infusion, hydration; initial, 31 minutes to 1 hour **Global:** XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2021 Medicare Utilization:** 219,605 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.79 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96361 Intravenous infusion, hydration; each additional hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2021 Medicare Utilization:** 358,259 **2023 Work RVU:** 0.09 **2023 NF PE RVU:** 0.28 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.09 **Referred to CPT:** N/A **Referred to CPT Asst:** **Published in CPT Asst:**

96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour **Global:** XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2021 Medicare Utilization:** 1,336,860 **2023 Work RVU:** 0.21 **2023 NF PE RVU:** 1.66 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.21 **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

96366 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2021 Medicare Utilization:** 553,392 **2023 Work RVU:** 0.18 **2023 NF PE RVU:** 0.42 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.18 **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96367 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA

First Identified: September 2011

2021 Medicare Utilization: 1,145,470

2023 Work RVU: 0.19
2023 NF PE RVU: 0.66
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.19

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

96368 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA

First Identified: April 2013

2021 Medicare Utilization: 128,693

2023 Work RVU: 0.17
2023 NF PE RVU: 0.41
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular **Global:** XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 26 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh

First Identified: April 2013

2021 Medicare Utilization: 7,870,685

2023 Work RVU: 0.17
2023 NF PE RVU: 0.24
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT N/A
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug **Global:** XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2021 Medicare Utilization:** 232,764 **2023 Work RVU:** 0.18 **2023 NF PE RVU:** 0.91 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.18 **Referred to CPT:** N/A **Referred to CPT Asst:** **Published in CPT Asst:**

96375 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2021 Medicare Utilization:** 1,328,236 **2023 Work RVU:** 0.10 **2023 NF PE RVU:** 0.35 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.10 **Referred to CPT:** N/A **Referred to CPT Asst:** **Published in CPT Asst:**

96377 Application of on-body injector (includes cannula insertion) for timed subcutaneous injection **Global:** XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2021 Medicare Utilization:** 53,537 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.37 **2023 Fac PE RVU:** NA **Result:** Not Part of RAW

RUC Recommendation: 0.17 **Referred to CPT:** N/A **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96380 Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional **Global:** **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAP

First Identified: September 2023

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Not Part of RAW

RUC Recommendation: Survey for April 2024

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

96381 Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection **Global:** **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAP

First Identified: September 2023

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Not Part of RAW

RUC Recommendation: Survey for April 2024

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

96401 Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh

First Identified: July 2015

2021 Medicare Utilization: 733,731

2023 Work RVU: 0.21
2023 NF PE RVU: 1.92
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.21

Referred to CPT N/A
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96402 Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA

First Identified: July 2015

2021 Medicare Utilization: 387,086

2023 Work RVU: 0.19
2023 NF PE RVU: 0.80
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.19

Referred to CPT N/A
Referred to CPT Asst **Published in CPT Asst:**

96405 Chemotherapy administration; intralesional, up to and including 7 lesions **Global:** 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab: 55 **Specialty Developing Recommendation:** ASCO

First Identified: NA

2021 Medicare Utilization: 19,134

2023 Work RVU: 0.52
2023 NF PE RVU: 1.95
2023 Fac PE RVU: 0.30
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

96406 Chemotherapy administration; intralesional, more than 7 lesions **Global:** 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab: 55 **Specialty Developing Recommendation:** ASCO

First Identified: NA

2021 Medicare Utilization: 730

2023 Work RVU: 0.80
2023 NF PE RVU: 3.06
2023 Fac PE RVU: 0.46
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

96409 Chemotherapy administration; intravenous, push technique, single or initial substance/drug **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH

First Identified: July 2015

2021 Medicare Utilization: 57,524

2023 Work RVU: 0.24
2023 NF PE RVU: 2.71
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.24

Referred to CPT N/A
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96411 Chemotherapy administration; intravenous, push technique, each additional substance/drug (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2021 Medicare Utilization:** 136,948 **2023 Work RVU:** 0.20 **2023 NF PE RVU:** 1.41 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.20 **Referred to CPT:** N/A **Referred to CPT Asst:** **Published in CPT Asst:**

96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2021 Medicare Utilization:** 1,689,219 **2023 Work RVU:** 0.28 **2023 NF PE RVU:** 3.55 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

96415 Chemotherapy administration, intravenous infusion technique; each additional hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2021 Medicare Utilization:** 766,295 **2023 Work RVU:** 0.19 **2023 NF PE RVU:** 0.63 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 0.19 and new PE inputs **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96416 Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump **Global:** XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2021 Medicare Utilization:** 25,003

2023 Work RVU: 0.21
2023 NF PE RVU: 3.55
2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

96417 Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2021 Medicare Utilization:** 357,078

2023 Work RVU: 0.21
2023 NF PE RVU: 1.67
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.21 and new PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

96440 Chemotherapy administration into pleural cavity, requiring and including thoracentesis **Global:** 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** **First Identified:** NA **2021 Medicare Utilization:** 50

2023 Work RVU: 2.12
2023 NF PE RVU: 20.28
2023 Fac PE RVU: 1.68
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96567 Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day **Global:** XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2021 Medicare Utilization:** 43,661

2023 Work RVU: 0.00
2023 NF PE RVU: 4.20
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.00 PE Only

Referred to CPT September 2016
Referred to CPT Asst **Published in CPT Asst:**

96573 Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day **Global:** 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2021 Medicare Utilization:** 31,439

2023 Work RVU: 0.48
2023 NF PE RVU: 6.40
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.48

Referred to CPT September 2016
Referred to CPT Asst **Published in CPT Asst:**

96574 Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day **Global:** 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2021 Medicare Utilization:** 47,841

2023 Work RVU: 1.01
2023 NF PE RVU: 7.38
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.01

Referred to CPT September 2016
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96910 Photochemotherapy; tar and ultraviolet b (goeckerman treatment) or petrolatum and ultraviolet b **Global:** XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 44 **Specialty Developing Recommendation:** AAD

First Identified: July 2015

2021 Medicare Utilization: 312,471

2023 Work RVU: 0.00

2023 NF PE RVU: 3.51

2023 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: PE Only

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

96920 Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: 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

Result: Decrease

RUC Recommendation: 1.00

Referred to CPT February 2023

Referred to CPT Asst **Published in CPT Asst:** Sep 2016

96921 Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm **Global:** 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: 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

Result: Decrease

RUC Recommendation: 1.07

Referred to CPT February 2023

Referred to CPT Asst **Published in CPT Asst:** Sep 2016

Status Report: CMS Requests and Relativity Assessment Issues

96922 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
Result: Decrease

RUC Recommendation: 1.32 **Referred to CPT:** February 2023
Referred to CPT Asst: **Published in CPT Asst:** Sep 2016

97001 Physical therapy evaluation **Global:** **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** September 2011 **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:** February 2015
Referred to CPT Asst: **Published in CPT Asst:**

97002 Physical therapy re-evaluation **Global:** **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** February 2015 **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:** February 2015
Referred to CPT Asst: **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97003 Occupational therapy evaluation **Global:** **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** February 2015 **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** February 2015
Referred to CPT Asst **Published in CPT Asst:**

97004 Occupational therapy re-evaluation **Global:** **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** February 2015 **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** February 2015
Referred to CPT Asst **Published in CPT Asst:**

97010 Application of a modality to 1 or more areas; hot or cold packs **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2021 Medicare Utilization:** 2 **2023 Work RVU:** 0.06
2023 NF PE RVU: 0.12
2023 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: No specialty society interest **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97012 Application of a modality to 1 or more areas; traction, mechanical **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.25 **Referred to CPT**
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 / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97016 Application of a modality to 1 or more areas; vasopneumatic devices **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97018 Application of a modality to 1 or more areas; paraffin bath **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - NRPM for 2024 **Complete?** No

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
Result: Maintain

RUC Recommendation: 0.06 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97022 Application of a modality to 1 or more areas; whirlpool **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - NRPM for 2024 **Complete?** No

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
Result: Maintain

RUC Recommendation: 0.17 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97032 Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - NRPM for 2024 **Complete?** No

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
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

97033 Application of a modality to 1 or more areas; iontophoresis, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.26 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97034 Application of a modality to 1 or more areas; contrast baths, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.21 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97035 Application of a modality to 1 or more areas; ultrasound, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2/ CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.21 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.45 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97112 Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Increase

RUC Recommendation: 0.50 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97113 Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Increase

RUC Recommendation: 0.48 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Increase

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

97127 Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact **Global:** **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: 1.50 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

97140 Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.43 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97150 Therapeutic procedure(s), group (2 or more individuals) **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** **Specialty Developing Recommendation:** APTA **First Identified:** April 2011 **2021 Medicare Utilization:** 1,525,578 **2023 Work RVU:** 0.29 **2023 NF PE RVU:** 0.23 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.29 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

97161 Physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/or comorbidities that impact the plan of care; an examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; a clinical presentation with stable and/or uncomplicated characteristics; and clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. typically, 20 minutes are spent face-to-face with the patient and/or family. **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2021 Medicare Utilization:** 1,457,142 **2023 Work RVU:** 1.54 **2023 NF PE RVU:** 1.42 **2023 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97162 Physical therapy evaluation: moderate complexity, requiring these components: 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

Result: Decrease

RUC Recommendation: 1.18

Referred to CPT February 2015

Referred to CPT Asst **Published in CPT Asst:**

97163 Physical therapy evaluation: high complexity, requiring these components: 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

Result: Maintain

RUC Recommendation: 1.50

Referred to CPT February 2015

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97164 Re-evaluation of physical therapy established plan of care, requiring these components: an examination including a review of history and use of standardized tests and measures is required; and revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome typically, 20 minutes are spent face-to-face with the patient and/or family.

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab: 17 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2015

2021 Medicare Utilization: 503,936

2023 Work RVU: 0.96

2023 NF PE RVU: 1.08

2023 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.75

Referred to CPT February 2015

Referred to CPT Asst **Published in CPT Asst:**

97165 Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; an assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. patient presents with no comorbidities that affect occupational performance. modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. typically, 30 minutes are spent face-to-face with the patient and/or family.

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab: 17 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2015

2021 Medicare Utilization: 148,116

2023 Work RVU: 1.54

2023 NF PE RVU: 1.42

2023 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.88

Referred to CPT February 2015

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97166 Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. patient may present with comorbidities that affect occupational performance. minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 45 minutes are spent face-to-face with the patient and/or family.

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2021 Medicare Utilization:** 119,073 **2023 Work RVU:** 1.54 **2023 NF PE RVU:** 1.42 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Referred to CPT Asst** **Published in CPT Asst:**

97167 Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; an assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. patient presents with comorbidities that affect occupational performance. significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. typically, 60 minutes are spent face-to-face with the patient and/or family.

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2021 Medicare Utilization:** 23,075 **2023 Work RVU:** 1.54 **2023 NF PE RVU:** 1.42 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 Re-evaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan of care; an update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and a revised plan of care. a formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. typically, 30 minutes are spent face-to-face with the patient and/or family.

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2021 Medicare Utilization:** 32,891 **2023 Work RVU:** 0.96 **2023 NF PE RVU:** 1.07 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.80 **Referred to CPT:** February 2015 **Referred to CPT Asst:** **Published in CPT Asst:**

97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.44 **Referred to CPT:** **Referred to CPT Asst:** **Published in CPT Asst:**

97532 Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA, ASHA, APA (psychology) **First Identified:** April 2013 **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:** September 2016 **Referred to CPT Asst:** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Increase

RUC Recommendation: 0.48 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97535 Self-care/home management training (eg, activities of daily living (adl) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.45 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Article no longer necessary

97537 Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Increase

RUC Recommendation: 0.48 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97542 Wheelchair management (eg, assessment, fitting, training), each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 / CMS Request - NRPMS for 2024 **Complete?** No

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
Result: Increase

RUC Recommendation: 0.48

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

97597 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less **Global:** 000 **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA

First Identified: September 2007

2021 Medicare Utilization: 745,666

2023 Work RVU: 0.77
2023 NF PE RVU: 2.18
2023 Fac PE RVU: 0.22
Result: Increase

RUC Recommendation: 0.88

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

97598 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018

Tab: 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA

First Identified: September 2007

2021 Medicare Utilization: 143,440

2023 Work RVU: 0.50
2023 NF PE RVU: 0.78
2023 Fac PE RVU: 0.17
Result: Increase

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97602 Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2016 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Maintain

RUC Recommendation: Maintain **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97605 Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2021 Medicare Utilization:** 45,050 **2023 Work RVU:** 0.55 **2023 NF PE RVU:** 0.71 **2023 Fac PE RVU:** 0.17 **Result:** Maintain

RUC Recommendation: 0.55 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97606 Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2021 Medicare Utilization:** 16,957 **2023 Work RVU:** 0.60 **2023 NF PE RVU:** 0.91 **2023 Fac PE RVU:** 0.18 **Result:** Maintain

RUC Recommendation: 0.60 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS

First Identified: May 2013

2021 Medicare Utilization: 8,276

2023 Work RVU: 0.41
2023 NF PE RVU: 10.48
2023 Fac PE RVU: 0.17
Result: Decrease

RUC Recommendation: 0.11

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

97608 Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters **Global:** XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS

First Identified: May 2013

2021 Medicare Utilization: 1,476

2023 Work RVU: 0.46
2023 NF PE RVU: 10.44
2023 Fac PE RVU: 0.19
Result: Decrease

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

97610 Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 47 **Specialty Developing Recommendation:**

First Identified: April 2016

2021 Medicare Utilization: 37,545

2023 Work RVU: 0.40
2023 NF PE RVU: 12.91
2023 Fac PE RVU: 0.12
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97755 Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** February 2008 **2021 Medicare Utilization:** 3,154 **2023 Work RVU:** 0.62 **2023 NF PE RVU:** 0.51 **2023 Fac PE RVU:** NA **Result:** Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2021 Medicare Utilization:** 55,538 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 0.94 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

97761 Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2021 Medicare Utilization:** 4,165 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 0.74 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes **Global:** **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **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** September 2016 **Referred to CPT Asst** **Published in CPT Asst:**

97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2021 Medicare Utilization:** 39,975 **2023 Work RVU:** 0.48 **2023 NF PE RVU:** 1.10 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 0.48 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2021 Medicare Utilization:** 195,588 **2023 Work RVU:** 0.53 **2023 NF PE RVU:** 0.55 **2023 Fac PE RVU:** 0.42 **Result:** Increase

RUC Recommendation: 0.53 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97803 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2021 Medicare Utilization:** 189,626 **2023 Work RVU:** 0.45 **2023 NF PE RVU:** 0.49 **2023 Fac PE RVU:** 0.35 **Result:** Increase

RUC Recommendation: 0.45 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97810 Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient **Global:** XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2021 Medicare Utilization:** 52,629 **2023 Work RVU:** 0.60 **2023 NF PE RVU:** 0.50 **2023 Fac PE RVU:** 0.27 **Result:**

RUC Recommendation: Flag for re-review. 0.61 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

97811 Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2021 Medicare Utilization:** 61,711 **2023 Work RVU:** 0.50 **2023 NF PE RVU:** 0.32 **2023 Fac PE RVU:** 0.23 **Result:**

RUC Recommendation: Flag for re-review. 0.46 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97813 Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient **Global:** XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **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 **Result:**

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

97814 Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **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 **Result:**

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

98925 Osteopathic manipulative treatment (omt); 1-2 body regions involved **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **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 **Result:** Increase

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98926 Osteopathic manipulative treatment (omt); 3-4 body regions involved **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2021 Medicare Utilization:** 84,547 **2023 Work RVU:** 0.71 **2023 NF PE RVU:** 0.58 **2023 Fac PE RVU:** 0.28 **Result:** Increase

RUC Recommendation: 0.75 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

98927 Osteopathic manipulative treatment (omt); 5-6 body regions involved **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA **First Identified:** October 2009 **2021 Medicare Utilization:** 81,029 **2023 Work RVU:** 0.96 **2023 NF PE RVU:** 0.72 **2023 Fac PE RVU:** 0.35 **Result:** Increase

RUC Recommendation: 1.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

98928 Osteopathic manipulative treatment (omt); 7-8 body regions involved **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2021 Medicare Utilization:** 84,113 **2023 Work RVU:** 1.21 **2023 NF PE RVU:** 0.84 **2023 Fac PE RVU:** 0.44 **Result:** Increase

RUC Recommendation: 1.25 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

98929 Osteopathic manipulative treatment (omt); 9-10 body regions involved **Global:** 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA **First Identified:** February 2010 **2021 Medicare Utilization:** 75,926 **2023 Work RVU:** 1.46 **2023 NF PE RVU:** 0.95 **2023 Fac PE RVU:** 0.52 **Result:** Increase

RUC Recommendation: 1.50 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98940 Chiropractic manipulative treatment (cmt); spinal, 1-2 regions **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2021 Medicare Utilization:** 4,519,636 **2023 Work RVU:** 0.46 **2023 NF PE RVU:** 0.35 **2023 Fac PE RVU:** 0.18 **Result:** Increase

RUC Recommendation: 0.46 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

98941 Chiropractic manipulative treatment (cmt); spinal, 3-4 regions **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2021 Medicare Utilization:** 12,786,088 **2023 Work RVU:** 0.71 **2023 NF PE RVU:** 0.46 **2023 Fac PE RVU:** 0.28 **Result:** Increase

RUC Recommendation: 0.71 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

98942 Chiropractic manipulative treatment (cmt); spinal, 5 regions **Global:** 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2021 Medicare Utilization:** 939,532 **2023 Work RVU:** 0.96 **2023 NF PE RVU:** 0.56 **2023 Fac PE RVU:** 0.38 **Result:** Increase

RUC Recommendation: 0.96 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

98943 Chiropractic manipulative treatment (cmt); extraspinal, 1 or more regions **Global:** XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA **First Identified:** September 2011 **2021 Medicare Utilization:** **2023 Work RVU:** 0.46 **2023 NF PE RVU:** 0.28 **2023 Fac PE RVU:** 0.18 **Result:** Increase

RUC Recommendation: 0.46 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Deleted from CPT

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** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Deleted from CPT

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** **Referred to CPT Asst** **Published in CPT Asst:** **Result:** Deleted from CPT

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

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
Result: PE Only

RUC Recommendation: PE Only

Referred to CPT May 2014
Referred to CPT Asst **Published in CPT Asst:**

99177 Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis **Global:** XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014

Tab: 09

Specialty Developing Recommendation:

First Identified: May 2014

2021 Medicare Utilization:

2023 Work RVU: 0.00
2023 NF PE RVU: 0.13
2023 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: PE Only

Referred to CPT May 2014
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99183 Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session **Global:** XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 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
Result: Decrease

RUC Recommendation: Refer to CPT. 2.11

Referred to CPT
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
Result: Increase

RUC Recommendation: 0.48

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

99282 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 29 **Specialty Developing Recommendation:** AAP, ACEP

First Identified: June 2017

2021 Medicare Utilization: 286,892

2023 Work RVU: 0.93
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.21
Result: Increase

RUC Recommendation: 0.93

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99283 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2021 Medicare Utilization:** 1,962,566 **2023 Work RVU:** 1.60 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 0.35 **Result:** Increase

RUC Recommendation: 1.42 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

99284 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2021 Medicare Utilization:** 4,022,787 **2023 Work RVU:** 2.74 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 0.57 **Result:** Increase

RUC Recommendation: 2.60 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

99285 Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making **Global:** XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2021 Medicare Utilization:** 9,200,375 **2023 Work RVU:** 4.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 0.79 **Result:** Maintain

RUC Recommendation: 3.80 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99358 Prolonged evaluation and management service before and/or after direct patient care; first hour **Global:** XXX **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021

Tab: 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS

First Identified: November 2019 **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
Referred to CPT Asst **Published in CPT Asst:**

Result: Decrease

99359 Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (list separately in addition to code for prolonged service) **Global:** ZZZ **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021

Tab: 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS

First Identified: November 2019 **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
Referred to CPT Asst **Published in CPT Asst:**

Result: Decrease

99363 Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements) **Global:** **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 19 **Specialty Developing Recommendation:**

First Identified: September 2016 **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 September 2016
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:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst **Published in CPT Asst:**

99375 Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more **Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2016

2021 Medicare Utilization:

2023 Work RVU: 1.73
2023 NF PE RVU: 1.16
2023 Fac PE RVU: 0.67
Result: Remove from Screen

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99378 Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2016

2021 Medicare Utilization:

2023 Work RVU: 1.73
2023 NF PE RVU: 1.16
2023 Fac PE RVU: 0.67
Result: Remove from Screen

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

99415 Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (list separately in addition to code for outpatient evaluation and management service)

Global: ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS

First Identified: February 2022

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
Referred to CPT Asst **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99416 Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (list separately in addition to code for prolonged service) **Global:** ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS **First Identified:** 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:** AAFF, 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 **Result:**

RUC Recommendation: Review action plan. **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

99459 Pelvic examination (List separately in addition to code for primary procedure) **Global:** **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:**

Status Report: CMS Requests and Relativity Assessment Issues

99491 Chronic care management services with the following required elements: **Global:** XXX **Issue:** Chronic Care Management Services **Screen:** New and Revised Service (Not part of RAW) **Complete?** Yes
 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.

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
Result: Not Part of RAW

RUC Recommendation: 1.45. Refer to CPT Assistant

Referred to CPT Referred to CPT Asst **Published in CPT Asst:** Oct 2018

99492 Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: **Global:** XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes
 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.

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
Result: Maintain

RUC Recommendation: Maintain, remove from screen.

Referred to CPT Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99493 Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.

Global: XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023

Tab: 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry)

First Identified: October 2019

2021 Medicare Utilization: 33,086

2023 Work RVU: 2.05
2023 NF PE RVU: 2.04
2023 Fac PE RVU: 0.82
Result: Maintain

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

99494 Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure)

Global: ZZZ **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023

Tab: 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry)

First Identified: October 2019

2021 Medicare Utilization: 20,625

2023 Work RVU: 0.82
2023 NF PE RVU: 0.83
2023 Fac PE RVU: 0.32
Result: Maintain

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99495 Transitional care management services with the following required elements: 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 **Result:** Increase

RUC Recommendation: Withdrawn **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

99496 Transitional care management services with the following required elements: 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 **Result:** Increase

RUC Recommendation: Withdrawn **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

99497 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate **Global:** XXX **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2021 Medicare Utilization:** 2,057,930 **2023 Work RVU:** 1.50 **2023 NF PE RVU:** 0.85 **2023 Fac PE RVU:** 0.63 **Result:** Maintain

RUC Recommendation: 1.50 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Dec 2014

Status Report: CMS Requests and Relativity Assessment Issues

99498 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2021 Medicare Utilization:** 62,186 **2023 Work RVU:** 1.40 **2023 NF PE RVU:** 0.62 **2023 Fac PE RVU:** 0.61 **Result:** Maintain

RUC Recommendation: 1.40 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:** Dec 2014

9X075 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Maintain

RUC Recommendation: 0.93 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

9X076 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Maintain

RUC Recommendation: 1.60 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

9X077 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 2.60 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Maintain

9X078 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 3.50 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Maintain

9X079 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 0.70 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Maintain

9X080 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 1.30 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

9X081 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 1.92 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Maintain

9X082 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 2.60 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Decrease

9X083 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 0.90 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Decrease

9X084 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 1.55 **Referred to CPT** **2023 NF PE RVU:** **2023 Fac PE RVU:**
Referred to CPT Asst **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

9X085 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Decrease

RUC Recommendation: 2.42 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

9X086 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Decrease

RUC Recommendation: 3.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

9X087 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Decrease

RUC Recommendation: 0.65 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

9X088 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Decrease

RUC Recommendation: 1.20 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

9X089 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 1.75 **2023 NF PE RVU:** **2023 Fac PE RVU:**
Result: Decrease

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

9X090 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 2.60 **2023 NF PE RVU:** **2023 Fac PE RVU:**
Result: Decrease

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

9X091 **Global:** **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2021 Medicare Utilization:** **2023 Work RVU:**
RUC Recommendation: 0.30 **2023 NF PE RVU:** **2023 Fac PE RVU:**
Result: Increase

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

G0008 Administration of influenza virus vaccine **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2021 Medicare Utilization:** **2023 Work RVU:** 0.00
RUC Recommendation: 0.17 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00
Result: Maintain

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0009 Administration of pneumococcal vaccine **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021

Tab: 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA

First Identified: July 2020

2021 Medicare Utilization:

2023 Work RVU: 0.00

2023 NF PE RVU: 0.00

2023 Fac PE RVU: 0.00

Result: Maintain

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

G0010 Administration of hepatitis b vaccine **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021

Tab: 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA

First Identified: July 2020

2021 Medicare Utilization:

2023 Work RVU: 0.00

2023 NF PE RVU: 0.00

2023 Fac PE RVU: 0.00

Result: Maintain

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

G0101 Cervical or vaginal cancer screening; pelvic and clinical breast examination **Global:** XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016

Tab: 35 **Specialty Developing Recommendation:** ACOG

First Identified: October 2010

2021 Medicare Utilization: 838,279

2023 Work RVU: 0.45

2023 NF PE RVU: 0.65

2023 Fac PE RVU: 0.30

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

G0102 Prostate cancer screening; digital rectal examination **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 30 **Specialty Developing Recommendation:**

First Identified: October 2016

2021 Medicare Utilization: 16,666

2023 Work RVU: 0.18

2023 NF PE RVU: 0.50

2023 Fac PE RVU: 0.07

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0104 Colorectal cancer screening; flexible sigmoidoscopy Global: 000 Issue: Flexible Sigmoidoscopy Screen: MPC List Complete? Yes

Most Recent RUC Meeting: January 2014 Tab: 09 Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, SAGES, ACS First Identified: January 2014 2021 Medicare Utilization: 2,780 2023 Work RVU: 0.84
2023 NF PE RVU: 4.64
2023 Fac PE RVU: 0.70
Result: Decrease

RUC Recommendation: 0.84 Referred to CPT October 2013
Referred to CPT Asst Published in CPT Asst:

G0105 Colorectal cancer screening; colonoscopy on individual at high risk Global: 000 Issue: Colonoscopy Screen: MPC List / CMS-Other Utilization over 20,000 Part3 Complete? Yes

Most Recent RUC Meeting: September 2022 Tab: 13 Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, ACS, SAGES First Identified: September 2011 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 **Result:** Decrease

RUC Recommendation: 3.36 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

G0124 Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician **Global:** XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP **First Identified:** October 2017 **2021 Medicare Utilization:** 42,486 **2023 Work RVU:** 0.26 **2023 NF PE RVU:** 0.41 **2023 Fac PE RVU:** 0.41 **Result:** Maintain

RUC Recommendation: 0.42 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

G0127 Trimming of dystrophic nails, any number **Global:** 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** APMA **First Identified:** April 2011 **2021 Medicare Utilization:** 1,094,310 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.52 **2023 Fac PE RVU:** 0.04 **Result:** Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0141 Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician **Global:** XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017

2021 Medicare Utilization: 2,482

2023 Work RVU: 0.26

2023 NF PE RVU: 0.41

2023 Fac PE RVU: 0.41

Result: Maintain

RUC Recommendation: 0.42

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

G0166 External counterpulsation, per treatment session **Global:** XXX **Issue:** External Counterpulsation **Screen:** CMS-Other - Utilization over 100,000 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2019

Tab: 14 **Specialty Developing Recommendation:** ACC

First Identified: April 2016

2021 Medicare Utilization: 56,720

2023 Work RVU: 0.00

2023 NF PE RVU: 3.08

2023 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: 0.00 (PE Only)

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

G0168 Wound closure utilizing tissue adhesive(s) only **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** CMS 000-Day Global Typically Reported with an E/M / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023

Tab: 07 **Specialty Developing Recommendation:** ACEP

First Identified: July 2016

2021 Medicare Utilization: 34,363

2023 Work RVU: 0.31

2023 NF PE RVU: 3.35

2023 Fac PE RVU: 0.07

Result: Maintain

RUC Recommendation: New PE inputs. 0.45

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0179 Physician or allowed practitioner re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care **Global:** XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2021 Medicare Utilization:** 709,965 **2023 Work RVU:** 0.45 **2023 NF PE RVU:** 0.74 **2023 Fac PE RVU:** NA **Result:** Remove from Screen

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT**

Referred to CPT Asst **Published in CPT Asst:**

G0180 Physician or allowed practitioner certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care **Global:** XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2021 Medicare Utilization:** 1,039,293 **2023 Work RVU:** 0.67 **2023 NF PE RVU:** 0.84 **2023 Fac PE RVU:** NA **Result:** Remove from Screen

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT**

Referred to CPT Asst **Published in CPT Asst:**

G0181 Physician or allowed practitioner supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans **Global:** XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2021 Medicare Utilization:** 394,397 **2023 Work RVU:** 1.73 **2023 NF PE RVU:** 1.24 **2023 Fac PE RVU:** NA **Result:** Remove from Screen

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed. **Referred to CPT**

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0182 Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2016 **2021 Medicare Utilization:** 32,082

2023 Work RVU: 1.73
2023 NF PE RVU: 1.26
2023 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

G0202 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015
Referred to CPT Asst **Published in CPT Asst:**

G0204 Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0206 Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring) **Global:** **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2021 Medicare Utilization:**

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015
Referred to CPT Asst **Published in CPT Asst:**

G0237 Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring) **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2021 Medicare Utilization:** 14,173

2023 Work RVU: 0.00
2023 NF PE RVU: 0.31
2023 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

G0238 Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring) **Global:** XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2021 Medicare Utilization:** 28,603

2023 Work RVU: 0.00
2023 NF PE RVU: 0.30
2023 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0248 Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC

First Identified: January 2016 **2021 Medicare Utilization:** 20,817

2023 Work RVU: 0.00
2023 NF PE RVU: 2.87
2023 Fac PE RVU: NA
Result: Deleted from CPT

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Referred to CPT Asst **Published in CPT Asst:**

G0249 Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2021 Medicare Utilization:** 1,046,142

2023 Work RVU: 0.00
2023 NF PE RVU: 2.00
2023 Fac PE RVU: NA
Result: Deleted from CPT

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Referred to CPT Asst **Published in CPT Asst:**

G0250 Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2021 Medicare Utilization:** 146,366

2023 Work RVU: 0.18
2023 NF PE RVU: 0.07
2023 Fac PE RVU: NA
Result: Deleted from CPT

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0268 Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing **Global:** 000 **Issue:** Removal of Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017

Tab: 35 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008

2021 Medicare Utilization: 157,400

2023 Work RVU: 0.61
2023 NF PE RVU: 0.87
2023 Fac PE RVU: 0.29
Result: Maintain

RUC Recommendation: 0.61

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes **Global:** XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 37 **Specialty Developing Recommendation:** ADA

First Identified: February 2008

2021 Medicare Utilization: 76,830

2023 Work RVU: 0.45
2023 NF PE RVU: 0.49
2023 Fac PE RVU: 0.35
Result: Maintain

RUC Recommendation: Maintain/Remove from screen

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

G0277 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval **Global:** XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: January 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
Result: PE Only

RUC Recommendation: Refer to CPT. PE Inputs

Referred to CPT
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 **Result:** Remove from Screen

RUC Recommendation: Recommend CMS delete **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care **Global:** XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 / CMS Request - NRPM for 2024 **Complete?** No

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 **Result:** Maintain

RUC Recommendation: 0.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0296 Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making) **Global:** XXX **Issue:** Counseling Visit for Lung Cancer **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2021 Medicare Utilization:** 48,793 **2023 Work RVU:** 0.52 **2023 NF PE RVU:** 0.28 **2023 Fac PE RVU:** 0.20 **Result:** Maintain

RUC Recommendation: Maintain **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0297 Low dose ct scan (ldct) for lung cancer screening

Global: **Issue:** Screening CT of Thorax

Screen: CMS-Other - Utilization over 30,000-Part2

Complete? Yes

Most Recent RUC Meeting: October 2019

Tab: 07

Specialty Developing Recommendation:

First Identified: October 2018

2021 Medicare Utilization:

2023 Work RVU:

2023 NF PE RVU:

2023 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: CMS Deleted for 2021. Recommend CMS delete. Cat I code created.

Referred to CPT May 2019

Referred to CPT Asst **Published in CPT Asst:**

G0364 Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service

Global: **Issue:** RAW

Screen: CMS-Other - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: January 2018

Tab: 31

Specialty Developing Recommendation:

First Identified: October 2017

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

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:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0389 Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening **Global:** **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: CPT Assistant article published **Referred to CPT** May 2015 **Referred to CPT Asst** **Published in CPT Asst:** Jan 2017

G0396 Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** AAFP, ASA, ASAM **First Identified:** October 2017 **2021 Medicare Utilization:** 58,365 **2023 Work RVU:** 0.65 **2023 NF PE RVU:** 0.34 **2023 Fac PE RVU:** 0.24 **Result:**

RUC Recommendation: Refer to CPT **Referred to CPT** Time Uncertain **Referred to CPT Asst** **Published in CPT Asst:**

G0399 Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth5 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AASM, ATS, CHEST **First Identified:** October 2018 **2021 Medicare Utilization:** 106,535 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** NA **Result:** Deleted from CPT

RUC Recommendation: Requested CMS delete **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment **Global:** XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2021 Medicare Utilization:** 501,570 **2023 Work RVU:** 2.60 **2023 NF PE RVU:** 2.14 **2023 Fac PE RVU:** 1.10 **Result:** Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0403 Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report **Global:** XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2021 Medicare Utilization:** 111,713 **2023 Work RVU:** 0.17 **2023 NF PE RVU:** 0.24 **2023 Fac PE RVU:** NA **Result:** Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0407 Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2021 Medicare Utilization:** 36,642 **2023 Work RVU:** 1.39 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 0.63 **Result:**

RUC Recommendation: Review in April 2025 or April 2029 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0408 Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2021 Medicare Utilization:** 25,924 **2023 Work RVU:** 2.00 **2023 NF PE RVU:** NA **2023 Fac PE RVU:** 0.94 **Result:**

RUC Recommendation: Review in April 2025 or April 2029 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0416 Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method **Global:** XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2021 Medicare Utilization:** 126,159 **2023 Work RVU:** 3.60 **2023 NF PE RVU:** 7.02 **2023 Fac PE RVU:** NA **Result:** Increase

RUC Recommendation: 4.00 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0422 Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2021 Medicare Utilization:** 31,047 **2023 Work RVU:** 1.81 **2023 NF PE RVU:** 1.67 **2023 Fac PE RVU:** 1.67 **Result:** Remove from Screen

RUC Recommendation: Maintain **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0423 Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2021 Medicare Utilization:** 40,257 **2023 Work RVU:** 1.81 **2023 NF PE RVU:** 1.67 **2023 Fac PE RVU:** 1.87 **Result:** Remove from Screen

RUC Recommendation: Maintain **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0425 Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: April 2022

2021 Medicare Utilization: 29,684

2023 Work RVU: 1.92
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.65
Result:

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

G0426 Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth **Global:** XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2022

2021 Medicare Utilization: 27,990

2023 Work RVU: 2.61
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.03
Result:

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

G0427 Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth **Global:** XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2022

2021 Medicare Utilization: 18,231

2023 Work RVU: 3.86
2023 NF PE RVU: NA
2023 Fac PE RVU: 1.37
Result:

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0436 Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **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** **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 **Result:** Remove from Screen

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

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 **Result:** Remove from Screen

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0442 Annual alcohol misuse screening, 5 to 15 minutes **Global:** XXX **Issue:** Annual Alcohol Screening **Screen:** CMS-Other - Utilization over 100,000 / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2021 Medicare Utilization:** 815,675 **2023 Work RVU:** 0.18 **2023 NF PE RVU:** 0.36 **2023 Fac PE RVU:** 0.08 **Result:** Maintain

RUC Recommendation: 0.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes **Global:** XXX **Issue:** Annual Alcohol Screening **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** September 2022 **2021 Medicare Utilization:** 2,218 **2023 Work RVU:** 0.45 **2023 NF PE RVU:** 0.27 **2023 Fac PE RVU:** 0.19 **Result:** Increase

RUC Recommendation: 0.63 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0444 Annual depression screening, 5 to 15 minutes **Global:** XXX **Issue:** Annual Depression Screening **Screen:** CMS-Other - Utilization over 100,000 /High Volume Gowth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2021 Medicare Utilization:** 2,142,759 **2023 Work RVU:** 0.18 **2023 NF PE RVU:** 0.36 **2023 Fac PE RVU:** 0.08 **Result:** Maintain

RUC Recommendation: 0.18 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0445 High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes **Global:** XXX **Issue:** Behavioral Counseling/Therapy **Screen:** High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: September 2022 **2021 Medicare Utilization:** 1,721

2023 Work RVU: 0.45
2023 NF PE RVU: 0.30
2023 Fac PE RVU: 0.18
Result: Maintain

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

G0446 Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes **Global:** XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 30,000 / High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: October 2017 **2021 Medicare Utilization:** 290,059

2023 Work RVU: 0.45
2023 NF PE RVU: 0.28
2023 Fac PE RVU: 0.19
Result: Maintain

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

G0447 Face-to-face behavioral counseling for obesity, 15 minutes **Global:** XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: April 2016 **2021 Medicare Utilization:** 289,558

2023 Work RVU: 0.45
2023 NF PE RVU: 0.27
2023 Fac PE RVU: 0.19
Result: Maintain

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0452 Molecular pathology procedure; physician interpretation and report **Global:** XXX **Issue:** Molecular Pathology Interpretation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2021 Medicare Utilization:** 166,431 **2023 Work RVU:** 0.93
2023 NF PE RVU: 0.51
2023 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.93 **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

G0453 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure) **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2021 Medicare Utilization:** 373,272 **2023 Work RVU:** 0.60
2023 NF PE RVU: NA
2023 Fac PE RVU: 0.30
Result: Remove from Screen

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

G0456 Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters **Global:** **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2021 Medicare Utilization:** **2023 Work RVU:**
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted. **Referred to CPT** May 2013 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0457 Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters **Global:** **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014

Tab: 17 Specialty Developing Recommendation:

First Identified: November 2012

2021 Medicare Utilization:

2023 Work RVU:
2023 NF PE RVU:
2023 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

Referred to CPT Asst **Published in CPT Asst:**

G0500 Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) **Global:** XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021

Tab: 29 Specialty Developing Recommendation:

First Identified: October 2020

2021 Medicare Utilization: 325,088

2023 Work RVU: 0.10
2023 NF PE RVU: 1.55
2023 Fac PE RVU: 0.04
Result: Remove from Screen

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

G0506 Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service) **Global:** ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021

Tab: 20 Specialty Developing Recommendation:

First Identified: October 2020

2021 Medicare Utilization: 94,929

2023 Work RVU: 0.87
2023 NF PE RVU: 0.90
2023 Fac PE RVU: 0.37
Result: Request CMS Delete

RUC Recommendation: Requested CMS Delete

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0516 Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant) **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2021 Medicare Utilization:** 7 **2023 Work RVU:** 1.82 **2023 NF PE RVU:** 4.01 **2023 Fac PE RVU:** 0.93 **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0517 Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants) **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2021 Medicare Utilization:** 2 **2023 Work RVU:** 2.10 **2023 NF PE RVU:** 4.36 **2023 Fac PE RVU:** 1.03 **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

G0518 Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants) **Global:** 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2021 Medicare Utilization:** **2023 Work RVU:** 3.55 **2023 NF PE RVU:** 7.78 **2023 Fac PE RVU:** 1.59 **Result:** PE Only

RUC Recommendation: New PE Inputs **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G2010 Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AADA, AAFP, ACP **First Identified:** April 2022 **2021 Medicare Utilization:** 7,599 **2023 Work RVU:** 0.18 **2023 NF PE RVU:** 0.17 **2023 Fac PE RVU:** 0.08 **Result:** Request CMS Delete

RUC Recommendation: Requested CMS delete. Addressed by CPT/RUC Telemedicine Office Visits Workgroup. **Referred to CPT** February 2023 **Referred to CPT Asst** **Published in CPT Asst:**

G2012 Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion **Global:** XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2022 **2021 Medicare Utilization:** 198,513 **2023 Work RVU:** 0.25 **2023 NF PE RVU:** 0.15 **2023 Fac PE RVU:** 0.10 **Result:** Request CMS Delete

RUC Recommendation: Requested CMS delete **Referred to CPT** February 2023 **Referred to CPT Asst** **Published in CPT Asst:**

G2066 Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results **Global:** XXX **Issue:** Remote Interrogation Device Evaluation - Cardiovascular (PE Only) **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** April 2022 **2021 Medicare Utilization:** 1,090,278 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** PE Only

RUC Recommendation: PE Inputs **Referred to CPT** **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G2252 Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** Added as part of the family **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: April 2023 **2021 Medicare Utilization:** 4,725

2023 Work RVU: 0.50
2023 NF PE RVU: 0.25
2023 Fac PE RVU: 0.21
Result: Request CMS Delete

RUC Recommendation: Requested CMS Delete

Referred to CPT
Referred to CPT Asst **Published in CPT Asst:**

G6001 Ultrasonic guidance for placement of radiation therapy fields

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AADA, ASTRO

First Identified: October 2020 **2021 Medicare Utilization:** 151,321

2023 Work RVU: 0.58
2023 NF PE RVU: 4.78
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT

Referred to CPT May 2024
Referred to CPT Asst **Published in CPT Asst:**

G6002 Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

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
Result:

RUC Recommendation: Refer to CPT

Referred to CPT May 2024
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6003 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** September 2023 **2021 Medicare Utilization:** 166 **2023 Work RVU:** 0.00
2023 NF PE RVU: 4.56
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

G6004 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** September 2023 **2021 Medicare Utilization:** 1,355 **2023 Work RVU:** 0.00
2023 NF PE RVU: 3.85
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

G6005 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** September 2023 **2021 Medicare Utilization:** 869 **2023 Work RVU:** 0.00
2023 NF PE RVU: 3.86
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

G6006 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** September 2023 **2021 Medicare Utilization:** 120 **2023 Work RVU:** 0.00
2023 NF PE RVU: 3.84
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6007 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** September 2023 **2021 Medicare Utilization:** 338 **2023 Work RVU:** 0.00
2023 NF PE RVU: 7.11
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

G6008 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** September 2023 **2021 Medicare Utilization:** 332 **2023 Work RVU:** 0.00
2023 NF PE RVU: 5.31
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

G6009 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** September 2023 **2021 Medicare Utilization:** 66 **2023 Work RVU:** 0.00
2023 NF PE RVU: 5.29
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

G6010 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** September 2023 **2021 Medicare Utilization:** 63 **2023 Work RVU:** 0.00
2023 NF PE RVU: 5.26
2023 Fac PE RVU: NA
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6011 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** September 2023 **2021 Medicare Utilization:** 6,253 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 7.09 **2023 Fac PE RVU:** NA **Result:**

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:**

G6012 Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **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 **Result:**

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:**

G6013 Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **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 **Result:**

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6014 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** No

Most Recent 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 **Result:** Remove from screen

RUC Recommendation: Refer to CPT. Remove from screen **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:**

G6015 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **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 **Result:**

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:**

G6016 Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session **Global:** XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** September 2023 **2021 Medicare Utilization:** 6,770 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 10.73 **2023 Fac PE RVU:** NA **Result:**

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst** **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6017 Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment **Global:** YYY **Issue:** RAW **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2022 **2021 Medicare Utilization:** 90,376 **2023 Work RVU:** 0.00 **2023 NF PE RVU:** 0.00 **2023 Fac PE RVU:** 0.00 **Result:** Remove from Screen

RUC Recommendation: Removed from screen **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

GPCX1 Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established) **Global:** **Issue:** Visit Complexity E/M Add-On **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** November 2019 **2021 Medicare Utilization:** **2023 Work RVU:** **2023 NF PE RVU:** **2023 Fac PE RVU:** **Result:** N/A

RUC Recommendation: No recommendation on physician work, time or PE for this code. CMS estimates of utilization for code GPC1X should be more conservative. **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

P3001 Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician **Global:** XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP **First Identified:** October 2017 **2021 Medicare Utilization:** 1,217 **2023 Work RVU:** 0.26 **2023 NF PE RVU:** 0.41 **2023 Fac PE RVU:** 0.41 **Result:** Maintain

RUC Recommendation: 0.42 **Referred to CPT**
Referred to CPT Asst **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

Q0091 Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 37

Specialty Developing Recommendation: No Specialty Society Interest

First Identified: October 2018

2021 Medicare Utilization: 463,178

2023 Work RVU: 0.37

2023 NF PE RVU: 0.90

2023 Fac PE RVU: 0.15

Result: Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst **Published in CPT Asst:**

CPT	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	2023 work		2023 Non-		2021		Referred to CPT Asst	CPT Asst Status	CPT Asst Complete	Referred to CPT Background	Refer to CPT Meeting	CPT CPT Tab	CPT Ed Panel Status			
											RVU/ base unit	2023 Fac PE RVU	Fac PE RVU	2023 PLI RVU	Medicare Util	Asst							Complete?	Complete	Result	
00534	Anesthesia for trans RAW		January 2019	37			ASA	Remove from screen	High Volume	October 2018	XXX	7 0.00	0.00	0.00	29379	FALSE								TRUE	Remove from Screen	
00537	Anesthesia for cardi Anesthesia for Cardiac El		October 2020	13			ASA	12	High Volume	October 2016	XXX	10 0.00	0.00	0.00	97493	FALSE								TRUE	Increase	
00560	Anesthesia for proce RAW		January 2019	37			ASA	Remove from screen	High Volume	October 2018	XXX	15 0.00	0.00	0.00	60260	FALSE								TRUE	Remove from Screen	
00731	Anesthesia for uppe Anesthesia for Intestinal		January 2017	04			ASA	5 base units	CMS Request - September 2016	XXX		5 0.00	0.00	0.00	1082677	FALSE					September 12	yes	TRUE	Maintain		
00732	Anesthesia for uppe Anesthesia for Intestinal		January 2017	04			ASA	6 base units	CMS Request - September 2016	XXX		6 0.00	0.00	0.00	95856	FALSE					September 12	yes	TRUE	Increase		
00740	Anesthesia for uppe Anesthesia for Intestinal		January 2017	04			ASA	Deleted from CPT	CMS Request - July 2015						FALSE					In April 2016, an	September 12	yes	TRUE	Deleted from CPT		
00810	Anesthesia for lowe Anesthesia for Intestinal		January 2017	04			ASA	Deleted from CPT	CMS Request - July 2015						FALSE					In April 2016, an	September 12	yes	TRUE	Deleted from CPT		
00811	Anesthesia for lowe Anesthesia for Intestinal		April 2017	04			ASA	4 base units	CMS Request - September 2016	XXX		4 0.00	0.00	0.00	1059171	FALSE					September 12	yes	TRUE	Decrease		
00812	Anesthesia for lowe Anesthesia for Intestinal		April 2017	04			ASA	3 base units	CMS Request - September 2016	XXX		3 0.00	0.00	0.00	500444	FALSE					September 12	yes	TRUE	Decrease		
00813	Anesthesia for com Anesthesia for Intestinal		January 2017	04			ASA	5 base units	CMS Request - September 2016	XXX		5 0.00	0.00	0.00	507450	FALSE					September 12	yes	TRUE	Maintain		
00918	Anesthesia for trans Anesthesia for transureth		January 2021	29				Maintain	High Volume	October 2020	XXX	5 0.00	0.00	0.00	100511	FALSE							TRUE	Remove from Screen		
01916	Anesthesia for diagn RAW		September 2023	22				Maintain	High Volume	October 2019	XXX	5 0.00	0.00	0.00	44007	FALSE							TRUE	Maintain		
01930	Anesthesia for thera Anesthesia for Interventi		February 2008	5			ASA	Remove from screen	High Volume	February 2008	XXX	5 0.00	0.00	0.00	14318	FALSE							TRUE	Remove from Screen		
01935	Anesthesia for perc Anesthesia Services for Ir		January 2021	04			ASA	Deleted from CPT	High Volume	January 2021	XXX				21981	FALSE					October 21	complete	TRUE	Deleted from CPT		
01936	Anesthesia for perc Anesthesia Services for Ir		January 2021	04			ASA	Deleted from CPT	High Volume	October 2016	XXX				265058	FALSE				This service was i	October 21	complete	TRUE	Deleted from CPT		
01937	Anesthesia for perc Anesthesia Services for Ir		January 2021	04			ASA	4	High Volume	January 2021	XXX	4 0.00	0.00	0.00		FALSE					October 21	complete	TRUE	Decrease		
01938	Anesthesia for perc Anesthesia Services for Ir		January 2021	04			ASA	4	High Volume	January 2021	XXX	4 0.00	0.00	0.00		FALSE					October 21	complete	TRUE	Decrease		
01939	Anesthesia for perc Anesthesia Services for Ir		January 2021	04			ASA	4	High Volume	January 2021	XXX	4 0.00	0.00	0.00		FALSE					October 21	complete	TRUE	Decrease		
01940	Anesthesia for perc Anesthesia Services for Ir		January 2021	04			ASA	4	High Volume	January 2021	XXX	4 0.00	0.00	0.00		FALSE					October 21	complete	TRUE	Decrease		
01941	Anesthesia for perc Anesthesia Services for Ir		January 2021	04			ASA	6	High Volume	January 2021	XXX	5 0.00	0.00	0.00		FALSE					October 21	complete	TRUE	Increase		
01942	Anesthesia for perc Anesthesia Services for Ir		January 2021	04			ASA	6	High Volume	January 2021	XXX	5 0.00	0.00	0.00		FALSE					October 21	complete	TRUE	Increase		
10004	Fine needle aspirati Fine Needle Aspiration		October 2017	04				0.80	CMS High Expe	June 2017	ZZZ	0.8 0.35	0.61	0.11	287	FALSE								TRUE	Decrease	
10005	Fine needle aspirati Fine Needle Aspiration		January 2020	21				1.63	CMS High Expe	June 2017	XXX	1.46 0.55	2.44	0.17	128051	FALSE								TRUE	Decrease	
10006	Fine needle aspirati Fine Needle Aspiration		October 2017	04				1.00	CMS High Expe	June 2017	ZZZ	1 0.38	0.69	0.10	30901	FALSE								TRUE	Decrease	
10007	Fine needle aspirati Fine Needle Aspiration		October 2017	04				1.81	CMS High Expe	June 2017	XXX	1.81 0.62	6.90	0.19	429	FALSE								TRUE	Decrease	
10008	Fine needle aspirati Fine Needle Aspiration		October 2017	04				1.18	CMS High Expe	June 2017	ZZZ	1.18 0.20	2.96	0.17	29	FALSE								TRUE	Decrease	
10009	Fine needle aspirati Fine Needle Aspiration		October 2017	04				2.43	CMS High Expe	June 2017	XXX	2.26 0.74	10.59	0.22	2883	FALSE								TRUE	Decrease	
10010	Fine needle aspirati Fine Needle Aspiration		October 2017	04				1.65	CMS High Expe	June 2017	ZZZ	1.65 0.28	5.32	0.19	53	FALSE								TRUE	Decrease	
10011	Fine needle aspirati Fine Needle Aspiration		January 2018	04				Contractor Price	CMS High Expe	June 2017	XXX	0 0.00	0.00	0.00	64	FALSE								TRUE	Contractor Price	
10012	Fine needle aspirati Fine Needle Aspiration		January 2018	04				Contractor Price	CMS High Expe	June 2017	ZZZ	0 0.00	0.00	0.00	34	FALSE								TRUE	Contractor Price	
10021	Fine needle aspirati Fine Needle Aspiration		January 2020	21			AAACE, ASBS,	1.20	CMS Request - July 2015	XXX	1.03 0.46	1.88	0.14	12848	FALSE					The specialty soci	June 2017	06	yes	TRUE	Decrease	
10022	Fine needle aspirati Fine Needle Aspiration		October 2017	04			AAACE, ASBS,	Deleted from CPT	CMS Fastest G	October 2008					FALSE					The specialty soci	June 2017	06	yes	TRUE	Deleted from CPT	
10030	Image-guided fluid c Drainage of Abscess		January 2013	04			ACR, SIR	3.00	Codes Reporte	January 2012	000	2.75 0.94	16.46	0.29	7984	FALSE					October 21	06	Complete	TRUE	Decrease	
10040	Acne surgery (eg, m Acne Surgery		April 2016	13			AAD	0.91	Harvard Value	October 2015	010	0.91 0.53	2.48	0.10	41148	FALSE								TRUE	Decrease	
10060	Incision and drainag Incision and Drainage of		October 2010	07			APMA	1.50	Harvard Value	February 2010	010	1.22 1.80	2.42	0.12	297751	FALSE								TRUE	Increase	
10061	Incision and drainag Incision and Drainage of		January 2020	37			APMA	Maintain. 2.45	Harvard Value	October 2009	010	2.45 2.72	3.62	0.30	105170	FALSE								TRUE	Maintain	
10120	Incision and removal of foreign body, subcuta		September 2011	12			APMA, AAFP	1.25	Harvard Value	April 2011	010	1.22 1.75	3.15	0.17	38137	FALSE								TRUE	Maintain	
10180	Incision and drainage, complex, postoperative		October 2013	18				Remove from re-levi	RUC identified	January 2013	010	2.3 2.53	5.10	0.51	7788	FALSE								TRUE	Maintain	
11040	Deleted from CPT Excision and Debridemen		September 2007	16			APMA, APTA	Deleted from CPT	Site of Service	September 2007					FALSE						Descriptor enable	October 21	15	Code Delet	TRUE	Deleted from CPT
11041	Deleted from CPT Excision and Debridemen		September 2007	16			APMA, APTA	Deleted from CPT	Site of Service	September 2007					FALSE						Descriptor enable	October 21	15	Code Delet	TRUE	Deleted from CPT
11042	Debridement, subcu Excision and Debridemen		February 2010	04			APMA, APTA	1.12	Site of Service	September 2007	000	1.01 0.64	2.73	0.12	1980217	FALSE								Complete	TRUE	Increase
11043	Debridement, muscl Debridement		February 2010	04			APMA, APTA	3.00	Site of Service	September 2007	000	2.7 1.45	3.83	0.40	552830	FALSE					Descriptor enable	October 21	15	Complete	TRUE	Decrease
11044	Debridement, bone Debridement		February 2010	04			APMA, APTA	4.56	Site of Service	September 2007	000	4.1 1.92	4.51	0.65	114689	FALSE					Descriptor enable	October 21	15	Complete	TRUE	Increase
11045	Debridement, subcu Excision and Debridemen		February 2010	04			ACS, APMA,	0.69	Site of Service	February 2010	ZZZ	0.5 0.17	0.61	0.08	599986	FALSE									TRUE	Increase
11046	Debridement, muscl Debridement		September 2022	13	April 2024	RAW	ACS, APMA,	Review action plan.	Site of Service	February 2010	ZZZ	1.03 0.40	0.95	0.19	307724	FALSE									FALSE	Decrease
11047	Debridement, bone Debridement		January 2020	37			ACS, APMA,	2.00	Site of Service	February 2010	ZZZ	1.8 0.72	1.45	0.35	91066	FALSE									TRUE	Increase
11055	Paring or cutting of RAW Review		January 2012	30			APMA	Maintain	CMS Request t	November 2011	000	0.35 0.08	1.76	0.04	774459	FALSE								TRUE	Maintain	
11056	Paring or cutting of Trim Skin Lesions		January 2012	53			APMA	0.50	MPC List / CM	October 2010	000	0.5 0.11	1.93	0.04	1807522	FALSE								TRUE	Decrease	
11057	Paring or cutting of RAW Review		January 2012	30			APMA	Maintain	CMS Request t	November 2011	000	0.65 0.15	2.00	0.04	312718	FALSE								TRUE	Maintain	
11100	Biopsy of skin, subcu Biopsy of Skin Lesion		April 2017	05			AAD	Deleted from CPT	MPC List / CM	October 2010					FALSE					Prior to the Janu	February 26	25	yes	TRUE	Deleted from CPT	
11101	Biopsy of skin, subcu Biopsy of Skin Lesion		April 2017	05			AAD	Deleted from CPT	Low Value Bill	October 2010					FALSE					Prior to the Janu	February 26	25	yes	TRUE	Deleted from CPT	
11102	Tangential biopsy of Skin Biopsy		April 2017	05				0.66	CMS High Expe	February 2017	000	0.66 0.39	2.32	0.07	3163916	FALSE					February 26	25	yes	TRUE	Decrease	
11103	Tangential biopsy of Skin Biopsy		April 2017	05				0.38	CMS High Expe	February 2017	ZZZ	0.38 0.22	1.09	0.04	1387504	FALSE					February 26	25	yes	TRUE	Decrease	
11104	Punch biopsy of skin Skin Biopsy		April 2017	05				0.83	CMS High Expe	February 2017	000	0.83 0.46	2.85	0.10	330155	FALSE					February 26	25	yes	TRUE	Decrease	
11105	Punch biopsy of skin Skin Biopsy		April 2017	05				0.45	CMS High Expe	February 2017	ZZZ	0.45 0.25	1.27	0.06	88175	FALSE					February 26	25	yes	TRUE	Decrease	
11106	Incisional biopsy of Skin Biopsy		April 2017	05				1.01	CMS High Expe	February 2017	000	1.01 0.54	3.55	0.12												

11982	Removal, non-biodegradable Drug Delivery Implant	October 2018	05	AAOS, ACOG 1.70	High Volume	February 2008	000	1.34	0.61	1.78	0.25	2738	FALSE	TRUE	In January 2018, 1May 2018	10	Yes	TRUE	Decrease
11983	Removal with reinse Drug Delivery Implant	October 2018	05	AAOS, ACOG 2.10	High Volume	June 2008	000	1.91	0.83	2.01	0.34	1339	FALSE	FALSE				TRUE	Decrease
12001	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 0.84	Harvard Value	October 2009	000	0.84	0.33	1.82	0.17	158450	FALSE	FALSE				TRUE	Decrease
12002	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 1.14	Harvard Value	October 2009	000	1.14	0.39	2.06	0.22	129274	FALSE	FALSE				TRUE	Decrease
12004	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 1.44	Harvard Value	April 2010	000	1.44	0.46	2.26	0.27	20365	FALSE	FALSE				TRUE	Decrease
12005	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 1.97	Harvard Value	April 2010	000	1.97	0.47	2.97	0.37	5699	FALSE	FALSE				TRUE	Decrease
12006	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 2.39	Harvard Value	April 2010	000	2.39	0.61	3.32	0.46	1055	FALSE	FALSE				TRUE	Decrease
12007	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 2.90	Harvard Value	April 2010	000	2.9	0.84	3.49	0.56	333	FALSE	FALSE				TRUE	Decrease
12011	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 1.07	Harvard Value	April 2010	000	1.07	0.37	2.11	0.20	80967	FALSE	FALSE				TRUE	Decrease
12013	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 1.22	Harvard Value	April 2010	000	1.22	0.27	2.07	0.25	48082	FALSE	FALSE				TRUE	Decrease
12014	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 1.57	Harvard Value	April 2010	000	1.57	0.35	2.43	0.30	6474	FALSE	FALSE				TRUE	Decrease
12015	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 1.98	Harvard Value	April 2010	000	1.98	0.44	2.82	0.38	3170	FALSE	FALSE				TRUE	Decrease
12016	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 2.68	Harvard Value	April 2010	000	2.68	0.61	3.41	0.51	443	FALSE	FALSE				TRUE	Decrease
12017	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 3.18	Harvard Value	April 2010	000	3.18	0.73	NA	0.66	56	FALSE	FALSE				TRUE	Decrease
12018	Simple repair of sup Repair of Superficial Wou	April 2010	32	ACEP, AAFP 3.61	Harvard Value	April 2010	000	3.61	0.80	NA	0.75	22	FALSE	FALSE				TRUE	Decrease
12031	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 2.00	Harvard Value	February 2010	010	2	2.26	5.67	0.25	59863	FALSE	FALSE				TRUE	Decrease
12032	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 2.52	Harvard Value	October 2009	010	2.52	2.83	6.32	0.29	310362	FALSE	FALSE				TRUE	Maintain
12034	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 2.97	Harvard Value	February 2010	010	2.97	2.73	6.68	0.40	32053	FALSE	FALSE				TRUE	Maintain
12035	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 3.60	Harvard Value	February 2010	010	3.5	3.04	7.57	0.64	5165	FALSE	FALSE				TRUE	Increase
12036	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 4.50	Harvard Value	February 2010	010	4.23	3.31	7.92	0.84	1024	FALSE	FALSE				TRUE	Increase
12037	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 5.25	Harvard Value	February 2010	010	5	3.73	8.54	1.01	488	FALSE	FALSE				TRUE	Increase
12041	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 2.10	Harvard Value	February 2010	010	2.1	1.95	5.59	0.26	20276	FALSE	FALSE				TRUE	Decrease
12042	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 2.79	Harvard Value	February 2010	010	2.79	2.70	6.21	0.31	61284	FALSE	FALSE				TRUE	Maintain
12044	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 3.19	Harvard Value	February 2010	010	3.19	2.72	7.84	0.44	2990	FALSE	FALSE				TRUE	Maintain
12045	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 3.90	Harvard Value	February 2010	010	3.75	3.77	8.06	0.67	329	FALSE	FALSE				TRUE	Increase
12046	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 4.60	Harvard Value	February 2010	010	4.3	4.11	9.65	1.08	121	FALSE	FALSE				TRUE	Increase
12047	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 5.50	Harvard Value	February 2010	010	4.95	4.35	10.27	1.25	35	FALSE	FALSE				TRUE	Increase
12051	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 2.33	Harvard Value	February 2010	010	2.33	2.41	5.91	0.30	53156	FALSE	FALSE				TRUE	Decrease
12052	Repair, intermediate Repair of Intermediate W	April 2010	45	AAO-HNS, A/ Remove from screen	Harvard Value	February 2010	010	2.87	2.71	6.28	0.35	94390	FALSE	FALSE				TRUE	Remove from Screen
12053	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 3.17	Harvard Value	February 2010	010	3.17	2.82	7.38	0.41	14469	FALSE	FALSE				TRUE	Maintain
12054	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 3.50	Harvard Value	February 2010	010	3.5	2.50	7.55	0.54	3544	FALSE	FALSE				TRUE	Maintain
12055	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 4.65	Harvard Value	February 2010	010	4.5	3.62	9.97	0.82	286	FALSE	FALSE				TRUE	Increase
12056	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 5.50	Harvard Value	February 2010	010	5.3	5.22	11.21	0.95	41	FALSE	FALSE				TRUE	Increase
12057	Repair, intermediate Repair of Intermediate W	October 2010	22	AAO-HNS, A/ 6.28	Harvard Value	February 2010	010	6	5.42	11.27	1.08	20	FALSE	FALSE				TRUE	Increase
13100	Repair, complex, tru Complex Wound Repair	April 2012	37	AAD, AAO-HI 3.00	CMS Request	July 2011	010	3	2.58	6.89	0.37	4827	FALSE	FALSE				TRUE	Decrease
13101	Repair, complex, tru Complex Wound Repair	April 2012	37	AAD, AAO-HI 3.50	CMS Request	July 2011	010	3.5	3.43	8.04	0.41	84542	FALSE	FALSE				TRUE	Decrease
13102	Repair, complex, tru Complex Wound Repair	April 2012	37	AAD, AAO-HI 1.24	CMS Request	July 2011	ZZZ	1.24	0.69	2.07	0.19	21197	FALSE	FALSE				TRUE	Maintain
13120	Repair, complex, sca Complex Wound Repair	October 2017	19	AAD, AAO-HI 3.23	CMS Fastest G	October 2008	010	3.23	3.26	7.07	0.40	10368	TRUE	1st article: complete	September 9	Complete	TRUE	Decrease	
13121	Repair, complex, sca Complex Wound Repair	October 2017	19	AAD, AAO-HI 4.00	CMS Fastest G	October 2008	010	4	3.18	8.34	0.44	182651	TRUE	1st article: complete	September 9	Complete	TRUE	Decrease	
13122	Repair, complex, sca Complex Wound Repair	October 2017	19	AAD, AAO-HI 1.44	CMS Fastest G	October 2008	ZZZ	1.44	0.79	2.16	0.22	27329	TRUE	1st article: complete	September 9	Complete	TRUE	Maintain	
13131	Repair, complex, for Complex Wound Repair	April 2012	37	AAD, AAO-HI 3.73	Harvard Value	April 2011	010	3.73	2.99	7.50	0.44	32774	FALSE	FALSE				TRUE	Decrease
13132	Repair, complex, for Complex Wound Repair	April 2012	37	AAD, AAO-HI 4.78	CMS Request	September 2011	010	4.78	3.64	8.83	0.55	252586	FALSE	FALSE				TRUE	Decrease
13133	Repair, complex, for Complex Wound Repair	April 2012	37	AAD, AAO-HI 2.19	CMS Request	September 2011	ZZZ	2.19	1.23	2.57	0.27	13790	FALSE	FALSE				TRUE	Maintain
13150	Repair, complex, eye Complex Wound Repair	April 2012	37	AAD, AAO-HI Deleted from CPT	CMS Request	September 2011							FALSE	TRUE	Specialties are re	October 2005	Deleted fro	TRUE	Deleted from CPT
13151	Repair, complex, eye Complex Wound Repair	April 2012	37	AAD, AAO-HI 4.34	CMS Request	September 2011	010	4.34	3.37	7.85	0.54	28161	FALSE	FALSE				TRUE	Decrease
13152	Repair, complex, eye Complex Wound Repair	April 2012	37	AAD, AAO-HI 5.34	Harvard Value	April 2011	010	5.34	3.95	8.93	0.65	47544	FALSE	FALSE				TRUE	Decrease
13153	Repair, complex, eye Complex Wound Repair	April 2012	37	AAD, AAO-HI 2.38	CMS Request	July 2011	ZZZ	2.38	1.31	2.82	0.36	754	FALSE	FALSE				TRUE	Maintain
14000	Adjacent tissue tran Skin Tissue Rearrangeme	October 2008	9	ACS, AAD, A/ 6.19	Site of Service	April 2008	090	6.37	7.55	11.59	1.10	5804	FALSE	FALSE				TRUE	Decrease
14001	Adjacent tissue tran Skin Tissue Rearrangeme	October 2008	9	ACS, AAD, A/ 8.58	Site of Service	September 2007	090	8.78	9.09	13.91	1.60	8527	FALSE	FALSE				TRUE	Decrease
14020	Adjacent tissue tran Skin Tissue Rearrangeme	October 2008	9	AAD, ASPS 7.02	Site of Service	April 2008	090	7.22	8.61	12.81	1.02	15643	FALSE	FALSE				TRUE	Decrease
14021	Adjacent tissue tran Skin Tissue Rearrangeme	October 2008	9	AAD, ASPS 9.52	Site of Service	September 2007	090	9.72	10.03	14.88	1.32	18586	FALSE	FALSE				TRUE	Decrease
14040	Adjacent tissue tran Skin Tissue Rearrangeme	October 2008	9	AAD, ASPS, A/ 8.44	Site of Service	April 2008	090	8.6	8.84	13.02	1.10	58271	FALSE	FALSE				TRUE	Maintain
14041	Adjacent tissue tran Skin Tissue Rearrangeme	October 2008	9	AAD, ASPS, A/ 10.63	Site of Service	September 2007	090	10.83	10.49	15.43	1.31	43225	FALSE	FALSE				TRUE	Decrease
14060	Adjacent tissue tran Skin Tissue Rearrangeme	October 2008	9	AAD, ASPS, A/ Maintain	Site of Service	April 2008	090	9.23	9.42	12.62	1.12	80653	FALSE	FALSE				TRUE	Maintain
14061	Adjacent tissue tran Skin Tissue Rearrangeme	October 2008	9	AAD, ASPS, A/ 11.25	Site of Service	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, A/ Deleted from CPT	Site of Service	September 2007							FALSE	TRUE	The specialty soc	February 2009	Code Delet	TRUE	Deleted from CPT
14301	Adjacent tissue tran Adjacent Tissue Transfer	April 2009	04	ACS, AAO-HI 12.47	Site of Service	September 2007	090	12.65	11.23	17.84	1.97	39025	FALSE	FALSE				TRUE	Decrease
14302	Adjacent tissue tran Adjacent Tissue Transfer	April 2009	04	ACS, AAO-HI 3.73	Site of Service	September 2007	ZZZ	3.73	2.01	2.01	0.66	46941	FALSE	FALSE				TRUE	Decrease
15002	Surgical preparation RAW	September 2014	21	ASPS Maintain work RVU	Pre-Time Anal	January 2014	000	3.65	2.20	6.05	0.65	23825	FALSE	FALSE				TRUE	Maintain
15004	Surgical preparation RAW	September 2014	21	ASPS, APMA Maintain work RVU	Pre-Time Anal	January 2014	000	4.58	2.49	6.58	0.64	33789	FALSE	FALSE				TRUE	Maintain
15100	Split-thickness auto	September 2014	21	ASPS Maintain work RVU	Pre-Time Anal	January 2014	090	9.9	9.58	14.27	1.90	11671	FALSE	FALSE				TRUE	Maintain
15120	Split-thickness auto	September 2007	16	AAO-HNS, A/ Remove from screen	Site of Service	September 2007	090	10.15	8.78	13.55	1.63	7599	FALSE	FALSE				TRUE	Remove from Screen
15170	Acellular dermal rep	February 2010	31	APMA, ASPS Deleted from CPT	Different Perf	February 2010							FALSE	FALSE				TRUE	Deleted from CPT
15171	Acellular dermal rep	February 2010	31	APMA, ASPS Deleted from CPT	Different Perf	February 2010							FALSE	FALSE				TRUE	Deleted from CPT
15175	Acellular dermal rep	February 2010	31	APMA, ASPS Deleted from CPT	Different Perf	October 2009							FALSE	TRUE	The specialty rec	October 2007	Complete	TRUE	Deleted from CPT
15176	Acellular dermal rep	February 2010	31	APMA, ASPS Deleted from CPT	Different Perf	February 2010							FALSE	FALSE				TRUE	Deleted from CPT
15220	Full thickness graft, 'Skin Graft	September 2007	16	AAO-HNS, A/ Reduce 99238 to 0.5	Site of Service	September 2007	090	8.09	8.92	13.81	1.13	9254	FALSE	FALSE				TRUE	PE Only
15240	Full thickness graft, 'RAW	September 2014	21	ASPS, AAD Maintain work RVU	Pre-Time Anal	January 2014	090	10.41	11.86	15.99	1.38	12274	FALSE	FALSE				TRUE	Maintain
15271	Application of skin s Chronic Wound Dermal S	April 2011	04	ACS, APMA, A/ 1.50	Different Perf	April 2011	000	1.5	0.75	2.88	0.22	134215	FALSE	FALSE			February 2011	TRUE	Decrease
15272	Application of skin s Chronic Wound Dermal S	April 2011	04	ACS, APMA, A/ 0.59	Different Perf	April 2011	ZZZ	0.33	0.12	0.35	0.04	17378	FALSE	FALSE			February 2011	TRUE	Decrease
15273	Application of skin s Chronic Wound Dermal S	April 2011	04	ACS, APMA, A/ 3.50	Different Perf	April 2011	000	3.5	1.65	5.17	0.65	6285	FALSE	FALSE			February 2011	TRUE	Decrease
15274	Application of skin s Chronic Wound Dermal S	April 2011	04	ACS, APMA, A/ 0.80	Different Perf	April 2011	ZZZ	0.8	0.35	1.50	0.18	27593	FALSE	FALSE			February 2011	TRUE	Decrease
15275	Application of skin s Chronic Wound Dermal S	April 2011	04	ACS, APMA, A/ 1.83	Different Perf	April 2011	000	1.8											

20604	Arthrocentesis, aspi	Arthrocentesis	January 2014	04		AAFP, AAOS, 0.89	CMS Request - July 2013	000	0.89	0.37	1.47	0.10	50301	FALSE				October 2006		TRUE	Decrease	
20605	Arthrocentesis, aspi	Arthrocentesis	January 2014	04		AAFP, AAOS, 0.68 and new PE inpi	Harvard Value	October 2009	000	0.68	0.32	0.87	402457	FALSE	TRUE	Ultrasound as an		October 2006	Complete	TRUE	Maintain	
20606	Arthrocentesis, aspi	Arthrocentesis	January 2014	04		AAFP, AAOS, 1.00	CMS Request - July 2013	000	1	0.42	1.55	0.12	57211	FALSE	FALSE			October 2006		TRUE	Decrease	
20610	Arthrocentesis, aspi	Arthrocentesis	January 2014	04		AAFP, AAOS, 0.79 and new PE inpi	Harvard Value	February 2010	000	0.79	0.43	1.02	5959151	FALSE	TRUE	Ultrasound as an		October 2006	Complete	TRUE	Maintain	
20611	Arthrocentesis, aspi	Arthrocentesis	January 2014	04		AAFP, AAOS, 1.10	CMS Request - July 2013	000	1.1	0.51	1.72	0.17	1095993	FALSE	FALSE			October 2006		TRUE	Decrease	
20612	Aspiration and/or in	RAW	January 2017	30			Remove from screen	CMS 000-Day	July 2016	000	0.7	0.42	1.12	25152	FALSE	FALSE				TRUE	Remove from Screen	
20680	Removal of implant; RAW		September 2014	21		AAOS, APMA 5.96 and adjustment	Pre-Time Anal	January 2014	090	5.96	5.58	11.09	48037	FALSE	FALSE				TRUE	Maintain		
20692	Application of a mul	RAW	April 2014	52			Maintain	090-Day Globa	January 2014	090	16.27	14.54	NA	2999	FALSE	FALSE				TRUE	Maintain	
20694	Removal, under ane	External Fixation	September 2007	16		AAOS	Reduce 99238 to 0.5	Site of Service	September 2007	090	4.28	5.22	7.93	5650	FALSE	FALSE				TRUE	PE Only	
20700	Manual preparation	Drug Delivery Implant Prc	October 2018	05		AAOS, AUA 1.50	Different Perc	May 2018	ZZZ	1.5	0.74	0.74	1045	FALSE	FALSE				TRUE	Increase		
20701	Removal of drug-del	Drug Delivery Implant Prc	October 2018	05		AAOS, AUA 1.13	Different Perc	May 2018	ZZZ	1.13	0.57	0.57	230	FALSE	FALSE				TRUE	Increase		
20702	Manual preparation	Drug Delivery Implant Prc	October 2018	05		AAOS, AUA 2.50	Different Perc	May 2018	ZZZ	2.5	1.24	1.24	478	FALSE	FALSE				TRUE	Increase		
20703	Removal of drug-del	Drug Delivery Implant Prc	October 2018	05		AAOS, AUA 1.80	Different Perc	May 2018	ZZZ	1.8	0.90	0.90	94	FALSE	FALSE				TRUE	Increase		
20704	Manual preparation	Drug Delivery Implant Prc	October 2018	05		AAOS, AUA 2.60	Different Perc	May 2018	ZZZ	2.6	1.27	1.27	390	FALSE	FALSE				TRUE	Increase		
20705	Removal of drug-del	Drug Delivery Implant Prc	October 2018	05		AAOS, AUA 2.15	Different Perc	May 2018	ZZZ	2.15	1.12	1.12	118	FALSE	FALSE				TRUE	Increase		
20900	Bone graft, any don	Bone Graft Procedures	April 2008	29		AOFAS, AAO: 3.00	Site of Service	September 2007	000	3	1.89	8.24	0.51	4243	FALSE	FALSE				TRUE	Decrease	
20902	Bone graft, any don	Bone Graft Procedures	April 2008	29		AOFAS, AAO: 4.58	Site of Service	April 2008	000	4.58	2.79	NA	0.83	4148	FALSE	FALSE				TRUE	Decrease	
20926	Tissue grafts, other	Tissue Grafting Procedur	October 2018	04		AAOS, ASPS, Deleted from CPT	CMS Fastest G	October 2008						TRUE	Deleted fo N/A	TRUE	In October 2017, May 2018	12	Yes	TRUE	Deleted from CPT	
21015	Radical resection of	Radical Resection of Soft	February 2009	6		ACS, AAOS, #9.71	Site of Service	September 2007	090	9.89	9.38	NA	1.67	355	FALSE	TRUE	CPT developed n	June 2008	06	New code s	TRUE	Increase
21025	Excision of bone (eg	Excision of Bone – Mandi	October 2010	61		AAOMS 10.03	Site of Service	September 2007	090	10.03	8.63	12.56	1.03	4293	FALSE	FALSE				TRUE	Decrease	
21495	Open treatment of r	Laryngoplasty	January 2016	09	RUC		Deleted from CPT	090-Day Globa	October 2015					FALSE	FALSE					TRUE	Deleted from CPT	
21557	Radical resection of	Radical Resection of Soft	February 2009	6		ACS, AAOS 14.57	Site of Service	September 2007	090	14.75	10.77	NA	3.06	366	FALSE	TRUE	CPT developed n	June 2008	06	New code s	TRUE	Decrease
21800	Closed treatment of	Internal Fixation of Rib Fr	April 2014	05		STS, ACS Deleted from CPT	CMS Request - July 2013							FALSE	TRUE	Refer to CPT for	February 215		Complete	TRUE	Deleted from CPT	
21805	Open treatment of r	Internal Fixation of Rib Fr	April 2014	05		STS, ACS Deleted from CPT	CMS Request - January 2014							FALSE	TRUE	Referred to CPT f	October 217		Complete	TRUE	Deleted from CPT	
21810	Treatment of rib fra	Internal Fixation of Rib Fr	April 2014	05		STS, ACS Deleted from CPT	CMS Request - January 2014							FALSE	FALSE		October 2007		Complete	TRUE	Deleted from CPT	
21811	Open treatment of r	Internal Fixation of Rib Fr	April 2014	05		STS, ACS 19.55	CMS Request - January 2014	000	10.79	4.26	NA	2.53	447	FALSE	FALSE		October 2007		Complete	TRUE	Decrease	
21812	Open treatment of r	Internal Fixation of Rib Fr	April 2014	05		STS, ACS 25.00	CMS Request - January 2014	000	13	5.27	NA	3.04	537	FALSE	FALSE		October 2007		Complete	TRUE	Decrease	
21813	Open treatment of r	Internal Fixation of Rib Fr	April 2014	05		STS, ACS 35.00	CMS Request - January 2014	000	17.61	7.11	NA	4.41	70	FALSE	FALSE		October 2007		Complete	TRUE	Decrease	
21820	Closed treatment of	Internal Fixation of Rib Fr	April 2016	46		AAOS, ACEP, PE Clinical staff pre-t	CMS Request - January 2014	090	1.36	2.89	2.96	0.27	145	TRUE	Jan 2018 yes	FALSE	October 2007		Complete	TRUE	PE Only	
21825	Open treatment of s	Internal Fixation of Rib Fr	April 2014	05		STS, ACS Unrelated to the fam	CMS Request - January 2014	090	7.76	6.93	NA	1.78	538	FALSE	FALSE		October 2007		Complete	TRUE	Remove from Screen	
21935	Radical resection of	Radical Resection of Soft	February 2009	6		ACS, AAOS 15.54	Site of Service	September 2007	090	15.72	11.23	NA	3.57	191	FALSE	TRUE	CPT developed n	June 2008	06	New code s	TRUE	Decrease
22214	Osteotomy of spine, RAW		September 2014	21		AAOS, NASS, Maintain	CMS Fastest G	October 2008	090	21.02	18.38	NA	6.08	7078	FALSE	FALSE				TRUE	Maintain	
22305	Closed treatment of	Closed treatment of vert	April 2015	23		AAOS/CNS, # Deleted from CPT	CMS Request - July 2013							FALSE	TRUE	In October 2013, May 2016	13		Complete	TRUE	Deleted from CPT	
22310	Closed treatment of	Closed Treatment Verteb	September 2023	22	September 20 RAW	AANS, AAOS, Refer to CPT Assista	Negative IWPL	April 2017	090	3.45	4.79	5.21	0.75	5433	TRUE	TRUE				Complete	FALSE	Decrease
22510	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # 8.15	Codes Reporte	April 2014	010	7.9	3.81	45.90	1.11	2333	FALSE	FALSE	February 216		Complete	TRUE	Decrease	
22511	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # 8.05	Codes Reporte	April 2014	010	7.33	3.68	46.28	1.02	2791	FALSE	FALSE	February 216		Complete	TRUE	Decrease	
22512	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # 4.00	Codes Reporte	April 2014	ZZZ	4	1.44	17.39	0.67	1724	FALSE	FALSE	February 216		Complete	TRUE	Decrease	
22513	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # 8.90	Codes Reporte	April 2014	010	8.65	4.90	163.54	1.60	20004	FALSE	FALSE	February 216		Complete	TRUE	Decrease	
22514	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # 8.24	Codes Reporte	April 2014	010	7.99	4.66	163.48	1.48	22125	FALSE	FALSE	February 216		Complete	TRUE	Decrease	
22515	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # 4.00	Codes Reporte	April 2014	ZZZ	4	1.67	84.49	0.79	13352	FALSE	FALSE	February 216		Complete	TRUE	Decrease	
22520	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # Deleted from CPT	CMS Request - February 2009							FALSE	TRUE	Joint Workgroup	February 216		Complete	TRUE	Deleted from CPT	
22521	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # Deleted from CPT	Site of Service	September 2007						FALSE	TRUE	Joint Workgroup	February 216		Complete	TRUE	Deleted from CPT	
22522	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # Deleted from CPT	Codes Reporte	April 2014						FALSE	FALSE		February 216		Complete	TRUE	Deleted from CPT	
22523	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # Deleted from CPT	CMS Request: September 2011							FALSE	FALSE		February 216		Complete	TRUE	Deleted from CPT	
22524	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # Deleted from CPT	CMS Request: September 2011							FALSE	FALSE		February 216		Complete	TRUE	Deleted from CPT	
22525	Percutaneous vertel	Percutaneous Vertebropl	April 2014	06		AANS, CNS, # Deleted from CPT	CMS Request: September 2011							FALSE	FALSE		February 216		Complete	TRUE	Deleted from CPT	
22533	Arthrodesis, lateral	Arthrodesis	September 2011	51		AAOS, NASS, Remove from screen	CMS Fastest G	October 2008	090	24.79	18.65	NA	6.14	626	TRUE	Oct 2009 Yes	FALSE			TRUE	Remove from Screen	
22551	Arthrodesis, anterio	Arthrodesis	February 2010	05		NASS, AANS/ 24.50	Codes Reporte	February 2010	090	25	18.00	NA	8.13	32408	FALSE	FALSE	October 2021			TRUE	Decrease	
22552	Arthrodesis, anterio	Arthrodesis	February 2010	05		NASS, AANS/ 6.50	Codes Reporte	February 2010	ZZZ	6.5	3.22	NA	2.08	29355	FALSE	FALSE	October 2021			TRUE	Maintain	
22554	Arthrodesis, anterio	Arthrodesis	September 2022	13		AANS, AAOS, Refer to CPT Assista	Codes Reporte	February 2008	090	17.69	14.61	NA	5.68	3525	TRUE	Aug 2023 complete	TRUE	Referred to the C	October 2021	Complete	FALSE	Maintain
22558	Arthrodesis, anterio	Vertebral Corpectomy wi	September 2022	13		AANS/CNS, # Maintain	High Volume C	April 2013	090	23.53	15.89	NA	6.34	19532	FALSE	TRUE	In January 2015 t	September 20	yes	TRUE	Maintain	
22585	Arthrodesis, anterio	Arthrodesis	February 2010	05		NASS, AANS/ Remove from screen	Codes Reporte	February 2010	ZZZ	5.52	2.57	NA	1.59	15241	FALSE	FALSE	October 2021			TRUE	Maintain	
22612	Arthrodesis, posterio	Lumbar Arthrodesis	October 2015	21		AAOS/CNS, # Review utilization da	Codes Reporte	February 2010	090	23.53	17.40	NA	6.59	41571	FALSE	TRUE	The Workgroup a	October 2016	Complete	TRUE	Maintain	
22614	Arthrodesis, posterio	Lumbar Arthrodesis	February 2011	04		AAOS/CNS, # 6.43	Codes Reporte	February 2010	ZZZ	6.43	3.20	NA	2.01	141438	FALSE	FALSE				TRUE	Decrease	
22630	Arthrodesis, posterio	Lumbar Arthrodesis	February 2011	04		AAOS/CNS, # 22.09	Codes Reporte	February 2010	090	22.09	17.17	NA	7.66	4711	FALSE	TRUE	The Workgroup a	October 2016	Complete	TRUE	Maintain	
22632	Arthrodesis, posterio	Lumbar Arthrodesis	February 2011	04		AAOS/CNS, # 5.22	Codes Reporte	February 2010	ZZZ	5.22	2.57	NA	1.77	1744	FALSE	FALSE				TRUE	Decrease	
22633	Arthrodesis, combin	Lumbar Arthrodesis	February 2011	04		AAOS/CNS, # 27.75	Codes Reporte	February 2010	090	26.8	19.26	NA	8.21	34099	FALSE	TRUE		October 2016	Complete	TRUE	Decrease	
22634	Arthrodesis, combin	Lumbar Arthrodesis	February 2011	04		AAOS/CNS, # 8.16	Codes Reporte	February 2010	ZZZ	7.96	3.96	NA	2.50	13188	FALSE	TRUE		October 2016	Complete	TRUE	Decrease	
22843	Posterior segmental	Spine Fixation Device	February 2009	38		AAOS, NASS, Remove from screen	CMS Fastest G	October 2008	ZZZ	13.44	6.70	NA	4.18	9010	FALSE	FALSE				TRUE	Remove from Screen	
22849	Reinsertion of spina	RAW	September 2014	21		AAOS, NASS, Maintain	CMS Fastest G	October 2008	090	19.17	14.45	NA	5.61	3692	FALSE	TRUE	The Workgroup r	June 2010	10	Complete Ir	TRUE	Maintain
22851	Application of interv	Biomechancial Device Ins	January 2016	06	RUC</																	

24605	Treatment of closed PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	5.64	7.80	NA	1.12	382	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
25116	Radical excision of b Forearm Excision	October 2010	63	ASSH, AAOS, 7.56	Site of Service	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	September 2007	090	6.12	7.72	NA	1.13	2946	FALSE			FALSE		TRUE	PE Only		
25260	Repair, tendon or m Tendon Repair	September 2007	16	AAOS	Reduce 99238 to 0.5 Site of Service	September 2007	090	8.04	9.67	NA	1.53	781	FALSE			FALSE		TRUE	PE Only		
25280	Lengthening or shor Tendon Repair	September 2007	16	AAOS	Reduce 99238 to 0.5 Site of Service	September 2007	090	7.39	8.40	NA	1.34	1573	FALSE			FALSE		TRUE	PE Only		
25310	Tendon transplantat Hand, Wrist & Forearm R	September 2023	04	AAOS, ASPs, 9.50	Site of Service	September 2007	090	8.08	9.23	NA	1.50	6429	FALSE			FALSE		TRUE	Decrease		
25447	Arthroplasty, interpt Hand, Wrist & Forearm R	September 2023	04	AAOS, ASPs, 11.14	Codes Reporte	April 2022	090	11.14	11.88	NA	2.07	19236	FALSE			TRUE	In April 2022, the May 2023 16	Yes	TRUE	Decrease	
25565	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	5.85	7.24	8.94	1.18	509	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
25605	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	6.25	8.13	9.05	1.25	18717	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
25606	Percutaneous skelet RAW	September 2014	21	AAOS, ASSH	Maintain work RVU ± Pre-Time Anal	September 2014	090	8.31	10.29	NA	1.63	1217	FALSE			FALSE		TRUE	Maintain		
25607	Open treatment of c RAW	September 2014	21	AAOS, ASSH	Maintain work RVU ± Pre-Time Anal	September 2014	090	9.56	10.96	NA	1.85	8346	FALSE			FALSE		TRUE	Maintain		
25608	Open treatment of c RAW	September 2014	21	AAOS, ASSH	Maintain work RVU ± Pre-Time Anal	September 2014	090	11.07	11.77	NA	2.13	6610	FALSE			FALSE		TRUE	Maintain		
25609	Open treatment of c RAW	September 2014	21	AAOS, ASSH	Maintain work RVU ± Pre-Time Anal	January 2014	090	14.38	14.55	NA	2.73	18378	FALSE			FALSE		TRUE	Maintain		
25675	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	4.89	6.76	8.15	0.98	424	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
26020	Drainage of tendon :Tendon Sheath Procedur	April 2018	07	AAOS, ASPs, 7.79	Negative IWPL	April 2017	090	6.84	8.73	NA	1.28	2089	FALSE			FALSE		TRUE	Increase		
26055	Tendon sheath incis Tendon Sheath Procedur	April 2018	07	AAOS, ASPs, 3.75	Negative IWPL	April 2017	090	3.11	5.17	14.23	0.58	100337	FALSE			FALSE		TRUE	Increase		
26080	Arthrotomy, with ex RAW	October 2015	21	ASSH, AAOS	Action plan for RAW	Site of Service	September 2007	090	4.47	6.83	NA	0.82	1711	TRUE	Sep 2012	Yes	FALSE		TRUE	Maintain	
26160	Excision of lesion of Tendon Sheath Procedur	April 2018	07	AAOS, ASPs, 3.57	Negative IWPL	April 2017	090	3.57	5.38	14.45	0.66	16269	FALSE			FALSE		TRUE	Maintain		
26356	Repair or advancem Repair Flexor Tendon	April 2015	25	AAOS, ASPs, 10.03	Site of Service	September 2007	090	9.56	12.76	NA	1.75	1079	FALSE			FALSE		TRUE	Decrease		
26357	Repair or advancem Repair Flexor Tendon	April 2015	25	AAOS, ASPs, 11.50	090-Day Globa	April 2014	090	11	13.71	NA	2.23	74	FALSE			FALSE		TRUE	Increase		
26358	Repair or advancem Repair Flexor Tendon	April 2015	25	AAOS, ASPs, 13.10	090-Day Globa	April 2014	090	12.6	14.53	NA	2.53	45	FALSE			FALSE		TRUE	Increase		
26480	Transfer or transplai Hand, Wrist & Forearm R	September 2023	04	AAOS, ASPs, 9.50	CMS Fastest G	October 2008	090	6.9	15.76	NA	1.26	10266	FALSE			TRUE	In April 2022, the May 2023 16	Yes	TRUE	Decrease	
26700	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	3.83	5.06	5.90	0.75	528	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
26750	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	1.8	3.71	3.66	0.35	5602	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
26755	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	3.23	4.60	6.01	0.64	541	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
26770	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	3.15	4.32	5.12	0.60	5370	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27048	Excision, tumor, soft Excision of Subfascial Sofi	February 2009	05	ACS, AAOS	8.74	Site of Service	September 2007	090	8.85	7.58	NA	1.97	285	FALSE			TRUE	CPT developed n June 2008 06	New code s	TRUE	Increase
27062	Excision; trochanteriTrochanteric Bursa Excisi	April 2008	32	AAOS	5.66	Site of Service	September 2007	090	5.75	6.89	NA	1.13	1724	FALSE			FALSE		TRUE	Maintain	
27096	Injection procedure Injection for Sacroiliac Joi	April 2011	06	AAPM, AAPA	1.48	Different Perfc	October 2009	000	1.48	0.83	3.25	0.14	438770	FALSE			TRUE	Refer to CPT Edit February 2 76	Code Revise	TRUE	Decrease
27130	Arthroplasty, acetabHip/Knee Arthroplasty	October 2019	11	AAOS, AAHK	19.60	CMS High Expe	September 2011	090	19.6	14.85	NA	3.94	160657	FALSE			FALSE		TRUE	Decrease	
27134	Revision of total hip RAW	September 2014	21	AAOS, AAHK	Maintain work RVU ± Pre-Time Anal	January 2014	090	30.28	20.40	NA	6.08	9972	FALSE			FALSE		TRUE	Maintain		
27193	Closed treatment of Closed Treatment of Pelv	January 2016	07	AAOS	Deleted from CPT	CMS Request - July 2013							FALSE				TRUE	Refer to CPT for c October 2015	Code Delet	TRUE	Deleted from CPT
27194	Closed treatment of Closed Treatment of Pelv	January 2016	07	AAOS	Deleted from CPT	CMS Request - October 2015							FALSE				FALSE		Code Delet	TRUE	Deleted from CPT
27197	Closed treatment of Closed Treatment of Pelv	January 2016	07	AAOS	5.50	CMS Request - October 2015	000	1.53	2.19	NA	0.30	8300	FALSE			FALSE		TRUE	Decrease		
27198	Closed treatment of Closed Treatment of Pelv	January 2016	07	AAOS	9.00	CMS Request - October 2015	000	4.75	3.86	NA	0.83	158	FALSE			FALSE		TRUE	Decrease		
27220	Closed treatment of Closed Treatment Fractur	April 2018	08	AAOS	6.00	Negative IWPL	April 2017	090	5.5	5.89	6.08	1.11	2404	FALSE			FALSE		TRUE	Decrease	
27230	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	5.81	7.56	7.85	1.15	1295	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27232	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	11.72	7.74	NA	2.35	165	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27236	Open treatment of f Open Treatment of Femo	October 2012	16	AAOS	17.61	CMS High Expe	September 2011	090	17.61	14.60	NA	3.49	54867	FALSE			FALSE		TRUE	Maintain	
27240	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	13.81	12.15	NA	2.77	216	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27244	Treatment of intertr 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 intertr Treat Thigh Fracture	October 2008	12	AAOS	18.00	High IWPUT /	February 2008	090	18.18	14.91	NA	3.60	76680	FALSE			FALSE		TRUE	Decrease	
27250	Closed treatment of Closed Treatment of Hip	February 2008	18	ACEP	3.82	Site of Service	September 2007	000	3.82	0.77	NA	0.78	2685	FALSE			FALSE		TRUE	Decrease	
27252	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	11.03	9.41	NA	2.23	950	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27265	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	5.24	6.37	NA	1.06	6754	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27266	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	7.78	8.34	NA	1.55	4920	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27279	Arthrodesis, sacroili:Arthrodesis - Sacroiliac Joi	April 2018	09	AANS, AAOS	9.03	CMS Request - July 2017	090	12.13	9.71	NA	2.56	6570	FALSE			FALSE		TRUE	Maintain		
27324	Biopsy, soft tissue o Soft Tissue Biopsy	September 2007	16	ACS, AAOS	Reduce 99238 to 0.5 Site of Service	September 2007	090	5.04	6.24	NA	1.13	686	FALSE			FALSE		TRUE	PE Only		
27369	Injection procedure Knee Arthrography Inject	September 2022	13	ACR, AAPM8	Review action plan. (Harvard Value	June 2017	000	0.77	0.33	4.74	0.10	22566	FALSE			TRUE	In June 2017, the February 2 EC-O	complete	FALSE	Maintain	
27370	Injection of contrast Knee Arthrography Inject	October 2017	05	ACR	Deleted from CPT	High Volume C	February 2008						TRUE	Clinical Ex: Yes			TRUE	In October 2016, June 2017 09	yes	TRUE	Deleted from CPT
27446	Arthroplasty, knee, c Knee Arthroplasty	April 2021	18	AAOS, AAHK	17.13	CMS High Expe	September 2011	090	17.13	13.79	NA	3.41	12587	FALSE			FALSE		TRUE	Decrease	
27447	Arthroplasty, knee, c Hip/Knee Arthroplasty	April 2021	18	AAOS, AAHK	19.60	CMS High Expe	September 2011	090	19.6	14.82	NA	3.93	269146	FALSE			FALSE		TRUE	Decrease	
27502	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	11.36	9.10	NA	2.29	369	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27510	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	9.8	8.81	NA	1.97	309	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27550	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	5.98	7.25	8.55	1.19	251	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27552	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	8.18	9.36	NA	1.62	223	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27615	Radical resection of Radical Resection of Soft T	February 2009	6	ACS, AAOS	15.54	Site of Service	September 2007	090	15.72	11.71	NA	3.25	223	FALSE			TRUE	CPT developed n June 2008 06	New code s	TRUE	Increase
27619	Excision, tumor, soft Excision of Subfascial Sofi	February 2009	5	ACS, AAOS	6.80	Site of Service	September 2007	090	6.91	6.00	NA	1.15	480	FALSE			TRUE	CPT developed n June 2008 06	New code s	TRUE	Decrease
27640	Partial excision (crat Leg Bone Resection Parti:	February 2008	19	AOFAS, AAO	12.10	Site of Service	September 2007	090	12.24	10.55	NA	2.16	1529	FALSE			TRUE	CPT Editorial Pan June 2008 07	Complete	TRUE	Maintain
27641	Partial excision (crat Leg Bone Resection Parti:	February 2008	19	AOFAS, AAO	9.72	Site of Service	February 2008	090	9.84	8.17	NA	1.57	947	FALSE			TRUE	CPT Editorial Pan June 2008 07	Complete	TRUE	Decrease
27650	Repair, primary, ope Achilles Tendon Repair	February 2008	20	AAOS, AOFA	9.00	Site of Service	September 2007	090	9.21	9.17	NA	1.39	2239	FALSE			FALSE		TRUE	Decrease	
27654	Repair, secondary, a Achilles Tendon Repair	April 2008	33	AOFAS, APM	10.32	Site of Service	September 2007	090	10.53	9.37	NA	1.54	2863	FALSE			FALSE		TRUE	Maintain	
27685	Lengthening or shor Tendon Repair	September 2007	16	AAOS	Reduce 99238 to 0.5 Site of Service	September 2007	090	6.69	6.39	12.11	0.90	3563	FALSE			FALSE		TRUE	PE Only		
27687	Gastrocnemius rece:Tendon Repair	September 2007	16	AAOS	Reduce 99238 to 0.5 Site of Service	September 2007	090	6.41	6.31	NA	0.91	6035	FALSE			FALSE		TRUE	PE Only		
27690	Transfer or transplai Tendon Transfer	April 2008	34	AOFAS, APM	8.96	Site of Service	September 2007	090	9.17	8.66	NA	1.32	1139	FALSE			FALSE		TRUE	Maintain	
27691	Transfer or transplai Tendon Transfer	April 2008	34	AOFAS, APM	10.28	Site of Service	September 2007	090	10.49	10.11	NA	1.72	3950	FALSE			FALSE		TRUE	Maintain	
27752	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	6.27	7.42	8.83	1.26	995	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27762	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	5.47	6.82	8.27	1.06	377	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27792	Open treatment of c Treatment of Ankle Fract	February 2011	18	AAOS, AOFA	9.71	Site of Service	June 2010	090	8.75	9.10	NA	1.60	6357	FALSE			FALSE		TRUE	Maintain	
27810	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	090	5.32	6.69	8.15	1.06	2691	TRUE	Jan 2018	yes	FALSE		TRUE	PE Only		
27814	Open treatment of t RAW	September 2014	21																		

28292	Correction, hallux va Bunionectomy	January 2016	08	AAOS, AOFA: 7.44	090-Day Globa	October 2015	090	7.44	6.23	12.53	0.72	4776	FALSE	FALSE		October 21 19	Complete	TRUE	Decrease			
28293	Correction, hallux va Bunionectomy	January 2016	08	AAOS, AOFA: Deleted from CPT	090-Day Globa	January 2014							FALSE	TRUE	In January 2014, 1	October 21 19	Complete	TRUE	Deleted from CPT			
28294	Correction, hallux va Bunionectomy	January 2016	08	AAOS, AOFA: Deleted from CPT	090-Day Globa	October 2015							FALSE	FALSE		October 21 19	Complete	TRUE	Deleted from CPT			
28295	Correction, hallux va Bunionectomy	January 2016	08	AAOS, AOFA: 8.57	090-Day Globa	October 2015	090	8.57	8.46	22.24	1.21	413	FALSE	FALSE		October 21 19	Complete	TRUE	Decrease			
28296	Correction, hallux va Bunionectomy	January 2016	08	AAOS, AOFA: 8.25	Site of Service	September 2007	090	8.25	6.25	17.36	0.75	6403	FALSE	FALSE		October 21 19	Complete	TRUE	Decrease			
28297	Correction, hallux va Bunionectomy	January 2016	08	AAOS, AOFA: 9.29	090-Day Globa	October 2015	090	9.29	7.58	20.28	1.11	2874	FALSE	FALSE		October 21 19	Complete	TRUE	Decrease			
28298	Correction, hallux va Bunionectomy	January 2016	08	AAOS, AOFA: 7.75	Site of Service	September 2007	090	7.75	6.41	16.17	0.90	2722	FALSE	FALSE		October 21 19	Complete	TRUE	Decrease			
28299	Correction, hallux va Bunionectomy	January 2016	08	AAOS, AOFA: 9.29	090-Day Globa	October 2015	090	9.29	7.32	19.74	1.02	3962	FALSE	FALSE		October 21 19	Complete	TRUE	Decrease			
28300	Osteotomy; calcanei	September 2007	16	AAOS Reduce 99238 to 0.5	Site of Service	September 2007	090	9.73	8.24	NA	1.54	2201	FALSE	FALSE				TRUE	PE Only			
28310	Osteotomy, shorten	September 2007	16	APMA, AAOS Reduce 99238 to 0.5	Site of Service	September 2007	090	5.57	4.61	10.00	0.60	1428	FALSE	FALSE				TRUE	PE Only			
28470	Closed treatment of Treatment of Metatarsal	September 2011	15	AAOS, APMA 2.03	Harvard Value	April 2011	090	2.03	3.93	4.33	0.27	23583	FALSE	FALSE				TRUE	Maintain			
28660	Closed treatment of PE Subcommittee	April 2016	46	AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc	October 2015	010	1.28	1.30	2.26	0.22	577	TRUE	Jan 2018	yes			FALSE	TRUE	PE Only		
28725	Arthrodesis; subtala Foot Arthrodesis	February 2011	20	AOFAS, APM 12.18	Site of Service	September 2007	090	11.22	10.29	NA	1.79	4054	FALSE	FALSE				TRUE	Maintain			
28730	Arthrodesis, midtars Foot Arthrodesis	February 2011	20	AOFAS, APM 12.42	Site of Service	September 2007	090	10.7	9.52	NA	1.59	3609	FALSE	FALSE				TRUE	Maintain			
28740	Arthrodesis, midtars Arthrodesis	September 2007	16	AAOS Reduce 99238 to 0.5	Site of Service	September 2007	090	9.29	7.91	14.16	1.26	3414	FALSE	FALSE				TRUE	PE Only			
28820	Amputation, toe; m: Toe Amputation	April 2019	11	AAOS, ACS, #4.10	Site of Service	October 2018	000	3.51	1.35	4.96	0.42	26361	FALSE	FALSE				TRUE	Decrease			
28825	Amputation, toe; int: Toe Amputation	April 2019	11	AAOS, ACS, #4.00	Site of Service	September 2007	000	3.41	1.32	4.91	0.38	13521	FALSE	FALSE				TRUE	Decrease			
29075	Application, cast; elt: Application of Forearm C:	September 2011	16	AAOS, ASSH 0.77	Harvard Value	April 2011	000	0.77	0.94	1.71	0.17	58338	FALSE	FALSE				TRUE	Maintain			
29105	Application of long : Application of Long Arm :	April 2017	11	AAOS, ACEP, 0.80	CMS 000-Day C	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 C	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 C	February 2008							TRUE	Deleted fr	Yes		TRUE	The specialty soci	October 21 10	Code Delet	TRUE	Deleted from CPT
29240	Strapping; shoulder Strapping Procedures	January 2014	35	APTA 0.39	High Volume C	April 2013	000	0.39	0.13	0.49	0.02	16938	FALSE	FALSE				TRUE	Decrease			
29260	Strapping; elbow or Strapping Procedures	January 2014	35	APTA 0.39	High Volume C	October 2013	000	0.39	0.14	0.45	0.04	4850	FALSE	FALSE				TRUE	Decrease			
29280	Strapping; hand or fi Strapping Procedures	January 2014	35	APTA 0.39	High Volume C	October 2013	000	0.39	0.16	0.46	0.04	3863	FALSE	FALSE				TRUE	Decrease			
29445	Application of rigid t Application of Rigid Leg C	April 2016	17	AAOS, AHKN 1.78	High Volume C	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 C	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 C	April 2013	000	0.39	0.13	0.48	0.02	23640	FALSE	FALSE				TRUE	Decrease			
29540	Strapping; ankle and Strapping Lower Extremi	April 2017	41ii	APMA 0.39	Harvard Value	October 2009	000	0.39	0.09	0.41	0.04	170657	FALSE	FALSE				TRUE	Decrease			
29550	Strapping; toes Strapping Lower Extremi	April 2017	41ii	APMA 0.25	Harvard Value	February 2010	000	0.25	0.06	0.30	0.02	44061	FALSE	FALSE				TRUE	Decrease			
29580	Strapping; unna boo Strapping Multi Layer Cor	October 2016	13	ACS, APMA, :0.55	CMS High Expe	July 2015	000	0.55	0.16	1.27	0.07	222956	FALSE	FALSE				TRUE	Maintain			
29581	Application of multi- Strapping Multi Layer Cor	October 2016	13	ACS, APMA, :0.60	CMS High Expe	July 2015	000	0.6	0.18	2.06	0.01	203402	FALSE	FALSE				TRUE	Maintain			
29582	Application of multi- New Technology Review	October 2015	21	APTA Deleted from CPT	New Technolo	October 2015							TRUE	Aug 2016	Yes		FALSE	September 22	yes	TRUE	Deleted from CPT	
29583	Application of multi- New Technology Review	October 2015	21	APTA Deleted from CPT	New Technolo	October 2015							TRUE	Aug 2016	Yes		FALSE	September 22	yes	TRUE	Deleted from CPT	
29584	Application of multi- New Technology Review	January 2022	20	APTA Maintain	New Technolo	October 2015	000	0.35	0.11	2.09	0.01	3332	TRUE	Aug 2016	Yes		FALSE			TRUE	Maintain	
29590	Denis-Browne splint Dennis-Browne splint rev	April 2012	07	APMA Deleted from CPT	Harvard Value	February 2010							FALSE				TRUE	This service was i	February 208	Code Delet	TRUE	Deleted from CPT
29805	Arthroscopy, should Arthroscopy	April 2008	51	AAOS No NF PE inputs	CMS Request - NA		090	6.03	6.99	NA	1.15	414	FALSE	FALSE				TRUE	PE Only			
29822	Arthroscopy, should Shoulder Debridement	January 2020	11	7.03	CMS Fastest G	October 2008	090	7.03	7.94	NA	1.36	7439	FALSE	TRUE	In October 2018, September	14	yes	TRUE	Decrease			
29823	Arthroscopy, should Shoulder Debridement	January 2020	11	7.98	Harvard-Value	October 2012	090	7.98	8.36	NA	1.54	38112	FALSE	TRUE	In October 2018, September	14	yes	TRUE	Decrease			
29824	Arthroscopy, should RAW	October 2015	21	AAOS 8.82	Codes Reporte	February 2010	090	8.98	9.70	NA	1.74	30886	FALSE	FALSE				TRUE	Maintain			
29826	Arthroscopy, should RAW	October 2015	21	AAOS 3.00	Codes Reporte	February 2010	ZZZ	3	1.53	NA	0.58	64498	FALSE	FALSE				TRUE	Decrease			
29827	Arthroscopy, should RAW	September 2022	13	AAOS 15.59. Maintain worl	CMS Fastest G	October 2008	090	15.59	13.45	NA	3.01	60775	FALSE	FALSE				TRUE	Maintain			
29828	Arthroscopy, should RAW	September 2022	13	AAOS 13.16	Codes Reporte	February 2010	090	13.16	11.81	NA	2.52	18405	FALSE	FALSE				TRUE	Maintain			
29830	Arthroscopy, elbow, Arthroscopy	April 2008	51	AAOS No NF PE inputs	CMS Request - NA		090	5.88	6.82	NA	1.02	128	FALSE	FALSE				TRUE	PE Only			
29840	Arthroscopy, wrist, c Arthroscopy	April 2008	51	AAOS No NF PE inputs	CMS Request - NA		090	5.68	6.97	NA	1.02	98	FALSE	FALSE				TRUE	PE Only			
29870	Arthroscopy, knee, c Arthroscopy	October 2009	13	AAOS New PE non-facility i	CMS Request - NA		090	5.19	6.13	10.43	0.96	488	FALSE	FALSE				TRUE	PE Only			
29888	Arthroscopically aid: ACL Repair	April 2008	38	AAOS 14.14	Site of Service	September 2007	090	14.3	12.23	NA	2.71	976	FALSE	FALSE				TRUE	Maintain			
29900	Arthroscopy, metac: Arthroscopy	April 2008	51	AAOS No NF PE inputs	CMS Request - NA		090	5.88	2.20	NA	1.19	2	FALSE	FALSE				TRUE	PE Only			
30140	Submucous resectio Resection of Inferior Tur	October 2016	14	AAOHNS 3.00	Harvard Value	October 2015	000	3	1.89	5.52	0.43	39789	FALSE	FALSE				TRUE	Decrease			
30465	Repair of nasal vesti Repair Nasal Stenosis	September 2007	16	AAO-HNS Reduce 99238 to 0.5	Site of Service	September 2007	090	12.36	16.96	NA	1.78	3079	FALSE	FALSE				TRUE	PE Only			
30901	Control nasal hemor Control Nasal Hemorrhag	April 2016	20	AAOHNS 1.10	Harvard Value	October 2009	000	1.1	0.40	3.46	0.19	71838	FALSE	FALSE				TRUE	Maintain			
30903	Control nasal hemor Control Nasal Hemorrhag	April 2016	20	AAOHNS 1.54	CMS Request - July 2015		000	1.54	0.51	5.64	0.26	38809	FALSE	FALSE				TRUE	Maintain			
30905	Control nasal hemor Control Nasal Hemorrhag	April 2016	20	AAOHNS 1.97	CMS Request - July 2015		000	1.97	0.84	8.32	0.35	4037	FALSE	FALSE				TRUE	Maintain			
30906	Control nasal hemor Control Nasal Hemorrhag	April 2016	20	AAOHNS 2.45	CMS Request - July 2015		000	2.45	1.14	8.45	0.38	785	FALSE	FALSE				TRUE	Maintain			
31231	Nasal endoscopy, di: 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 endoscc Nasal/Sinus Endoscopy	April 2013	19	AAO-HNS 2.60	CMS High Expe	September 2011	000	2.6	1.79	4.75	0.37	115594	FALSE	FALSE				TRUE	Decrease			
31238	Nasal/sinus endoscc Nasal/Sinus Endoscopy	April 2013	19	AAO-HNS 2.74	CMS High Expe	January 2012	000	2.74	1.85	4.41	0.38	26108	FALSE	FALSE				TRUE	Decrease			
31239	Nasal/sinus endoscc Nasal/Sinus Endoscopy	April 2013	19	AAO-HNS 9.04	CMS High Expe	January 2012	010	9.04	8.08	NA	0.96	1064	FALSE	FALSE				TRUE	Decrease			
31240	Nasal/sinus endoscc Nasal/Sinus Endoscopy	April 2013	19	AAO-HNS 2.61	CMS High Expe	January 2012	000	2.61	1.75	NA	0.37	3733	FALSE	FALSE				TRUE	Maintain			
31241	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 8.51	Codes Reporte	April 2015	000	8	4.08	NA	1.13	457	FALSE	FALSE			September 24	yes	TRUE	Decrease		
31253	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 9.00	Codes Reporte	April 2015	000	9	4.59	NA	1.28	5994	FALSE	FALSE			September 24	yes	TRUE	Decrease		
31254	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 4.27	CMS Request - July 2015		000	4.27	2.37	8.36	0.59	10087	FALSE	FALSE			September 24	yes	TRUE	Decrease		
31255	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 5.75	Codes Reporte	April 2015	000	5.75	3.05	NA	0.82	7275	FALSE	TRUE	In April 2015, the	September 24	yes	TRUE	Decrease			
31256	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 3.11	CMS Request - July 2015		000	3.11	1.81	NA	0.44	10695	FALSE	FALSE			September 24	yes	TRUE	Decrease		
31257	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 8.00	Codes Reporte	April 2015	000	8	4.12	NA	1.13	4765	FALSE	FALSE			September 24	yes	TRUE	Decrease		
31259	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 8.48	Codes Reporte	April 2015	000	8.48	4.34	NA	1.20	6124	FALSE	FALSE			September 24	yes	TRUE	Decrease		
31267	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 4.68	CMS Request - July 2015		000	4.68	2.55	NA	0.66	21215	FALSE	FALSE			September 24	yes	TRUE	Decrease		
31276	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 6.75	Codes Reporte	April 2015	000	6.75	3.52	NA	0.96	11064	FALSE	TRUE	In April 2015, the	September 24	yes	TRUE	Decrease			
31287	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 3.50	Codes Reporte	April 2015	000	3.5	2.00	NA	0.50	2334	FALSE	TRUE	In April 2015, the	September 24	yes	TRUE	Decrease			
31288	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 4.10	Codes Reporte	April 2015	000	4.1	2.28	NA	0.59	3310	FALSE	TRUE	In April 2015, the	September 24	yes	TRUE	Decrease			
31295	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 2.70	Codes Reporte	April 2015	000	2.7	1.62	47.72	0.37	20141	FALSE	FALSE				TRUE	Maintain			
31296	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 3.10	Codes Reporte	April 2015	000	3.1	1.80	48.02	0.44	5658	FALSE	TRUE	In April 2015, the	September 24	yes	TRUE	Decrease			
31297	Nasal/sinus endoscc Nasal/Sinus Endoscopy	January 2017	07	AAOHNS 2.44																		

31588	Laryngoplasty, not o	Laryngoplasty	January 2016	09		AAO-HNS	Deleted from CPT	090-Day Globa	January 2014						FALSE	TRUE	CPT code 31588 v	October 2(13	Deleted fro	TRUE	Deleted from CPT	
31591	Laryngoplasty, medi	Laryngoplasty	January 2016	09		AAOHNS	15.60	090-Day Globa	October 2015	090	13.56	17.69	NA	1.94	934	FALSE	FALSE	October 2(13	Complete	TRUE	Decrease	
31592	Cricotracheal resecti	Laryngoplasty	January 2016	09		AAOHNS	25.00	090-Day Globa	October 2015	090	25	23.52	NA	3.57	26	FALSE	FALSE	October 2(13	Complete	TRUE	Decrease	
31600	Tracheostomy, plani	Tracheostomy	April 2016	21		AAOHNS	5.56	CMS High Expe	July 2015	000	5.56	2.44	NA	1.06	24508	FALSE	FALSE			TRUE	Increase	
31601	Tracheostomy, plani	Tracheostomy	April 2016	21		AAOHNS	8.00	CMS High Expe	July 2015	000	8	4.24	NA	1.13	2	FALSE	FALSE			TRUE	Increase	
31603	Tracheostomy, emei	Tracheostomy	April 2016	21		AAOHNS	6.00	CMS High Expe	July 2015	000	6	2.41	NA	1.10	672	FALSE	FALSE			TRUE	Increase	
31605	Tracheostomy, emei	Tracheostomy	April 2016	21		AAOHNS	6.45	CMS High Expe	July 2015	000	6.45	2.12	NA	1.28	243	FALSE	FALSE			TRUE	Increase	
31610	Tracheostomy, fene:	Tracheostomy	October 2016	15	RUC	AAOHNS, AC	12.00	CMS High Expe	July 2015	090	12	15.06	NA	1.81	1281	FALSE	FALSE			TRUE	Increase	
31611	Construction of trac	Speech Prosthesis	February 2008	S		AAO-HNS	Reduce 99238 to 0.5	Site of Service	September 2007	090	6	9.31	NA	0.86	698	FALSE	FALSE			TRUE	PE Only	
31620	Endobronchial ultra:	Endobronchial Ultrasouni	January 2015	05		ACCP, ATS	Deleted from CPT	High Volume C	April 2013							FALSE	TRUE	In January 2014, 1	October 2(10	Complete	TRUE	Deleted from CPT
31622	Bronchoscopy, rigid	Bronchial Aspiration of Tr	January 2015	05		ACCP, ATS	2.78	High Volume C	April 2013	000	2.53	1.03	4.57	0.29	37398	FALSE	FALSE	October 2(10	Complete	TRUE	Maintain	
31623	Bronchoscopy, rigid	Diagnostic Bronchoscopy	October 2017	09		ATS, CHEST	2.63	High Volume C	October 2016	000	2.63	0.99	5.33	0.22	16722	FALSE	FALSE			TRUE	Maintain	
31624	Bronchoscopy, rigid	Diagnostic Bronchoscopy	October 2017	09		ATS, CHEST	2.63	High Volume C	October 2017	000	2.63	1.03	4.72	0.25	91471	FALSE	FALSE			TRUE	Maintain	
31625	Bronchoscopy, rigid	Endobronchial Ultrasouni	January 2015	05		ATS, CHEST	3.36	High Volume C	April 2013	000	3.11	1.14	7.01	0.29	14232	FALSE	FALSE	October 2(10	Complete	TRUE	Maintain	
31626	Bronchoscopy, rigid	Endobronchial Ultrasouni	January 2015	05		ACCP, ATS	4.16	High Volume C	April 2013	000	3.91	1.38	19.28	0.44	2033	FALSE	FALSE	October 2(10	Complete	TRUE	Maintain	
31628	Bronchoscopy, rigid	Endobronchial Ultrasouni	January 2015	05		ACCP, ATS	3.80	High Volume C	April 2013	000	3.55	1.27	7.25	0.30	27375	FALSE	FALSE	October 2(10	Complete	TRUE	Maintain	
31629	Bronchoscopy, rigid	Endobronchial Ultrasouni	January 2015	05		ACCP, ATS	4.00	High Volume C	April 2013	000	3.75	1.33	9.43	0.35	14059	FALSE	FALSE	October 2(10	Complete	TRUE	Decrease	
31632	Bronchoscopy, rigid	Endobronchial Ultrasouni	January 2015	05		ACCP, ATS	1.03	High Volume C	April 2013	ZZZ	1.03	0.31	0.79	0.10	3750	FALSE	FALSE			TRUE	Maintain	
31633	Bronchoscopy, rigid	Endobronchial Ultrasouni	January 2015	05		ACCP, ATS	1.32	High Volume C	April 2013	ZZZ	1.32	0.39	0.93	0.12	991	FALSE	FALSE			TRUE	Maintain	
31645	Bronchoscopy, rigid	Bronchial Aspiration of Tr	October 2016	08	RUC	ATS, CHEST	2.88	Harvard Value	October 2015	000	2.88	1.13	4.98	0.27	30095	FALSE	FALSE	May 2016 14	Complete	TRUE	Decrease	
31646	Bronchoscopy, rigid	Bronchial Aspiration of Tr	October 2016	08	RUC	ATS, CHEST	2.78	Harvard Value	October 2015	000	2.78	1.09	NA	0.26	3677	FALSE	FALSE	May 2016 14	Complete	TRUE	Increase	
31652	Bronchoscopy, rigid	Endobronchial Ultrasouni	January 2015	05		ATS, ACCP	5.00	High Volume C	October 2014	000	4.46	1.55	32.84	0.42	23016	FALSE	FALSE	October 2(10	Complete	TRUE	Decrease	
31653	Bronchoscopy, rigid	Endobronchial Ultrasouni	January 2015	05		ATS, ACCP	5.00	High Volume C	October 2014	000	4.96	1.70	33.78	0.47	13844	FALSE	FALSE	October 2(10	Complete	TRUE	Decrease	
31654	Bronchoscopy, rigid	Bronchial Aspiration of Tr	January 2015	05		ATS, ACCP	1.70	High Volume C	October 2014	ZZZ	1.4	0.42	2.06	0.12	9856	FALSE	FALSE	October 2(10	Complete	TRUE	Decrease	
32201	Pneumonostomy; w	Drainage of Abscess	January 2013	04			Deleted from CPT	Codes Reporte	January 2012							FALSE	FALSE	October 2(06	Complete	TRUE	Deleted from CPT	
32405	Biopsy, lung or medi	Lung Biopsy-CT Guidance	April 2019	05		ACR, SIR	Deleted from CPT	Codes Reporte	October 2017							FALSE	TRUE	In October 2017, February 211	complete	TRUE	Deleted from CPT	
32408	Core needle biopsy,	Lung Biopsy-CT Guidance	April 2019	05		ACR, SIR	4.00	Codes Reporte	April 2019	000	3.18	0.99	22.45	0.30	58727	FALSE	FALSE			TRUE	Increase	
32420	Pneumocentesis, pu	Thoracentesis with Tube	September 2011	17		ACCP, ACR, #	Deleted from CPT	Harvard Value	September 2011							FALSE	TRUE	In September 201	February 210	Complete	TRUE	Deleted from CPT
32421	Thoracentesis, punc	Thoracentesis with Tube	September 2011	17		ACCP, ACR, #	Deleted from CPT	Harvard Value	September 2011							FALSE	TRUE	In September 201	February 210	Complete	TRUE	Deleted from CPT
32422	Thoracentesis with i	Thoracentesis with Tube	September 2011	17		ACCP, ACR, #	Deleted from CPT	Harvard Value	April 2011							FALSE	TRUE	In September 201	February 210	Complete	TRUE	Deleted from CPT
32440	Removal of lung, pn	RAW Review	January 2013	34		ACCP, ATS, A	No reliable way to de	CMS Request t	November 2011	090	27.28	12.36	NA	6.50	143	FALSE	FALSE			TRUE	Remove from Screen	
32480	Removal of lung, ot	RAW Review	January 2013	34		ACCP, ATS, A	No reliable way to de	CMS Request t	November 2011	090	25.82	11.62	NA	6.10	2971	FALSE	FALSE			TRUE	Remove from Screen	
32482	Removal of lung, ot	RAW Review	January 2013	34		ACCP, ATS, A	No reliable way to de	CMS Request t	November 2011	090	27.44	12.59	NA	6.50	203	FALSE	FALSE			TRUE	Remove from Screen	
32491	Removal of lung, ot	RAW Review	January 2012	30		ACCP, ATS, A	Request further info	CMS Request t	November 2011	090	25.24	12.07	NA	6.06	13	FALSE	FALSE			TRUE	Remove from Screen	
32551	Tube thoracostomy,	Chest Tube Thoracostom	April 2012	10		ACCP, ATS, A	3.50	Harvard Value	April 2011	000	3.04	1.01	NA	0.53	35767	FALSE	TRUE	In September 201	February 209	Complete	TRUE	Increase
32554	Thoracentesis, need	Chest Tube Interventions	October 2012	04		ACCP, ACR, #	1.82	Harvard Value	October 2012	000	1.82	0.58	5.01	0.20	10084	FALSE	FALSE	February 210	Complete	TRUE	Decrease	
32555	Thoracentesis, need	Chest Tube Interventions	October 2012	04		ACCP, ACR, #	2.27	Harvard Value	October 2012	000	2.27	0.74	7.02	0.20	207406	FALSE	FALSE	February 210	Complete	TRUE	Decrease	
32556	Pleural drainage, pe	Chest Tube Interventions	October 2012	04		ACCP, ACR, #	2.50	Harvard Value	October 2012	000	2.5	0.80	19.48	0.35	5041	FALSE	FALSE	February 210	Complete	TRUE	Decrease	
32557	Pleural drainage, pe	Chest Tube Interventions	October 2012	04		ACCP, ACR, #	3.62	Harvard Value	October 2012	000	3.12	0.96	16.65	0.30	34801	FALSE	FALSE	February 210	Complete	TRUE	Decrease	
32663	Thoracoscopy, surg	RAW review	January 2013	34		STS	No reliable way to de	CMS Fastest G	October 2008	090	24.64	10.58	NA	5.90	8161	FALSE	FALSE			TRUE	Remove from Screen	
33010	Pericardiocentesis; i	Pericardiocentesis and Pe	January 2019	04			Deleted from CPT	Negative IWPL	September 2018							FALSE	FALSE	September 14	Complete	TRUE	Deleted from CPT	
33011	Pericardiocentesis; s	Pericardiocentesis and Pe	January 2019	04			Deleted from CPT	Negative IWPL	September 2018							FALSE	FALSE	September 14	Complete	TRUE	Deleted from CPT	
33015	Tube pericardioston	Pericardiocentesis and Pe	January 2019	04		ACC	Deleted from CPT	Negative IWPL	April 2017							FALSE	TRUE	A RUC member re	September 14	Complete	TRUE	Deleted from CPT
33016	Pericardiocentesis, i	Pericardiocentesis and Pe	January 2019	04			5.00	Negative IWPL	September 2018	000	4.4	1.52	NA	0.94	4359	FALSE	FALSE	September 14	Complete	TRUE	Increase	
33017	Pericardial drainage	Pericardiocentesis and Pe	January 2019	04			5.50	Negative IWPL	September 2018	000	4.62	1.60	NA	0.98	3366	FALSE	FALSE	September 14	Complete	TRUE	Increase	
33018	Pericardial drainage	Pericardiocentesis and Pe	January 2019	04			6.00	Negative IWPL	September 2018	000	5.4	1.84	NA	1.21	6	FALSE	FALSE	September 14	Complete	TRUE	Increase	
33019	Pericardial drainage	Pericardiocentesis and Pe	January 2019	04			5.00	Negative IWPL	September 2018	000	4.29	1.39	NA	0.53	273	FALSE	FALSE	September 14	Complete	TRUE	Increase	
33020	Pericardiotomy for r	Pericardiotomy	April 2018	10		AATS, STS	14.31	Negative IWPL	April 2018	090	14.31	6.64	NA	3.37	147	FALSE	TRUE	In April 2018, the	May 2018 EC	Yes	TRUE	Decrease
33025	Creation of pericard	Pericardiotomy	April 2018	10		AATS, STS	13.20	Negative IWPL	April 2017	090	13.2	6.39	NA	3.09	3881	FALSE	TRUE	In April 2018, the	May 2018 EC	Yes	TRUE	Decrease
33207	Insertion of new or i	Pacemaker or Pacing Cari	April 2011	10		ACC	8.05	Codes Reporte	February 2010	090	7.8	4.61	NA	1.73	9413	FALSE	TRUE	33213 - This code	February 213	Complete	TRUE	Maintain
33208	Insertion of new or i	Pacemaker or Pacing Cari	April 2011	10		ACC	8.77	Codes Reporte	February 2010	090	8.52	4.90	NA	1.90	91848	FALSE	TRUE	33213 - This code	February 213	Complete	TRUE	Maintain
33212	Insertion of pacema	Pacemaker or Pacing Cari	September 2011	04		ACC	5.26	Codes Reporte	February 2010	090	5.01	3.37	NA	1.13	206	FALSE	TRUE	33213 - This code	February 213	Complete	TRUE	Decrease
33213	Insertion of pacema	Pacemaker or Pacing Cari	September 2011	04		ACC	5.53	CMS Fastest G	October 2008	090	5.28	3.49	NA	1.18	974	FALSE	TRUE	33213 - This code	February 213	Complete	TRUE	Decrease
33221	Insertion of pacema	Pacemaker or Pacing Cari	September 2011	04		ACC	5.80	Codes Reporte	April 2011	090	5.55	3.88	NA	1.21	223	FALSE	FALSE	February 213		TRUE	Decrease	
33227	Removal of perman	Pacemaker or Pacing Cari	September 2011	04		ACC	5.50	Codes Reporte	April 2011	090	5.25	3.62	NA	1.17	2926	FALSE	FALSE	February 213		TRUE	Decrease	
33228	Removal of perman	Pacemaker or Pacing Cari	September 2011	04		ACC	5.77	Codes Reporte	April 2011	090	5.52	3.75	NA	1.21	30687	FALSE	FALSE	February 213		TRUE	Decrease	
33229	Removal of perman	Pacemaker or Pacing Cari	September 2011	04		ACC	6.04	Codes Reporte	April 2011	090	5.79	4.01	NA	1.28	6002	FALSE	FALSE	February 213		TRUE	Decrease	
33230	Insertion of implant:	Pacemaker or Pacing Cari	September 2011	04		ACC	6.32	Codes Reporte	April 2011	090	6.07	3.95	NA	1.32	97	FALSE	FALSE	February 213		TRUE	Decrease	
33231	Insertion of implant:	Pacemaker or Pacing Cari	September 2011	04		ACC	6.59	Codes Reporte	April 2011	090	6.34	4.11	NA	1.37	94	FALSE	FALSE	February 213		TRUE	Decrease	
33233	Removal of perman	Pacemaker or Pacing Cari	April 2011	10		ACC	3.39	Codes Reporte	February 2010	090												

33745	Transcatheter intrac Atrial Septostomy	January 2020	13		20.00		CMS Request - September 2019 000	20	6.82	NA	4.51	6	FALSE		FALSE	September 16	yes	TRUE	Maintain
33746	Transcatheter intrac Atrial Septostomy	January 2020	13		10.50		CMS Request - September 2019 ZZZ	8	2.73	NA	1.79		FALSE		FALSE	September 16	yes	TRUE	Maintain
33863	Ascending aorta grai Aortic Stenosis	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, wi ECMO-ECLS	April 2014	11	STS, AAP, AC	16.00		CMS Request - November 2014 090	89.5	32.10	NA	20.83	707	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33946	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	6.00		CMS Request - November 2014 XXX	6	1.81	NA	1.24	528	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33947	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	6.63		CMS Request - November 2013 XXX	6.63	1.99	NA	1.39	1277	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33948	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	4.73		CMS Request - November 2013 XXX	4.73	1.44	NA	0.79	7608	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33949	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	4.60		CMS Request - November 2013 XXX	4.6	1.40	NA	0.75	5339	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33951	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	8.15		CMS Request - November 2013 000	8.15	2.35	NA	1.85		FALSE		FALSE	February 223	Complete	TRUE	Maintain
33952	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	8.43		CMS Request - November 2013 000	8.15	2.54	NA	1.79	1382	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33953	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	9.83		CMS Request - November 2013 000	9.11	2.61	NA	2.05	1	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33954	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	9.43		CMS Request - November 2014 000	9.11	2.69	NA	2.08	235	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33956	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	16.00		CMS Request - November 2014 000	16	4.65	NA	3.75	387	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33957	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	4.00		CMS Request - November 2014 000	3.51	1.07	NA	0.79		FALSE		FALSE	February 223	Complete	TRUE	Maintain
33958	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	4.05		CMS Request - November 2014 000	3.51	1.07	NA	0.79	74	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33959	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	4.69		CMS Request - November 2014 000	4.47	1.33	NA	1.00		FALSE		FALSE	February 223	Complete	TRUE	Maintain
33960	Prolonged extracorp ECMO-ECLS	April 2014	11	STS, AAP, AC	Deleted from CPT		CMS Request - July 2013						FALSE	TRUE	October 2013 the	February 223	Complete	TRUE	Deleted from CPT
33961	Prolonged extracorp ECMO-ECLS	April 2014	11	STS, AAP, AC	Deleted from CPT		CMS Request - July 2013						FALSE	TRUE	October 2013 the	February 223	Complete	TRUE	Deleted from CPT
33962	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	4.73		CMS Request - November 2014 000	4.47	1.33	NA	1.00	18	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33963	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	9.00		CMS Request - November 2014 000	9	2.58	NA	2.02		FALSE		FALSE	February 223	Complete	TRUE	Maintain
33964	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	9.50		CMS Request - November 2014 000	9.5	2.72	NA	2.14	10	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33965	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	3.51		CMS Request - November 2014 000	3.51	1.07	NA	0.79		FALSE		FALSE	February 223	Complete	TRUE	Maintain
33966	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	4.50		CMS Request - November 2014 000	4.5	1.42	NA	0.97	434	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33969	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	6.00		CMS Request - November 2014 000	5.22	1.54	NA	1.18		FALSE		FALSE	February 223	Complete	TRUE	Maintain
33984	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	6.38		CMS Request - November 2014 000	5.46	1.55	NA	1.28	431	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33985	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	9.89		CMS Request - November 2014 000	9.89	2.83	NA	2.24		FALSE		FALSE	February 223	Complete	TRUE	Maintain
33986	Extracorporeal mem ECMO-ECLS	April 2014	11	STS, AAP, AC	10.00		CMS Request - November 2014 000	10	2.97	NA	2.32	208	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33987	Arterial exposure wi ECMO-ECLS	April 2014	11	STS, AAP, AC	4.08		CMS Request - November 2014 ZZZ	4.04	1.10	NA	0.91	48	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33988	Insertion of left heal ECMO-ECLS	April 2014	11	STS, AAP, AC	15.00		CMS Request - November 2014 000	15	4.23	NA	3.37	34	FALSE		FALSE	February 223	Complete	TRUE	Maintain
33989	Removal of left heal ECMO-ECLS	April 2014	11	STS, AAP, AC	9.50		CMS Request - November 2013 000	9.5	2.72	NA	2.14	17	FALSE		FALSE	February 223	Complete	TRUE	Maintain
34701	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	23.71		Codes Reporte January 2017 090	23.71	6.85	NA	5.52	657	FALSE		FALSE			TRUE	Decrease
34702	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	36.00		Codes Reporte January 2017 090	36	9.32	NA	8.51	76	FALSE		FALSE			TRUE	Decrease
34703	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	26.52		Codes Reporte January 2017 090	26.52	7.30	NA	6.30	673	FALSE		FALSE			TRUE	Decrease
34704	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	45.00		Codes Reporte January 2017 090	45	11.15	NA	10.60	96	FALSE		FALSE			TRUE	Decrease
34705	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	29.58		Codes Reporte January 2017 090	29.58	7.97	NA	6.95	10394	FALSE		FALSE			TRUE	Decrease
34706	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	45.00		Codes Reporte January 2017 090	45	10.60	NA	10.70	545	FALSE		FALSE			TRUE	Decrease
34707	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	22.28		Codes Reporte January 2017 090	22.28	6.53	NA	5.21	424	FALSE		FALSE			TRUE	Decrease
34708	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	36.50		Codes Reporte January 2017 090	36.5	7.59	NA	8.86	72	FALSE		FALSE			TRUE	Decrease
34709	Placement of extens Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	6.50		Codes Reporte January 2017 ZZZ	6.5	1.35	NA	1.54	2426	FALSE		FALSE			TRUE	Decrease
34710	Delayed placement Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	15.00		Codes Reporte January 2017 090	15	4.68	NA	3.51	1068	FALSE		FALSE			TRUE	Decrease
34711	Delayed placement Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	6.00		Codes Reporte January 2017 ZZZ	6	1.16	NA	1.40	306	FALSE		FALSE			TRUE	Decrease
34712	Transcatheter delive Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	12.00		Codes Reporte January 2017 090	12	4.37	NA	2.80	838	FALSE		FALSE			TRUE	Decrease
34713	Percutaneous acces: Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	2.50		Codes Reporte January 2017 ZZZ	2.5	0.50	NA	0.59	14992	FALSE		FALSE			TRUE	Decrease
34714	Open femoral artery Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	5.25		Codes Reporte January 2017 ZZZ	5.25	1.36	NA	1.24	503	FALSE		FALSE			TRUE	Decrease
34715	Open axillary/subcla Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	6.00		Codes Reporte January 2017 ZZZ	6	1.27	NA	1.45	201	FALSE		FALSE			TRUE	Decrease
34716	Open axillary/subcla Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	7.19		Codes Reporte January 2017 ZZZ	7.19	1.99	NA	1.67	1218	FALSE		FALSE			TRUE	Decrease
34800	Endovascular repair Endovascular Repair Proc	January 2017	10	AAOHNS	Deleted from CPT		Codes Reporte October 2015						FALSE		FALSE			TRUE	Deleted from CPT
34802	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	Deleted from CPT		Pre-Time Anal January 2014						FALSE	TRUE	Referred to CPT f	September 2016	yes	TRUE	Deleted from CPT
34803	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	Deleted from CPT		Codes Reporte October 2015						FALSE	FALSE				TRUE	Deleted from CPT
34804	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	Deleted from CPT		Codes Reporte October 2015						FALSE	FALSE				TRUE	Deleted from CPT
34805	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	Deleted from CPT		Codes Reporte January 2017						FALSE	FALSE				TRUE	Deleted from CPT
34806	Transcatheter place Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	Deleted from CPT		Codes Reporte January 2017						FALSE	FALSE				TRUE	Deleted from CPT
34812	Open femoral artery Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	4.13		Pre-Time Anal January 2014 ZZZ	4.13	0.88	NA	0.98	5856	FALSE	TRUE	Referred to CPT f	September 27	yes	TRUE	Decrease
34820	Open iliac artery exp Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	7.00		Codes Reporte January 2017 ZZZ	7	1.10	NA	1.69	68	FALSE	FALSE				TRUE	Decrease
34825	Placement of proxin Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	Deleted from CPT		Pre-Time Anal January 2014						FALSE	TRUE	Referred to CPT f	September 27	yes	TRUE	Deleted from CPT
34826	Placement of proxin Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	Deleted from CPT		Codes Reporte January 2017						FALSE	FALSE				TRUE	Deleted from CPT
34833	Open iliac artery exp Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	8.16		Codes Reporte January 2017 ZZZ	8.16	1.28	NA	1.97	26	FALSE	FALSE				TRUE	Decrease
34834	Open brachial artery Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	2.65		Codes Reporte January 2017 ZZZ	2.65	0.47	NA	0.65	397	FALSE	FALSE				TRUE	Decrease
34900	Endovascular repair Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	Deleted from CPT		Codes Reporte January 2017						FALSE	FALSE				TRUE	Deleted from CPT
35301	Thromboendarterec Thromboendarterectomy	January 2013	21	SVS	21.16		CMS High Exp September 2011 090	21.16	6.64	NA	5.21	25815	FALSE		FALSE			TRUE	Increase
35450	Transluminal balloo Open and Percutaneous	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT		Codes Reporte October 2015						FALSE	FALSE				TRUE	Deleted from CPT
35452	Transluminal balloo Open and Percutaneous	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT		Codes Reporte October 2015						FALSE	FALSE				TRUE	Deleted from CPT
35454	Deleted from CPT Endovascular Revasculari	April 2010	07		ACC, ACR, SII Deleted from CPT		CMS Fastest G February 2010						FALSE	FALSE		February 207		TRUE	Deleted from CPT
35456	Deleted from CPT Endovascular Revasculari	April 2010	07		ACC, ACR, SII Deleted from CPT		CMS Fastest G February 2010						FALSE	FALSE		February 207		TRUE	Deleted from CPT
35458	Transluminal balloo Open and Percutaneous	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT		Codes Reporte October 2015						FALSE	FALSE				TRUE	Deleted from CPT
35459	Deleted from CPT Endovascular Revasculari	April 2010	07		ACC, ACR, SII Deleted from CPT		CMS Fastest G February 2010						FALSE	FALSE		February 207		TRUE	Deleted from CPT
35460	Transluminal balloo Open and Percutaneous	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT		Codes Reporte October 2015						FALSE	FALSE				TRUE	Deleted from CPT
35470	Deleted from CPT Endovascular Revasculari	April 2010	07		ACC, ACR, SII Deleted from CPT		CMS Fastest G October 2008						FALSE	TRUE	The code is part c	February 207	Deleted- Ne	TRUE	Deleted from CPT
35471	Transluminal balloo Open and Percutaneous	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT		CMS Fastest G October 2009						FALSE	TRUE	In January 2015, f	October 2015	Deleted fro	TRUE	Deleted from CPT
35472	Transluminal balloo Open and Percutaneous	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT		CMS Fastest G October 2009						FALSE	TRUE	The code is part c	Removed from CPT re	Complete	TRUE	Deleted from CPT
35473	Deleted from CPT Endovascular Revasculari	April 2010	07		ACC, ACR, SII Deleted from CPT		CMS Fastest G February 2010						FALSE	TRUE	The code is part c	February 207	Deleted- Ne	TRUE	Deleted from CPT
35474	Deleted from CPT Endovascular Revasculari	April 2010	07		ACC, ACR, SII Deleted from CPT		CMS Fastest G October 2008						FALSE	TRUE	The code is part c	February 207	Deleted- Ne	TRUE	Deleted from CPT
35475	Transluminal balloo Open and Percutaneous	January 2016	15		ACR, SIR, SVS Deleted from CPT		CMS Fastest G September 2011						FALSE	TRUE	In January 2015, f	October 2015	Deleted fro	TRUE	Deleted from CPT
35476	Transluminal balloo Open and Percutaneous	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT		CMS Fastest G September 2011						FALSE	TRUE	In January 2015, f	October 2015	Deleted fro	TRUE	Deleted from CPT
35490	Deleted from CPT Endovascular Revasculari	April 2010	07		SIR, ACR, SVS Deleted from CPT		High Volume C April 2008						FALSE	TRUE	The RUC recomm	February 207	Deleted- Ne	TRUE	Deleted from CPT
35491																			

37221	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 10.00	High Volume C February 2010	000	9.75	2.43	81.05	2.15	29005	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37222	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 3.73	High Volume C February 2010	ZZZ	3.73	0.86	13.95	0.80	3143	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37223	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 4.25	High Volume C February 2010	ZZZ	4.25	0.95	33.20	0.95	4297	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37224	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 9.00	High Volume C February 2010	000	8.75	2.24	77.46	1.93	29781	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37225	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT.	High Volume C February 2010	000	11.75	3.15	250.10	2.48	40461	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37226	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 10.49	High Volume C February 2010	000	10.24	2.57	233.49	2.28	20103	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37227	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 14.50	High Volume C February 2010	000	14.25	3.58	321.29	3.02	20679	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37228	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 11.00	High Volume C February 2010	000	10.75	2.66	112.07	2.33	30844	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37229	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 14.05	High Volume C February 2010	000	13.8	3.61	252.05	2.76	38048	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37230	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 13.80	High Volume C February 2010	000	13.55	3.68	252.54	2.91	2410	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37231	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 15.00	High Volume C February 2010	000	14.75	3.95	337.92	2.64	3084	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37232	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 4.00	High Volume C February 2010	ZZZ	4	0.99	19.89	0.79	14007	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37233	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 6.50	High Volume C February 2010	ZZZ	6.5	1.63	23.60	1.24	8996	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37234	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 5.50	High Volume C February 2010	ZZZ	5.5	1.53	102.90	1.13	353	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37235	Revascularization, ei Endovascular Revasculari	April 2022	16	April 2024	RUC	SVS, ACS, SIR Refer to CPT. 7.80	High Volume C February 2010	ZZZ	7.8	1.92	110.58	1.06	468	FALSE	TRUE	In October 2018, February 2024	FALSE	Decrease	
37236	Transcatheter placei Transcatheter Placement	April 2013	09			SVS, ACS, SIR 9.00	Codes Reporte February 2013	000	8.75	2.23	72.21	1.88	10944	FALSE	FALSE	February 210	Complete	TRUE	Decrease
37237	Transcatheter placei Transcatheter Placement	April 2013	09			SVS, ACS, SIR 4.25	Codes Reporte February 2013	ZZZ	4.25	0.95	33.77	0.91	1315	FALSE	FALSE	February 210	Complete	TRUE	Decrease
37238	Transcatheter placei Transcatheter Placement	April 2013	09			SVS, ACS, SIR 6.29	Codes Reporte February 2013	000	6.04	1.72	96.87	1.14	10623	FALSE	FALSE	February 210	Complete	TRUE	Decrease
37239	Transcatheter placei Transcatheter Placement	April 2013	09			SVS, ACS, SIR 3.34	Codes Reporte February 2013	ZZZ	2.97	0.82	48.12	0.58	3979	FALSE	FALSE	February 210	Complete	TRUE	Decrease
37241	Vascular embolizatic Embolization and Occlusi	April 2013	08			SVS, ACS, SIR 9.00	Codes Reporte February 2010	000	8.75	2.45	130.77	1.31	1680	FALSE	FALSE	February 209	Complete	TRUE	Decrease
37242	Vascular embolizatic Embolization and Occlusi	April 2013	08			SVS, ACS, SIR 11.98	Codes Reporte February 2010	000	9.8	2.56	203.70	1.51	8142	FALSE	FALSE	February 209	Complete	TRUE	Decrease
37243	Vascular embolizatic Embolization and Occlusi	April 2013	08			SVS, ACS, SIR 14.00	Codes Reporte February 2010	000	11.74	3.37	248.20	1.20	13902	FALSE	FALSE	February 209	Complete	TRUE	Decrease
37244	Vascular embolizatic Embolization and Occlusi	April 2013	08			SVS, ACS, SIR 14.00	Codes Reporte February 2010	000	13.75	4.07	184.06	1.45	13555	FALSE	FALSE	February 209	Complete	TRUE	Decrease
37246	Transluminal balloo Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS 7.00	Codes Reporte October 2015	000	7	1.86	46.47	1.26	6890	FALSE	FALSE	October 2124	Complete	TRUE	Decrease
37247	Transluminal balloo Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS 3.50	Codes Reporte October 2015	ZZZ	3.5	0.80	12.75	0.71	736	FALSE	FALSE	October 2124	Complete	TRUE	Decrease
37248	Transluminal balloo Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS 6.00	Codes Reporte October 2015	000	6	1.78	34.02	0.85	13541	FALSE	FALSE	October 2124	Complete	TRUE	Decrease
37249	Transluminal balloo Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS 2.97	Codes Reporte October 2015	ZZZ	2.97	0.75	9.78	0.51	3775	FALSE	FALSE	October 2124	Complete	TRUE	Decrease
37250	Intravascular ultras Intravascular Ultrasound	January 2015	07			ACC, SCAI, SI Deleted from CPT	Final Rule for July 2014							FALSE	TRUE	A CCP was submi October 2113	Complete	TRUE	Deleted from CPT
37251	Intravascular ultras Intravascular Ultrasound	January 2015	07			ACC, SCAI, SI Deleted from CPT	Final Rule for July 2014							FALSE	TRUE	A CCP was submi October 2113	Complete	TRUE	Deleted from CPT
37252	Intravascular ultras Intravascular Ultrasound	October 2018	14			ACC, SCAI, SI 1.80	Final Rule for July 2014	ZZZ	1.8	0.45	26.58	0.35	70937	FALSE	FALSE	October 2113	Complete	TRUE	Decrease
37253	Intravascular ultras Intravascular Ultrasound	October 2018	14			ACC, SCAI, SI 1.44	Final Rule for July 2014	ZZZ	1.44	0.36	3.42	0.26	107202	FALSE	FALSE	October 2113	Complete	TRUE	Decrease
37609	Ligation or biopsy, ti Ligation	September 2007	16			SVS, ACS Reduce 99238 to 0.5	Site of Service September 2007	010	3.05	2.40	5.69	0.65	11304	FALSE	FALSE		Complete	TRUE	PE Only
37619	Ligation of inferior v Ligation of Inferior Vena	April 2011	13			ACS, SVS 37.60	Codes Reporte February 2011	090	30	13.82	NA	7.54	24	FALSE	FALSE	February 215	Complete	TRUE	Increase
37620	Interruption, partial Major Vein Revision	April 2010	45			ACR, SIR, SVS Deleted from CPT	Codes Reporte February 2010							FALSE	TRUE	The Workgroup a February 215	Code Delet	TRUE	Deleted from CPT
37760	Ligation of perforatc Perorator Vein Ligation	April 2009	10			SVS, ACS 10.69	Site of Service September 2007	090	10.78	3.50	NA	2.63	54	FALSE	TRUE	The RUC referred February 219	Complete	TRUE	Maintain
37761	Ligation of perforatc Perorator Vein Ligation	April 2009	10			SVS, ACS 9.00	Site of Service April 2009	090	9.13	4.64	NA	2.16	209	FALSE	FALSE		Complete	TRUE	Increase
37765	Stab phlebectomy o Stab Phlebectomy of Vari	April 2018	12			ACS, SIR, SVS 4.80	High Volume C February 2008	010	4.8	2.10	6.80	1.06	10418	FALSE	FALSE		Complete	TRUE	Decrease
37766	Stab phlebectomy o Stab Phlebectomy of Vari	April 2018	12			ACS, SIR, SVS 6.00	High Volume C February 2008	010	6	2.45	7.56	1.29	8063	FALSE	FALSE		Complete	TRUE	Decrease
37785	Ligation, division, an Ligation	September 2007	16			APMA, SVS, R Reduce 99238 to 0.5	Site of Service September 2007	090	3.93	2.67	5.60	0.92	797	FALSE	FALSE		Complete	TRUE	PE Only
38220	Diagnostic bone ma Diagnostic Bone Marrow	April 2016	06			ASCO, ASH, C 1.20	CMS High Expe February 2016	XXX	1.2	0.70	3.34	0.10	4593	FALSE	FALSE	February 216	Complete	TRUE	Decrease
38221	Diagnostic bone ma Diagnostic Bone Marrow	April 2016	06			ASCO, ASH, C 1.28	CMS High Expe July 2015	XXX	1.28	0.69	3.44	0.10	7932	FALSE	TRUE	Prior to the Janu February 216	Complete	TRUE	Decrease
38222	Diagnostic bone ma Diagnostic Bone Marrow	September 2023	22			ASCO, ASH, C 1.44	CMS High Expe February 2016	XXX	1.44	0.67	3.67	0.12	119073	FALSE	FALSE	February 216	Complete	TRUE	Decrease
38505	Biopsy or excision of Needle Biopsy of Lymph	October 2020	15			ACR, SIR 1.59	Harvard Value October 2019	000	1.59	0.78	3.54	0.17	35811	FALSE	FALSE		Complete	TRUE	Increase
38542	Dissection, deep jug Jugular Node Dissection	April 2008	40			ACS, AAO-HI 7.85	Site of Service September 2007	090	7.95	6.41	NA	1.33	513	FALSE	FALSE		Complete	TRUE	Increase
38570	Laparoscopy, surgic Laparoscopy Lymphaden	September 2014	12			AUA 9.34	010-Day Globa January 2014	010	8.49	5.41	NA	1.45	6701	FALSE	FALSE		Complete	TRUE	Maintain
38571	Laparoscopy, surgic Laparoscopy Lymphaden	September 2023	22	September 20	RUC	AUA Refer to CPT to bund	CMS Fastest G October 2008	010	12	6.04	NA	1.54	17578	FALSE	TRUE	In April 2023, the May 2024	Complete	FALSE	Decrease
38572	Laparoscopy, surgic Laparoscopy Lymphaden	September 2014	12			ACOG 15.60	010-Day Globa January 2014	010	15.6	8.88	NA	2.45	1653	FALSE	FALSE		Complete	TRUE	Decrease
38792	Injection procedure; Radioactive Tracer	January 2018	23			0.65	Negative IWPL April 2017	000	0.65	0.23	1.74	0.08	29868	FALSE	FALSE		Complete	TRUE	Increase
39400	Mediastinoscopy, in Mediastinoscopy with Bic	January 2015	08			STS Deleted from CPT	Pre-Time Anal January 2014							FALSE	TRUE	Referred to CPT f October 2114	Complete	TRUE	Deleted from CPT
39401	Mediastinoscopy; in Mediastinoscopy with Bic	January 2015	08			STS 5.44	Pre-Time Anal October 2014	000	5.44	2.34	NA	1.28	290	FALSE	FALSE	October 2114	Complete	TRUE	Decrease
39402	Mediastinoscopy; w Mediastinoscopy with Bic	January 2015	08			STS 7.50	Pre-Time Anal October 2014	000	7.25	2.86	NA	1.72	2748	FALSE	FALSE	October 2114	Complete	TRUE	Increase
40940	Biopsy of lip Biopsy of Lip	September 2011	21			AAO-HNS, A 1.22	Harvard Value April 2011	000	1.22	0.71	2.34	0.12	28071	FALSE	FALSE		Complete	TRUE	Maintain
40650	Repair lip, full thick PE Subcommittee	April 2016	46			AAOS, ACEP, PE Clinical staff pre-t	Emergent Proc October 2015	090	3.78	4.94	10.00	0.73	357	TRUE	Nov 2016	yes	Complete	TRUE	PE Only
40800	Drainage of abscess, RAW	April 2014	52			Maintain	010-Day Globa January 2014	010	1.23	2.19	4.73	0.12	2825	FALSE	FALSE		Complete	TRUE	Maintain
40801	Drainage of abscess, Ostectomy	January 2020	37			APMA, AAO Maintain. Reduced 9	Site of Service September 2007	010	2.63	3.00	5.81	0.26	1435	FALSE	FALSE		Complete	TRUE	PE Only
40808	Biopsy, vestibule of Biopsy of Mouth Lesion	April 2018	13			AAOHNS, AA 1.05	Negative IWPL April 2017	010	1.05	1.48	3.93	0.12	9052	FALSE	FALSE		Complete	TRUE	Increase
40812	Excision of lesion of RAW	April 2014	52			Maintain	010-Day Globa January 2014	010	2.37	2.87	5.84	0.26	7021	FALSE	FALSE		Complete	TRUE	Maintain
40820	Destruction of lesior RAW	April 2014	52			Maintain	010-Day Globa January 2014	010	1.34	3.50	6.31	0.14	1357	FALSE	FALSE		Complete	TRUE	Maintain
41530	Submucosal ablatior Submucosal ablation of t	April 2015	26		RUC	AAO-HNS 3.50	Final Rule for July 2014	000	3.5	7.39	23.82	0.47	142	FALSE	FALSE		Complete	TRUE	Decrease
42145	Palatopharyngoplast Palatopharyngoplasty	April 2008	41			AAO-HNS 9.63	Site of Service September 2007	090	9.78	9.53	NA	1.38	373	FALSE	FALSE		Complete	TRUE	Maintain
42415	Excision of parotid t Excise Parotid Gland/Lesi	February 2011	27			ACS, AAO-HI 18.12	Site of Service September 2007	090	17.16	12.08	NA	2.50	4761	FALSE	FALSE				

43220	Esophagoscopy, flex Esophagoscopy	October 2012	10	AGA, ASGE, :2.10	MPC List	September 2011 000	2	1.20	25.01	0.27	1733	FALSE	FALSE	May 2012	TRUE	Maintain			
43226	Esophagoscopy, flex Esophagoscopy	October 2012	10	AAO-HNS, A:2.34	MPC List	September 2011 000	2.24	1.25	9.06	0.35	1295	FALSE	FALSE	May 2012	TRUE	Maintain			
43227	Esophagoscopy, flex Esophagoscopy	October 2012	10	AGA, ASGE, :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 Esophagoscopy	October 2012	10	AGA, ASGE, : Deleted from CPT	MPC List	September 2011						FALSE	FALSE	May 2012	TRUE	Deleted from CPT			
43229	Esophagoscopy, flex Esophagoscopy	October 2012	10	AGA, ASGE, :3.72	MPC List	September 2011 000	3.49	1.85	17.53	0.43	1325	FALSE	FALSE		TRUE	Decrease			
43231	Esophagoscopy, flex Esophagoscopy	April 2013	10	AGA, ASGE, :3.19	MPC List	September 2011 000	2.8	1.53	NA	0.30	552	FALSE	FALSE	May 2012	TRUE	Maintain			
43232	Esophagoscopy, flex Esophagoscopy	April 2013	10	AGA, ASGE, :3.83	MPC List	September 2011 000	3.59	1.82	NA	0.38	278	FALSE	FALSE	May 2012	TRUE	Decrease			
43233	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :4.45	MPC List	October 2012 000	4.07	2.05	NA	0.59	1202	FALSE	FALSE	October 21 14	Complete	TRUE	Decrease		
43234	Upper gastrointestinal Esophagoscopy	April 2013	10	AGA, ASGE, : Deleted from CPT	MPC List	September 2011						FALSE	TRUE	Several specific c	February 2 11	Complete	TRUE	Deleted from CPT	
43235	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :2.26	MPC List / CM	October 2010 000	2.09	1.25	6.31	0.26	260048	FALSE	FALSE		October 21 14	Complete	TRUE	Decrease	
43236	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :2.57	CMS Fastest G	October 2008 000	2.39	1.38	9.42	0.27	14280	TRUE	Apr 2009 a	Yes	October 21 14	Complete	TRUE	Decrease	
43237	Esophagogastroduoi EGD	April 2013	11	AGA, ASGE, :3.85	MPC List	September 2011 000	3.47	1.87	NA	0.40	18750	FALSE	TRUE	In the Panel Acti	February 2 12	Complete	TRUE	Decrease	
43238	Esophagogastroduoi EGD	April 2013	11	AGA, ASGE, :4.50	MPC List	September 2011 000	4.16	2.17	NA	0.47	15422	FALSE	TRUE	In the Panel Acti	February 2 12	Complete	TRUE	Decrease	
43239	Esophagogastroduoi EGD with Biopsy	April 2019	12	ACG, ACS, A:2.39	MPC List / CM	October 2010 000	2.39	1.38	8.66	0.29	1250880	FALSE	FALSE			TRUE	TRUE	Maintain	
43240	Esophagogastroduoi EGD	April 2013	11	AGA, ASGE, :7.25	MPC List	September 2011 000	7.15	3.49	NA	0.82	1060	FALSE	TRUE	In the Panel Acti	February 2 12	Complete	TRUE	Increase	
43241	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :2.59	MPC List	September 2011 000	2.49	1.37	NA	0.30	4394	FALSE	FALSE		October 2012		TRUE	Maintain	
43242	Esophagogastroduoi EGD	April 2013	11	AGA, ASGE, :5.39	CMS Fastest G	October 2008 000	4.73	2.43	NA	0.55	23927	TRUE	Mar 2009 Yes	Yes	In the Panel Acti	February 2 12	Complete	TRUE	Decrease
43243	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :4.37	MPC List	September 2011 000	4.27	2.15	NA	0.54	407	FALSE	FALSE		October 2012		TRUE	Decrease	
43244	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :4.50	MPC List	September 2011 000	4.4	2.28	NA	0.50	18874	FALSE	FALSE		October 2012		TRUE	Decrease	
43245	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :3.18	MPC List	September 2011 000	3.08	1.65	14.43	0.43	12832	FALSE	FALSE		October 2012		TRUE	Maintain	
43246	Esophagogastroduoi EGD	April 2013	11	AGA, ASGE, :4.32	MPC List	September 2011 000	3.56	1.79	NA	0.54	62104	FALSE	FALSE		October 2012		TRUE	Maintain	
43247	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :3.27	MPC List	September 2011 000	3.11	1.68	8.02	0.40	24338	FALSE	FALSE		October 2012		TRUE	Decrease	
43248	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :3.01	MPC List	September 2011 000	2.91	1.61	9.17	0.35	91867	FALSE	FALSE		October 2012		TRUE	Decrease	
43249	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :2.77	MPC List	September 2011 000	2.67	1.50	29.69	0.34	115128	FALSE	FALSE		October 2012		TRUE	Decrease	
43250	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :3.07	MPC List	September 2011 000	2.97	1.60	10.19	0.43	3098	FALSE	FALSE		October 2012		TRUE	Decrease	
43251	Esophagogastroduoi EGD	April 2013	11	AGA, ASGE, :3.57	MPC List	September 2011 000	3.47	1.86	11.03	0.42	37007	FALSE	FALSE		October 2012		TRUE	Decrease	
43253	Esophagogastroduoi EGD	April 2013	11	AGA, ASGE, :5.39	MPC List	February 2012 000	4.73	2.42	NA	0.55	2054	FALSE	TRUE	In the Panel Acti	February 2 12	Complete	TRUE	Decrease	
43254	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :5.25	MPC List	October 2012 000	4.87	2.48	NA	0.56	5572	FALSE	FALSE		October 21 14	Complete	TRUE	Decrease	
43255	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :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 EGD	January 2013	08	AGA, ASGE, : Deleted from CPT	MPC List	September 2011						FALSE	FALSE		October 2012		TRUE	Deleted from CPT	
43257	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :4.25	MPC List	September 2011 000	4.15	2.11	NA	0.55	111	FALSE	FALSE		October 2012		TRUE	Decrease	
43258	Upper gastrointestinal EGD	January 2013	08	AGA, ASGE, : Deleted from CPT	MPC List	September 2011						FALSE	FALSE		October 21 14	Complete	TRUE	Deleted from CPT	
43259	Esophagogastroduoi EGD	April 2013	11	AGA, ASGE, :4.74	CMS Fastest G	October 2008 000	4.04	2.12	NA	0.44	30363	TRUE	Mar 2009 Yes	Yes	In the Panel Acti	February 2 12	Complete	TRUE	Decrease
43260	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :5.95	MPC List	September 2011 000	5.85	2.91	NA	0.67	3868	FALSE	TRUE	Several specific c	February 2 13	Complete	TRUE	Maintain	
43261	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :6.25	MPC List	September 2011 000	6.15	3.04	NA	0.72	6723	FALSE	FALSE		January 20 13		TRUE	Decrease	
43262	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :6.60	MPC List	September 2011 000	6.5	3.20	NA	0.75	26342	FALSE	FALSE		January 20 13		TRUE	Decrease	
43263	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :7.28	MPC List	September 2011 000	6.5	3.21	NA	0.75	35	FALSE	FALSE		February 2 13		TRUE	Maintain	
43264	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :6.73	Harvard Value	April 2011 000	6.63	3.25	NA	0.77	53429	FALSE	FALSE		February 2 13		TRUE	Decrease	
43265	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :8.03	MPC List	September 2011 000	7.93	3.82	NA	0.91	2356	FALSE	FALSE		February 2 13		TRUE	Decrease	
43266	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :4.40	MPC List	October 2012 000	3.92	1.95	NA	0.51	5790	FALSE	FALSE		October 21 14	Complete	TRUE	Decrease	
43267	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, : Deleted from CPT	MPC List	September 2011						FALSE	FALSE		February 2 13		TRUE	Deleted from CPT	
43268	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, : Deleted from CPT	Harvard Value	April 2011						FALSE	FALSE		February 2 13		TRUE	Deleted from CPT	
43269	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, : Deleted from CPT	MPC List	September 2011						FALSE	FALSE		February 2 13		TRUE	Deleted from CPT	
43270	Esophagogastroduoi EGD	January 2013	08	AGA, ASGE, :4.39	MPC List	October 2012 000	4.01	2.10	17.55	0.46	18701	FALSE	FALSE		October 21 14	Complete	TRUE	Decrease	
43271	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, : Deleted from CPT	MPC List	September 2011						FALSE	FALSE		February 2 13		TRUE	Deleted from CPT	
43272	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, : Deleted from CPT	MPC List	September 2011						FALSE	FALSE		February 2 13		TRUE	Deleted from CPT	
43273	Endoscopic cannula ERCP	April 2013	12	AGA, ASGE, :2.24	MPC List	September 2011 ZZZ	2.24	0.98	NA	0.25	7580	FALSE	FALSE		February 2 13		TRUE	Maintain	
43274	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :8.74	MPC List	September 2011 000	8.48	4.07	NA	0.98	40976	FALSE	FALSE		February 2 13		TRUE	Decrease	
43275	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :6.96	MPC List	September 2011 000	6.86	3.35	NA	0.79	13323	FALSE	FALSE		February 2 13		TRUE	Decrease	
43276	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :9.10	MPC List	September 2011 000	8.84	4.23	NA	1.02	15625	FALSE	FALSE		February 2 13		TRUE	Decrease	
43277	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :7.11	MPC List	September 2011 000	6.9	3.38	NA	0.79	6066	FALSE	FALSE		February 2 13		TRUE	Decrease	
43278	Endoscopic retrogra ERCP	April 2013	12	AGA, ASGE, :8.08	MPC List	September 2011 000	7.92	3.82	NA	0.91	453	FALSE	FALSE		February 2 13		TRUE	Decrease	
43450	Dilation of esophagi Dilation of Esophagus	October 2012	17	AGA, ASGE, :1.30	MPC List	September 2011 000	1.28	0.91	4.19	0.17	57300	FALSE	FALSE				TRUE	Decrease	
43453	Dilation of esophagi Dilation of Esophagus	October 2012	17	AGA, ASGE, :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 esophagi Dilation of Esophagus	October 2012	17	AGA, ASGE, : Deleted from CPT	MPC List	September 2011						FALSE	FALSE		October 21 14	Complete	TRUE	Deleted from CPT	
43458	Dilation of esophagi Dilation of Esophagus	October 2012	17	AGA, ASGE, : Deleted from CPT	MPC List	September 2011						FALSE	FALSE		October 21 14	Complete	TRUE	Deleted from CPT	
43760	Change of gastrosto Gastrostomy Tube Replac	January 2018	11	ACEP, ACG, / Deleted from CPT	CMS 000-Day	(July 2016						FALSE	TRUE	In April 2017, the September 18	Complete	TRUE	TRUE	Deleted from CPT	
43762	Replacement of gast Gastrostomy Tube Replac	January 2022	20	ACEP, ACG, / 0.75. CPT Assistant a	CMS 000-Day	(September 2017 000	0.75	0.22	5.98	0.12	45559	TRUE	June 2022 complete	complete	TRUE	TRUE	TRUE	Decrease	
43763	Replacement of gast Gastrostomy Tube Replac	January 2022	20	ACEP, ACG, / 1.41. CPT Assistant a	CMS 000-Day	(September 2017 000	1.41	0.91	8.48	0.27	2014	TRUE	June 2022 complete	complete	TRUE	TRUE	TRUE	Decrease	
44143	Colectomy, partial; vRAW	January 2016	54	99214 visit appropri High Level E/	v/October 2015 090		27.79	15.02	NA	6.40	8737	FALSE	FALSE				TRUE	Remove from Screen	
44205	Laparoscopy, surgic Laproscopic Procedures	October 2008	26	ACS, ASCRS Remove from screen	CMS Fastest G	October 2008 090	22.95	11.96	NA	4.71	10846	FALSE	FALSE				TRUE	Remove from Screen	
44207	Laparoscopy, surgic Laproscopic Procedures	October 2008	26	ACS, ASCRS Remove from screen	CMS Fastest G	February 2008 090	31.92	15.50	NA	6.23	8667	FALSE	FALSE				TRUE	Remove from Screen	
44380	Ileoscopy, through s ileoscopy	October 2013	04	AGA, ASGE, A: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 s ileoscopy	October 2013	04	AGA, ASGE, A: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 s ileoscopy	October 2013	04	AGA, ASGE, A: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 s ileoscopy	October 2013	04	AGA, ASGE, A: Deleted from CPT	MPC List	September 2011						FALSE	FALSE		May 2013	Complete	TRUE	Deleted from CPT	
44384	Ileoscopy, through s ileoscopy	October 2013	04	AGA, ASGE, A:3.11	MPC List	May 2013 000	2.85	1.34	NA	0.36	87	FALSE	FALSE		May 2013	Complete	TRUE	Decrease	
44385	Endoscopic evaluati Pouchoscopy	October 2013	05	ACG, ACS, A: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 evaluati Pouchoscopy	October 2013	05	ACG, ACS, A: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 throug Colonoscopy through sto	January 2014	08	ASCRS, ACS, :2.82	MPC List	September 2011 000	2.72	1.47	6.36	0.41	3361	FALSE	TRUE	Several specific c	October 21 17	Complete	TRUE	Maintain	
44389	Colonoscopy throug Colonoscopy through sto	January 2014	08	ASCRS, ACS, :3.12	MPC List	September 2011 000	3.02	1.62	8.97	0.41	2299	FALSE	TRUE	Several specific c	October 21 17	Complete	TRUE	Decrease	
44390	Colonoscopy throug Colonoscopy through sto	January 2014	08	ASCRS, ACS, :3.82	MPC List	September 2011 000	3.74	1.99	7.96	0.44	19	FALSE	TRUE	Several specific c	October 21 17	Complete	TRUE	Maintain	
44391	Colonoscopy throug Colonoscopy through sto	January 2014	08	ASCRS, ACS, :4.22	MPC List	September 2011 000	4.12	2.14	14.64	0.51	151	FALSE	TRUE	Several specific c	October 21 17	Complete	TRUE	Decrease	
44392	Colonoscopy throug Colonoscopy through sto	January 2014	08	ASCRS, ACS, :3.63	MPC List	September 2011 000													

49405	Image-guided fluid c	Drainage of Abscess	January 2013	04	ACR, SIR	4.25	Codes Reporte	January 2012	000	4	1.30	22.45	0.38	5284	FALSE	FALSE	October 2(06	Complete	TRUE	Decrease	
49406	Image-guided fluid c	Drainage of Abscess	January 2013	04	ACR, SIR	4.25	Codes Reporte	January 2012	000	4	1.30	22.46	0.38	30720	FALSE	FALSE	October 2(06	Complete	TRUE	Decrease	
49407	Image-guided fluid c	Drainage of Abscess	January 2013	04	ACR, SIR	4.50	Codes Reporte	January 2012	000	4.25	1.33	17.98	0.44	170	FALSE	FALSE	October 2(06	Complete	TRUE	Decrease	
49418	Insertion of tunnele	Intraperitoneal Catheter	April 2010	11	ACS, ACRC, SIF	4.21	Site of Service	February 2010	000	3.96	1.50	25.39	0.43	6703	FALSE	FALSE	February 2(30	Complete	TRUE	Decrease	
49420	Deleted from CPT	Insertion of Intraperitoneal Catheter	October 2009	40	ACS	Deleted from CPT	Site of Service	April 2008							FALSE	TRUE	At the April 2008	February 2(30	Deleted	TRUE	Deleted from CPT
49421	Insertion of tunnele	Intraperitoneal Catheter	April 2010	11	ACS, ACRC, SIF	4.21	Site of Service	September 2007	000	4.21	1.51	NA	0.98	1208	FALSE	TRUE	At the April 2008	February 2(30	Revised	TRUE	Decrease
49422	Removal of tunnele	Removal of Intraperitoneal Catheter	April 2017	14	ACS, SVS	4.00	Site of Service	October 2016	000	4	1.64	NA	0.91	11413	FALSE	FALSE				TRUE	Decrease
49436	Delayed creation of	Delayed Creation of Exit	January 2022	16	ACS	PE Inputs	CMS Request -	November 2021	010	2.72	2.18	13.02	0.66	320	FALSE	FALSE				TRUE	PE Only
49505	Repair initial inguin	RAW review	January 2012	30	ACS	Reaffirmed	CMS High Expe	September 2011	090	7.96	5.78	NA	1.97	39992	FALSE	FALSE				TRUE	Maintain
49507	Repair initial inguin	Hernia Repair	February 2011	29	ACS	10.05	Site of Service	September 2007	090	9.09	6.33	NA	2.24	8416	FALSE	FALSE				TRUE	Maintain
49521	Repair recurrent ing	Hernia Repair	February 2011	29	ACS	12.44	Site of Service	September 2007	090	11.48	7.20	NA	2.82	1576	FALSE	FALSE				TRUE	Maintain
49560	Repair initial incisor	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090					15973	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49561	Repair initial incisor	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090					10060	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49565	Repair recurrent inci	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (Deleted from CPT	Site of Service	October 2019	090					3456	FALSE	TRUE	In October 2019,	February 2(18	complete	TRUE	Deleted from CPT
49566	Repair recurrent inci	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090					2765	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49568	Implantation of mes	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	ZZZ					20065	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49570	Repair epigastric hei	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090					476	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49572	Repair epigastric hei	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090					432	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49580	Repair umbilical her	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090					2	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49582	Repair umbilical her	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090						FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49585	Repair umbilical her	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090					14622	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49587	Repair umbilical her	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	September 2007	090					6203	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49590	Repair spigelian her	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090					510	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49591	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	6.27	Site of Service	February 2021	000	5.96	2.79	NA	1.45		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49592	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	9.00	Site of Service	February 2021	000	8.46	3.65	NA	2.08		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49593	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	10.80	Site of Service	February 2021	000	10.26	4.35	NA	2.48		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49594	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	14.00	Site of Service	February 2021	000	13.46	5.50	NA	3.29		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49595	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	14.88	Site of Service	February 2021	000	13.94	5.70	NA	3.33		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49596	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	20.00	Site of Service	February 2021	000	18.67	7.42	NA	4.41		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49613	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	7.75	Site of Service	February 2021	000	7.42	3.38	NA	1.77		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49614	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	10.79	Site of Service	February 2021	000	10.25	4.32	NA	2.48		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49615	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	12.00	Site of Service	February 2021	000	11.46	4.84	NA	2.77		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49616	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	16.50	Site of Service	February 2021	000	15.55	6.28	NA	3.78		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49617	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	16.97	Site of Service	February 2021	000	16.03	6.57	NA	3.78		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49618	Repair of anterior at	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	24.00	Site of Service	February 2021	000	22.67	8.90	NA	5.39		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49621	Repair of parastoma	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	14.24	Site of Service	February 2021	000	13.7	5.48	NA	2.93		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49622	Repair of parastoma	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	18.00	Site of Service	February 2021	000	17.06	6.61	NA	3.61		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49623	Removal of total or	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	5.00	Site of Service	February 2021	ZZZ	3.75	1.34	NA	0.79		FALSE	FALSE	February 2(18	complete	TRUE	Decrease
49652	Laparoscopy, surgic	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	June 2010	090					8623	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49653	Laparoscopy, surgic	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	June 2010	090					6182	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49654	Laparoscopy, surgic	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	June 2010	090					6511	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49655	Laparoscopy, surgic	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	June 2010	090					4650	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49656	Laparoscopy, surgic	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090					1292	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
49657	Laparoscopy, surgic	Anterior Abdominal Hern	April 2021	09	ACS, ASCRS (	Deleted from CPT	Site of Service	February 2021	090					1395	FALSE	FALSE	February 2(18	complete	TRUE	Deleted from CPT
50021	Drainage of periren	Drainage of Abscess	January 2013	04		Deleted from CPT	Codes Reporte	January 2012							FALSE	FALSE	October 2(06	Complete	TRUE	Deleted from CPT	
50080	Percutaneous nephr	Percutaneous Nephrostol	January 2022	08	AUA	13.50	Site of Service	October 2019	090	12.41	6.65	NA	1.49	2307	FALSE	TRUE	In January 2020, 1	September 22	complete	TRUE	Decrease
50081	Percutaneous nephr	Percutaneous Nephrostol	January 2022	08	AUA	22.00	Site of Service	October 2019	090	20.91	9.72	NA	2.48	5692	FALSE	TRUE	In January 2020, 1	September 22	complete	TRUE	Decrease
50200	Renal biopsy; percut	Interventional Radiology	October 2008	13	ACR, SIR	New PE Inputs	CMS Request -	NA	000	2.38	1.10	12.95	0.23	34139	FALSE	FALSE				TRUE	PE Only
50360	Renal allotransplant	Renal Allotransplantation	April 2013	21	ACR, SIR	40.90	Harvard-Value	July 2012	090	39.88	23.06	NA	9.58	11349	FALSE	FALSE				TRUE	Maintain
50387	Removal and replaci	Genitourinary Catheter P	January 2015	09	ACR, SIR	2.00	Codes Reporte	October 2012	000	1.75	0.50	14.90	0.18	7932	FALSE	FALSE	October 2(18	Complete	TRUE	Maintain	
50392	Introduction of intra	Genitourinary Catheter P	January 2015	09	ACR, SIR	Deleted from CPT	Codes Reporte	October 2012							FALSE	TRUE	The Joint Workgr	October 2(18	Complete	TRUE	Deleted from CPT
50393	Introduction of uret	Genitourinary Catheter P	January 2015	09	ACR, SIR	Deleted from CPT	Codes Reporte	October 2012							FALSE	TRUE	The Joint Workgr	October 2(18	Complete	TRUE	Deleted from CPT
50394	Injection procedure	Genitourinary Catheter P	January 2015	09	ACR, SIR	Deleted from CPT	Codes Reporte	October 2012							FALSE	TRUE	The Joint Workgr	October 2(18	Complete	TRUE	Deleted from CPT
50395	Introduction of guid	Dilation of Urinary Tract	January 2018	12	ACR, SIR	Deleted from CPT	Codes Reporte	October 2014							FALSE	TRUE	In January 2015, 1	September 19	complete	TRUE	Deleted from CPT
50398	Change of nephrost	Genitourinary Catheter P	January 2015	09	ACR, SIR	Deleted from CPT	Codes Reporte	October 2012							FALSE	TRUE	The Joint Workgr	October 2(18	Complete	TRUE	Deleted from CPT
50430	Injection procedure	Genitourinary Catheter P	January 2015	09	ACR, SIR	3.15	Codes Reporte	October 2014	000	2.9	1.29	15.86	0.30	818	FALSE	FALSE	October 2(18	Complete	TRUE	Increase	
50431	Injection procedure	Genitourinary Catheter P	January 2015	09	ACR, SIR	1.42	Codes Reporte	October 2014	000	1.1	0.72	8.54	0.11	7737	FALSE	FALSE	October 2(18	Complete	TRUE	Increase	
50432	Placement of nephro	Dilation of Urinary Tract	January 2018	12	ACR, SIR	4.00	Codes Reporte	October 2014	000	4	1.58	23.04	0.40	27988	FALSE	FALSE	October 2(18	Complete	TRUE	Maintain	
50433	Placement of nephro	Dilation of Urinary Tract	January 2018	12		5.05	Codes Reporte	September 2017	000	5.05	1.86	28.63	0.51	5296	FALSE	FALSE				TRUE	Maintain
50434	Convert nephrostom	Genitourinary Catheter P	January 2015	09	ACR, SIR	4.20	Codes Reporte	October 2014	000	3.75	1.45	23.33	0.37	2179	FALSE	FALSE	October 2(18	Complete	TRUE	Increase	
50435	Exchange nephrost	Genitourinary Catheter P	January 2015	09	ACR, SIR	2.00	Codes Reporte	October 2014	000	1.82	0.91	16.18	0.19	46485	FALSE	FALSE	October 2(18	Complete	TRUE	Increase	
50436	Dilation of existing	t Dilation of Urinary Tract	January 2018	12		3.37	Codes Reporte	September 2017	000	2.78	1.29	NA	0.29	455	FALSE	FALSE				TRUE	Decrease
50437	Dilation of existing	t Dilation of Urinary Tract	January 2018	12		5.44	Codes Reporte	September 2017	000	4.85	1.95	NA	0.47	815	FALSE	FALSE				TRUE	Decrease
50542	Laparoscopy, surgic	Laprosopic Procedures	October 2008	26	AUA	Remove from screen	CMS Fastest G	October 2008	090	21.36	10.38	NA	2.61	104	FALSE	FALSE				TRUE	Remove from Screen
50548	Laparoscopy, surgic	Laprosopic Procedures	October 2008	26	AUA	Remove from screen	CMS Fastest G	October 2008	090	25.36	10.98	NA	3.06	2250	FALSE	FALSE				TRUE	Remove from Screen
50590	Lithotripsy, extrac	Lithotripsy	April 2012	42	AUA	9.77	CMS High Expe	September 2011	090	9.77	5.95	11.09	1.15	44587	FALSE	FALSE				TRUE	Maintain
50605	Ureterotomy for ins	Ureterotomy	October 2015	21	RAW	AUA, SIR	Review action plan a	CMS Fastest G	October 2008	090	16.79	9.43	NA	3.75	2682	TRUE	Dec 2009	Yes	FALSE	TRUE	Maintain
50606	Endoluminal biopsy	Genitourinary Catheter P	April 2015	08	ACR, SIR	3.16	Codes Reporte	October 2014	ZZZ	3.16	0.53	11.06	0.37	88	FALSE	TRUE	October 2(18	Complete	TRUE	Increase	
50693	Placement of ureter	Genitourinary Catheter P	January 2015	09	ACR, SIR	4.60	Codes Reporte	October 2014	000	3.96	1.59	25.72	0.38	3734	FALSE	FALSE	October 2(18	Complete	TRUE	Increase	
50694	Placement of ureter	Genitourinary Catheter P	January 2015	09	ACR, SIR	6.00	Codes Reporte	October 2014	000	5.25	2.01	27.96	0.51	807	FALSE	FALSE	October 2(18				

51741	Complex uroflowme	Uroflowmetry	September 2022	13		AUA	Refer to CPT Assistar	Harvard Value	October 2009	XXX	0.17	NA	0.22	0.03	350551	TRUE	Dec 2023	FALSE		FALSE	Decrease			
51772	Deleted from CPT	Urodynamic Studies	April 2009	16		AUA	Deleted from CPT	Codes Reporte	February 2008							FALSE		TRUE	Referred to the C	February 224	Code Deletr	TRUE	Deleted from CPT	
51784	Electromyography si	Electromyography Studie	September 2022	13		AUA	Refer to CPT Assistar	Codes Reporte	October 2012	XXX	0.75	NA	1.08	0.08	120477	TRUE	Dec 2023	TRUE	The Joint Workgr	February 234	Complete	TRUE	Decrease	
51792	Stimulus evoked res	Urinary Reflex Studies wii	January 2019	37		AUA	CPT edits and CPT As	Codes Reporte	October 2012	000	1.1	NA	6.91	0.14	4455	TRUE	Feb 2014	Yes	TRUE	The Joint Workgr	February 234	Complete	TRUE	Maintain
51795	Deleted from CPT	Urology Studies	February 2008	S			Deleted from CPT	Codes Reporte	February 2008							FALSE		TRUE	Referred to the C	February 224	Code Deletr	TRUE	Deleted from CPT	
51797	Voiding pressure stu	Urology Studies	February 2008	S			0.80	Codes Reporte	February 2008	ZZZ	0.8	NA	4.90	0.08	97767	FALSE		TRUE	Referred to the C	February 224	Code Revis	TRUE	Maintain	
51798	Measurement of po:	Voiding Pressure Studies	April 2016	25		AUA	PE Only	CMS High Expe	July 2015	XXX	0	NA	0.31	0.01	1905320	FALSE		FALSE				TRUE	PE Only	
52000	Cystourethroscopy (	Cystourethroscopy	January 2016	35		AUA, ACOG	1.75	MPC List / CM:	October 2010	000	1.53	0.64	5.49	0.19	802751	FALSE		FALSE				TRUE	Decrease
52214	Cystourethroscopy,	Cystourethroscopy	October 2017	19		AUA	3.50	High Volume C	June 2008	000	3.5	1.20	18.60	0.42	16046	TRUE	Aug 2009	Yes	FALSE			TRUE	Decrease	
52224	Cystourethroscopy,	Cystourethroscopy	October 2017	19		AUA	4.05	High Volume C	February 2008	000	4.05	1.39	18.98	0.49	29889	TRUE	Aug 2009	Yes	FALSE			TRUE	Increase	
52234	Cystourethroscopy,	Cystourethroscopy and U	January 2021	29		AUA	4.62	Harvard Value	September 2011	000	4.62	2.01	NA	0.55	25056	TRUE	May 2016	Yes	FALSE			TRUE	Maintain	
52235	Cystourethroscopy,	Cystourethroscopy and U	October 2017	19		AUA	5.44	Harvard Value	April 2011	000	5.44	2.33	NA	0.65	32132	TRUE	May 2016	Yes	FALSE			TRUE	Maintain	
52240	Cystourethroscopy,	Cystourethroscopy and U	January 2021	29		AUA	8.75	Harvard Value	September 2011	000	7.5	3.03	NA	0.90	20534	TRUE	May 2016	Yes	FALSE			TRUE	Decrease	
52281	Cystourethroscopy,	Cystourethroscopy	April 2010	38		AUA	2.80	Harvard Value	October 2009	000	2.75	1.36	6.70	0.34	52235	FALSE		FALSE				TRUE	Maintain	
52287	Cystourethroscopy, with injection(s) for chem	January 2020	37				Remove from Screen	High Volume C	October 2019	000	3.2	1.35	8.06	0.41	55054	FALSE		FALSE				TRUE	Remove from Screen	
52332	Cystourethroscopy,	Cystourethroscopy	April 2013	13		AUA	2.82	Harvard Value	October 2009	000	2.82	1.38	8.88	0.35	142221	FALSE		TRUE	The Joint Workgr	February 215	Complete	TRUE	Maintain	
52334	Cystourethroscopy v	Dilation of Urinary Tract	January 2018	12			3.37	Codes Reporte	September 2017	000	3.37	1.57	NA	0.41	232	FALSE		FALSE				TRUE	Decrease	
52341	Cystourethroscopy;	Urological Procedures	October 2010	65		AUA	5.35	Site of Service	April 2008	000	5.35	2.30	NA	0.65	2071	FALSE		FALSE				TRUE	Decrease	
52342	Cystourethroscopy;	Urological Procedures	October 2010	65		AUA	5.85	Site of Service	April 2008	000	5.85	2.47	NA	0.69	180	FALSE		FALSE				TRUE	Decrease	
52343	Cystourethroscopy;	Urological Procedures	October 2010	65		AUA	6.55	Site of Service	April 2008	000	6.55	2.71	NA	0.78	28	FALSE		FALSE				TRUE	Decrease	
52344	Cystourethroscopy v	Urological Procedures	October 2010	65		AUA	7.05	Site of Service	September 2007	000	7.05	2.87	NA	0.83	3331	FALSE		FALSE				TRUE	Decrease	
52345	Cystourethroscopy v	Urological Procedures	October 2010	65		AUA	7.55	Site of Service	April 2008	000	7.55	3.04	NA	0.90	402	FALSE		FALSE				TRUE	Decrease	
52346	Cystourethroscopy v	Urological Procedures	October 2010	65		AUA	8.58	Site of Service	April 2008	000	8.58	3.40	NA	1.02	323	FALSE		FALSE				TRUE	Decrease	
52351	Cystourethroscopy,	Cystourethroscopy and U	September 2011	23		AUA	5.75	Harvard Value	September 2011	000	5.75	2.40	NA	0.67	21713	FALSE		FALSE				TRUE	Decrease	
52352	Cystourethroscopy,	Cystourethroscopy and U	September 2011	23		AUA	6.75	Harvard Value	September 2011	000	6.75	2.78	NA	0.80	21092	FALSE		FALSE				TRUE	Decrease	
52353	Cystourethroscopy,	Cystourethroscopy	April 2013	13		AUA	7.50	Harvard Value	April 2011	000	7.5	3.03	NA	0.90	10320	FALSE		TRUE	The Joint Workgr	February 215	Complete	TRUE	Decrease	
52354	Cystourethroscopy,	Cystourethroscopy and U	September 2011	23		AUA	8.58	Harvard Value	September 2011	000	8	3.20	NA	0.95	8674	FALSE		FALSE				TRUE	Increase	
52355	Cystourethroscopy,	Cystourethroscopy and U	September 2011	23		AUA	10.00	Harvard Value	September 2011	000	9	3.55	NA	1.06	857	FALSE		FALSE				TRUE	Increase	
52356	Cystourethroscopy,	Cystourethroscopy	April 2013	13		AUA	8.00	Codes Reporte	January 2013	000	8	3.16	NA	0.95	80680	FALSE		FALSE				TRUE	Decrease	
52400	Cystourethroscopy v	Urological Procedures	October 2010	65		AUA	8.69	Site of Service	September 2007	090	8.69	4.32	NA	1.03	64	FALSE		FALSE				TRUE	Decrease	
52442	Cystourethroscopy,	PE Subcommittee	October 2020	24		AUA, AACU	Maintain	PE Units Scree	April 2020	ZZZ	1.01	0.35	24.99	0.12	107292	FALSE		FALSE				TRUE	Maintain	
52500	Transurethral resect	Urological Procedures	October 2010	65		AUA	8.14	Site of Service	September 2007	090	8.14	5.46	NA	0.97	2446	FALSE		FALSE				TRUE	Decrease	
52601	Transurethral electn	Transurethral Electrosurg	April 2016	26		AUA	13.16	Site of Service	October 2015	090	13.16	6.74	NA	1.56	39991	FALSE		FALSE				TRUE	Decrease	
52640	Transurethral resect	Urological Procedures	April 2008	45		AUA	4.79	Site of Service	September 2007	090	4.79	4.19	NA	0.58	1332	FALSE		FALSE				TRUE	Decrease	
52648	Laser vaporization o	Laser Surgery of Prostate	April 2008	57		AUA	Remove from screen	High Volume C	February 2008	090	12.15	6.84	34.77	1.45	15604	FALSE		FALSE				TRUE	Remove from Screen	
53445	Insertion of inflatabl	Urological Procedures	February 2011	31		AUA	13.00	Site of Service	September 2007	090	13	7.81	NA	1.55	1797	FALSE		FALSE				TRUE	Decrease	
53850	Transurethral destr	Transurethral Destructor	April 2012	43		AUA	10.08	CMS High Expe	September 2011	090	5.42	4.46	36.52	0.65	1154	FALSE		FALSE				TRUE	Maintain	
54405	Insertion of multi-cc	Urological Procedures	April 2008	45		AUA	14.39	Site of Service	September 2007	090	14.52	7.60	NA	1.73	4430	FALSE		FALSE				TRUE	Maintain	
54410	Removal and replac	Urological Procedures	February 2011	31		AUA	15.18	Site of Service	September 2007	090	15.18	8.49	NA	1.80	1146	FALSE		FALSE				TRUE	Decrease	
54520	Orchiectomy, simple	Removal of Testical	September 2007	16		AUA	Reduce 99238 to 0.5	Site of Service	September 2007	090	5.3	3.74	NA	0.69	2184	FALSE		FALSE				TRUE	PE Only	
54530	Orchiectomy, radica	Urological Procedures	October 2010	65		AUA	8.46	Site of Service	September 2007	090	8.46	5.56	NA	1.06	1019	FALSE		FALSE				TRUE	Decrease	
55700	Biopsy, prostate; ne	Prostate Biopsy Services	September 2022	13	April 2024	RUC	ACR, AUA	Refer to CPT. 2.50	CMS High Expe	July 2015	000	2.5	1.01	4.41	0.30	139901	FALSE		TRUE	In April 2022, the	February 2024		FALSE	Decrease
55706	Biopsies, prostate, n	RAW	April 2014	52			Maintain	010-Day Globa	January 2014	010	6.28	4.11	NA	0.73	2636	FALSE		FALSE				TRUE	Maintain	
55840	Prostatectomy, retro	pubic radical, with or wit	April 2014	31		AUA	21.36	CMS Request -	October 2013	090	21.36	10.48	NA	2.55	1345	FALSE		FALSE				TRUE	Decrease	
55842	Prostatectomy, retro	pubic radical, with or wit	April 2014	31		AUA	24.16	CMS Request -	October 2013	090	21.36	10.48	NA	2.57	99	FALSE		FALSE				TRUE	Decrease	
55845	Prostatectomy, retr	RAW	April 2014	31		AUA	29.07	CMS Request -	July 2013	090	25.18	11.80	NA	3.02	589	FALSE		FALSE				TRUE	Decrease	
55866	Laparoscopy, surgic	Laparoscopic Radical Pro	September 2023	22	September 20	RUC	AUA	Refer to CPT to bund	New Technolo	September 2007	090	22.46	10.04	NA	2.68	19282	FALSE		TRUE	In April 2023, the	May 2024		FALSE	Decrease
55873	Cryosurgical ablatio	Cryoablation of Prostate	February 2009	25		AUA	13.45	CMS Request -	September 2007	090	13.6	7.35	157.69	1.61	1093	FALSE		FALSE				TRUE	Decrease	
56515	Destruction of lesio	Destruction of Lesions	September 2007	16		ACOG	Reduce 99238 to 0.5	Site of Service	September 2007	010	3.08	2.82	4.80	0.50	2305	FALSE		FALSE				TRUE	PE Only	
56620	Vulvectomy simple;	Partial Removal of Vulva	February 2008	D		ACOG	7.35	Site of Service	September 2007	090	7.53	8.87	NA	1.25	2828	FALSE		FALSE				TRUE	Decrease	
57150	Irrigation of vagina	Vaginal Treatments	April 2017	15		ACOG	0.50	CMS 000-Day C	July 2016	000	0.5	0.19	1.17	0.08	20062	FALSE		FALSE				TRUE	Decrease	
57155	Insertion of uterine	RAW	January 2017	30		ACOG, ASTRI	5.40	Site of Service	September 2007	000	5.15	2.85	6.28	0.44	2548	FALSE		TRUE	ACOG conducted	October 2(33	Complete	TRUE	Decrease	
57156	Insertion of a vagina	RAW	January 2017	30		ACOG, ASTRI	2.69	Site of Service	September 2007	000	2.69	1.60	3.95	0.22	15080	FALSE		FALSE	October 2(33			TRUE	Decrease	
57160	Fitting and insertion	Vaginal Treatments	April 2017	15		ACOG	0.89	CMS 000-Day C	July 2016	000	0.89	0.34	1.21	0.14	74669	FALSE		FALSE				TRUE	Maintain	
57240	Anterior colporrhapl	Colporrhaphy with Cysto	January 2017	14		ACOG	10.08	Site of Service	October 2015	090	10.08	6.79	NA	1.54	6409	FALSE		TRUE	In October 2015,	September 35	yes	TRUE	Decrease	
57250	Posterior colporrhap	Colporrhaphy with Cysto	January 2017	14		ACOG	10.08	Site of Service	April 2016	090	10.08	6.82	NA	1.60	7699	FALSE		TRUE	In October 2015,	September 35	yes	TRUE	Decrease	
57260	Combined antero	Colporrhaphy with Cysto	January 2017	14		ACOG	13.25	Site of Service	April 2016	090	13.25	8.02	NA	2.09	7785	FALSE		TRUE	In October 2015,	September 35	yes	TRUE	Decrease	
57265	Combined antero	Colporrhaphy with Cysto	January 2017	14		ACOG	15.00	Site of Service	April 2016	090	15	8.73	NA	2.42	3401	FALSE								

59515	Cesarean delivery or Obstetrical Care	October 2009	15			ACOG, AAFP 22.00	High IWP	April 2008	MMM	22.13	10.43	NA	6.51	602	FALSE		FALSE	TRUE	Increase			
59610	Routine obstetric ca Obstetrical Care	October 2009	15			ACOG, AAFP 34.40	High IWP	April 2008	MMM	38.29	25.58	NA	11.42	92	FALSE		FALSE	TRUE	Increase			
59612	Vaginal delivery only Obstetrical Care	October 2009	15			ACOG, AAFP 16.09	High IWP	April 2008	MMM	16.09	6.22	NA	4.81	36	FALSE		FALSE	TRUE	Increase			
59614	Vaginal delivery only Obstetrical Care	October 2009	15			ACOG, AAFP 20.26	High IWP	April 2008	MMM	20.06	8.24	NA	6.00	23	FALSE		FALSE	TRUE	Increase			
59618	Routine obstetric ca Obstetrical Care	October 2009	15			ACOG, AAFP 36.69	High IWP	April 2008	MMM	40.91	27.25	NA	12.22	17	FALSE		FALSE	TRUE	Increase			
59620	Cesarean delivery or Obstetrical Care	October 2009	15			ACOG, AAFP 16.66	High IWP	April 2008	MMM	16.66	6.44	NA	4.97	14	FALSE		FALSE	TRUE	Decrease			
59622	Cesarean delivery or Obstetrical Care	October 2009	15			ACOG, AAFP 22.53	High IWP	April 2008	MMM	22.66	11.13	NA	6.78	12	FALSE		FALSE	TRUE	Increase			
60220	Total thyroid lobect Total Thyroid Lobectomy	April 2008	46			ACS, AAO-HH 12.29	Site of Service	September 2007	090	11.19	7.92	NA	2.09	6624	FALSE		FALSE	TRUE	Maintain			
60225	Total thyroid lobect Total Thyroid Lobectomy	April 2008	46			ACS, AAO-HH 14.67	Site of Service	September 2007	090	14.79	10.46	NA	2.76	208	FALSE		FALSE	TRUE	Maintain			
60520	Thymectomy, partia RAW Review	January 2013	34				No reliable way to de	CMS Request t	November 2011	090	17.16	10.19	NA	3.99	357	FALSE		FALSE	TRUE	Remove from Screen		
60521	Thymectomy, partia RAW Review	January 2013	34				No reliable way to de	CMS Request t	November 2011	090	19.18	9.54	NA	4.54	220	FALSE		FALSE	TRUE	Remove from Screen		
60522	Thymectomy, partia RAW Review	January 2013	34				No reliable way to de	CMS Request t	November 2011	090	23.48	11.24	NA	5.57	91	FALSE		FALSE	TRUE	Remove from Screen		
61055	Cisternal or lateral c Myelography	April 2014	17				Editorial change	Codes Reporte	January 2014	000	2.1	1.06	NA	0.35	135	FALSE		TRUE	This code change October 2(21	Complete	TRUE	Remove from Screen
61624	Transcatheter perm: Endovascular Therapy Bu	September 2022	13	April 2024	RUC	AANS, ACR, (Refer to CPT for cod	Codes Reporte	April 2022	000	20.12	8.37	NA	6.06	9239	FALSE		TRUE	In April 2022, the February 2024		FALSE		
61781	Stereotactic comput Stereotactic Computer-A:	February 2010	13			NASS, AANS/ 3.75	CMS Fastest G	October 2009	ZZZ	3.75	1.80	NA	1.51	15500	FALSE		FALSE		October 2(34	TRUE	Decrease	
61782	Stereotactic comput Stereotactic Computer-A:	February 2010	13			NASS, AANS/ 3.18	CMS Fastest G	October 2009	ZZZ	3.18	1.50	NA	0.46	16258	FALSE		FALSE		October 2(34	TRUE	Decrease	
61783	Stereotactic comput Stereotactic Computer-A:	February 2010	13			NASS, AANS/ 3.75	CMS Fastest G	October 2009	ZZZ	3.75	1.84	NA	1.32	23110	FALSE		FALSE		October 2(34	TRUE	Decrease	
61793	Deleted from CPT Stereotactic Radiosurger	October 2008	26			AANS Deleted from CPT	CMS Fastest G	September 2007							FALSE		FALSE		February 2008	TRUE	Deleted from CPT	
61795	Deleted from CPT Stereotactic Radiosurger	February 2009	38			NASS, AAO- Deleted from CPT	CMS Fastest G	October 2008							FALSE		TRUE	The specialty con October 2(34	Code Delet	TRUE	Deleted from CPT	
61796	Stereotactic radios Stereotactic Radiosurger	February 2009	38			15.50	CMS Request - NA	090		13.93	11.30	NA	5.60	6056	FALSE		FALSE			TRUE	Decrease	
61797	Stereotactic radios Stereotactic Radiosurger	February 2009	38			3.48	CMS Request - NA	ZZZ		3.48	1.67	NA	1.39	7926	FALSE		FALSE			TRUE	Decrease	
61798	Stereotactic radios Stereotactic Radiosurger	February 2009	38			19.75	CMS Request - NA	090		19.85	14.01	NA	7.82	3065	FALSE		FALSE			TRUE	Decrease	
61799	Stereotactic radios Stereotactic Radiosurger	February 2009	38			4.81	CMS Request - NA	ZZZ		4.81	2.31	NA	1.93	764	FALSE		FALSE			TRUE	Decrease	
61800	Application of stere Stereotactic Radiosurger	April 2008	16			2.25	CMS Fastest G	February 2008	ZZZ	2.25	1.36	NA	0.91	4244	FALSE		FALSE			TRUE	Decrease	
61885	Insertion or replac Vagal Nerve Stimulator	February 2010	14			AANS/CNS 6.44	Site of Service	September 2007	090	6.05	7.59	NA	2.35	4573	FALSE		TRUE	In Feb 2009, the : October 2(35	Complete	TRUE	Decrease	
62263	Percutaneous lysis o Epidural Lysis	October 2010	66			AAPM, AANS 6.54	Site of Service	September 2007	010	5	3.94	13.64	0.47	167	FALSE		FALSE			TRUE	Maintain	
62270	Spinal puncture, lum Lumbar Puncture	January 2019	09			ACR, ASNR, 5.1.44	Different Perc	October 2017	000	1.22	0.41	2.53	0.23	24458	FALSE		TRUE	In January 2018, 1September 24	Complete	TRUE	Increase	
62272	Spinal puncture, the Lumbar Puncture	January 2019	09			1.80	Different Perc	September 2018	000	1.58	0.69	3.34	0.43	3414	FALSE		FALSE		September 24	Complete	TRUE	Increase
62281	Injection/infusion of Injection of Neurolytic Ag	September 2007	16			ASA Remove 99238	Site of Service	September 2007	010	2.66	1.80	4.29	0.25	198	TRUE	Q&A May Yes	FALSE			TRUE	PE Only	
62284	Injection procedure Myelography	April 2014	17			ACR, ASNR 1.54	Codes Reporte	October 2012	000	1.54	0.77	4.01	0.18	15012	FALSE		TRUE	Joint Workgroup October 2(21	Complete	TRUE	Maintain	
62287	Decompression proc Percutaneous Diskectom	September 2007	16			ASA Reduce 99238 to 0.5	Site of Service	September 2007	090	9.03	6.86	NA	0.90	87	FALSE		FALSE			TRUE	PE Only	
62290	Injection procedure Injection for discography	April 2010	45			ASA, AAPM, 3.00, CPT Assistant a	Different Perc	October 2009	000	3	1.38	7.24	0.27	5927	TRUE	Mar 2011 Yes	FALSE			TRUE	Maintain	
62302	Myelography via lum Myelography	April 2014	17			ACR, ASNR 2.29	Codes Reporte	October 2012	000	2.29	1.01	5.23	0.22	2683	FALSE		TRUE	Joint Workgroup October 2(21	Complete	TRUE	Decrease	
62303	Myelography via lum Myelography	April 2014	17			ACR, ASNR 2.29	Codes Reporte	October 2012	000	2.29	1.01	5.37	0.22	311	FALSE		TRUE	Joint Workgroup October 2(21	Complete	TRUE	Decrease	
62304	Myelography via lum Myelography	April 2014	17			ACR, ASNR 2.25	Codes Reporte	October 2012	000	2.25	1.00	5.22	0.22	11749	FALSE		TRUE	Joint Workgroup October 2(21	Complete	TRUE	Decrease	
62305	Myelography via lum Myelography	April 2014	17			ACR, ASNR 2.35	Codes Reporte	October 2012	000	2.35	1.04	5.79	0.22	5024	FALSE		TRUE	Joint Workgroup October 2(21	Complete	TRUE	Decrease	
62310	Injection(s), of diagn Epidural Injections	October 2015	10		RUC	AAPM, AAPN Deleted from CPT	CMS High Expe	January 2012							FALSE		TRUE	In the NPRM for : May 2015 15	Complete	TRUE	Deleted from CPT	
62311	Injection(s), of diagn Epidural Injections	October 2015	10		RUC	AAPM, AAPN Deleted from CPT	CMS High Expe	September 2011							FALSE		TRUE	In the NPRM for : May 2015 15	Complete	TRUE	Deleted from CPT	
62318	Injection(s), includin Epidural Injections	October 2015	10		RUC	AAPM, AAPN Deleted from CPT	CMS High Expe	January 2012							FALSE		TRUE	In the NPRM for : May 2015 15	Complete	TRUE	Deleted from CPT	
62319	Injection(s), includin Epidural Injections	October 2015	10		RUC	AAPM, AAPN Deleted from CPT	CMS High Expe	January 2012							FALSE		TRUE	In the NPRM for : May 2015 15	Complete	TRUE	Deleted from CPT	
62320	Injection(s), of diagn Epidural Injections	October 2015	10		RUC	AANS, AANE 1.80	Final Rule for 2	May 2015	000	1.8	0.92	2.89	0.26	3525	FALSE		FALSE		May 2015 15	Complete	TRUE	Decrease
62321	Injection(s), of diagn Epidural Injections	October 2015	10		RUC	AANS, AANE 1.95	Final Rule for 2	May 2015	000	1.95	1.01	5.71	0.19	192290	FALSE		FALSE		May 2015 15	Complete	TRUE	Decrease
62322	Injection(s), of diagn Epidural Injections	October 2015	10		RUC	AANS, AANE 1.55	Final Rule for 2	May 2015	000	1.55	0.65	2.41	0.18	28139	FALSE		FALSE		May 2015 15	Complete	TRUE	Decrease
62323	Injection(s), of diagn Epidural Injections	October 2015	10		RUC	AANS, AANE 1.80	Final Rule for 2	May 2015	000	1.8	0.94	5.76	0.18	603606	FALSE		FALSE		May 2015 15	Complete	TRUE	Decrease
62324	Injection(s), includin Epidural Injections	October 2015	10		RUC	AANS, AANE 1.89	Final Rule for 2	May 2015	000	1.89	0.58	2.07	0.17	13434	FALSE		FALSE		May 2015 15	Complete	TRUE	Decrease
62325	Injection(s), includin Epidural Injections	October 2015	10		RUC	AANS, AANE 2.20	Final Rule for 2	May 2015	000	2.2	0.88	5.20	0.20	846	FALSE		FALSE		May 2015 15	Complete	TRUE	Decrease
62326	Injection(s), includin Epidural Injections	October 2015	10		RUC	AANS, AANE 1.78	Final Rule for 2	May 2015	000	1.78	0.59	2.21	0.17	2184	FALSE		FALSE		May 2015 15	Complete	TRUE	Decrease
62327	Injection(s), includin Epidural Injections	October 2015	10		RUC	AANS, AANE 1.90	Final Rule for 2	May 2015	000	1.9	1.03	5.96	0.19	1530	FALSE		FALSE		May 2015 15	Complete	TRUE	Decrease
62328	Spinal puncture, lum Lumbar Puncture	January 2019	09			1.95	Different Perc	September 2018	000	1.73	0.63	5.03	0.19	42476	FALSE		FALSE		September 24	Complete	TRUE	Increase
62329	Spinal puncture, the Lumbar Puncture	January 2019	09			2.25	Different Perc	September 2018	000	2.03	0.80	6.18	0.38	2148	FALSE		FALSE		September 24	Complete	TRUE	Increase
62350	Implantation, revisi Intrathecal Epidural Cath	October 2010	67			AAPM, AANS 6.05	Site of Service	September 2007	010	6.05	4.68	NA	1.17	4451	FALSE		FALSE			TRUE	Decrease	
62355	Removal of previous Intrathecal Epidural Cath	October 2010	67			AAPM, AANS 4.35	Site of Service	September 2007	010	3.55	3.89	NA	0.82	913	FALSE		FALSE			TRUE	Decrease	
62360	Implantation or repl Intrathecal Epidural Cath	October 2010	67			AAPMR, ASA 4.33	Site of Service	April 2008	010	4.33	4.21	NA	1.02	205	FALSE		FALSE			TRUE	Decrease	
62361	Implantation or repl Intrathecal Epidural Cath	October 2010	67			AAPM, AANS 5.65	Site of Service	April 2008	010	5	6.15	NA	2.02	40	FALSE		FALSE			TRUE	Decrease	
62362	Implantation or repl Intrathecal Epidural Cath	October 2010	67			AAPM, AANS 6.10	Site of Service	September 2007	010	5.6	4.67	NA	1.28	6583	FALSE		FALSE			TRUE	Decrease	
62365	Removal of subcuta Intrathecal Epidural Cath	October 2010	67			AAPMR, ASA 4.65	Site of Service	September 2007	010	3.93	4.00	NA	0.97	994	FALSE		FALSE			TRUE	Decrease	
62367	Electronic analysis o Electronic Analysis Implai	April 2018	14			AAPM, AAPN New PE inputs. 0.48	Different Perc	October 2009	XXX	0.48	0.19	0.41	0.06	7208	FALSE		TRUE	Identified throug October 2(49	Complete	TRUE	Maintain	
62368	Electronic analysis o Electronic Analysis Implai	April 2018	14			AAPM, AAPN New PE inputs. 0.67	Different Perc	October 2009	XXX	0.67	0.27	0.56	0.08	34198	FALSE		TRUE	Identified throug October 2(49	Complete	TRUE	Decrease	
62369	Electronic analysis o Electronic Analysis Implai	April 2018	14			AAPM, AAPN New PE inputs. 0.67	Codes Reporte	October 2010	XXX	0.67	0.28	2.00	0.08	24182	FALSE		TRUE		October 2(49	Complete	TRUE	Decrease
62370	Electronic analysis o Electronic Analysis Implai	April 2018	14			AAPM, AAPN New PE inputs. 1.10	Codes Reporte	October 2010	XXX	0.9	0.36	1.77	0.10	94529	FALSE		TRUE		October 2(49	Complete	TRUE	Decrease
63020	Laminotomy (hemil: Lumbar Laminotomy wit	January 2022	17			AANS, AAOS, 15.95	Site of Service	January 2022	090	14.91	13.40	NA	4.74	927	FALSE		FALSE			TRUE	Decrease	
63030	Laminotomy (hemil: Lumbar Laminotomy wit	January 2022	17			AANS, AAOS, 13.18	Pre-Time Anal	January 2014	090	12	11.75	NA	3.78	21722	FALSE		TRUE	In October 2018, September 2021	CCA rejecte	TRUE	Maintain	
63035	Laminotomy (hemil: Lumbar Laminotomy wit	January 2022	17			AANS, AAOS, 4.00	Site of Service	January 2022	ZZZ	3.86	1.92	NA	1.19	5203	FALSE		FALSE			TRUE	Increase	
63042	Laminotomy (hemil: RAW	September 2014	21			AANS, AAOS, Maintain work RVU	Pre-Time Anal	January 2014	090	18.76	14.72	NA	5.45	8780	FALSE		FALSE			TRUE	Maintain	
63045	Laminectomy, facet: Laminectomy	September 2014	16		RUC	Review work and dire 17.95	CMS Request -	November 2013	090	17.95	14.63	NA	6.26	10176	FALSE		FALSE			TRUE	Maintain	
63046	Laminectomy, facet: Laminectomy	September 2014	16		RUC	Review work and dire 17.25	CMS Request -	November 2013	090	17.25	14.15	NA	5.63	3910	FALSE		FALSE			TRUE	Maintain	
63047	Laminectomy, facet: Laminectomy	January 2013	24			NASS, AANS 15.37	CMS High Expe	September 2011	090	15.37	13.14	NA	4.81	85737	FALSE		FALSE			TRUE	Maintain	
63048	Laminectomy, facet: Laminectomy	January 2013	24			NASS, AANS 3.47	CMS High Expe	January 2012	ZZZ	3.47	1.73	NA	1.06	110425	FALSE		FALSE			TRUE	Maintain	
63056	Transpedicular appn RAW	October 2015	21		RAW	NASS, AANS Review action plan a	CMS Fastest G	October 20														

64405	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAN, AAPM, 0.94	CMS 000-Day (July 2016	000	0.94	0.41	1.08	0.22	122806	FALSE		FALSE		TRUE	Maintain	
64408	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, NANC 0.90	Added as part October 2021	000	0.75	0.48	1.60	0.11	1288	FALSE		FALSE		TRUE	Decrease	
64412	Injection, anesthetic Anesthetic Injection – Spi	April 2014	36			AAN, ASA, A Deleted from CPT	High Volume (April 2013							TRUE	FAQ Sept 2 Yes	TRUE	In April 2013, CPT October 2(21	Complete	TRUE	Deleted from CPT
64415	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, ASA 1.50	CMS Fastest G October 2008	000	1.5	0.43	2.41	0.12	188043	TRUE	Dec 2011 (Yes	TRUE	During the Octob May 2021 14	complete	TRUE	Increase
64416	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, ASA 1.80	Site of Service September 2007	000	1.8	0.34	NA	0.17	14334	FALSE		TRUE	During the Octob May 2021 14	complete	TRUE	Decrease
64417	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, ASA 1.31	part of New/R October 2018	000	1.31	0.44	3.36	0.12	15954	FALSE		TRUE	During the Octob May 2021 14	complete	TRUE	Decrease
64418	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, SIS 1.10	Harvard Value October 2015	000	1.1	0.43	1.38	0.12	29207	FALSE		FALSE		TRUE	Decrease	
64420	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, AAPM 1.18	Added as part October 2021	000	1.08	0.55	1.73	0.10	20712	FALSE		FALSE		TRUE	Maintain	
64421	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, AAPM 0.60	Added as part October 2021	ZZZ	0.5	0.18	0.44	0.04	18781	FALSE		FALSE		TRUE	Decrease	
64425	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, AAPM 1.19	Added as part October 2021	000	1	0.52	2.21	0.10	7700	FALSE		FALSE		TRUE	Decrease	
64430	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, ACOC 1.15	Added as part October 2021	000	1	0.50	1.83	0.12	4666	FALSE		FALSE		TRUE	Decrease	
64435	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, ACOC 0.75	Added as part October 2021	000	0.75	0.42	1.56	0.12	43	FALSE		FALSE		TRUE	Decrease	
64445	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, AAPM 1.39	CMS Fastest G October 2008	000	1.39	0.61	3.26	0.17	128862	TRUE	Dec 2011 (Yes	FALSE		TRUE	Decrease	
64446	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, ASA 1.75	Site of Service February 2008	000	1.75	0.34	NA	0.17	5217	FALSE		TRUE	During the Octob May 2021 14	complete	TRUE	Decrease
64447	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, ASA 1.34	CMS Fastest G October 2008	000	1.34	0.41	2.03	0.11	301602	TRUE	Dec 2011 (Yes	TRUE	During the Octob May 2021 14	complete	TRUE	Decrease
64448	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, ASA 1.68	Site of Service February 2008	000	1.68	0.31	NA	0.14	30575	FALSE		TRUE	During the Octob May 2021 14	complete	TRUE	Increase
64449	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, NANC 1.55	Site of Service September 2007	000	1.27	0.44	NA	0.12	1298	FALSE		TRUE	The RUC recomb February 2 31	Complete	TRUE	Decrease
64450	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, AAPM 0.75	Harvard Value October 2009	000	0.75	0.41	1.41	0.08	363846	TRUE	Jan 2013 Yes	FALSE		TRUE	Maintain	
64451	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, AAPM 1.52	Added as part October 2021	000	1.52	0.75	5.16	0.14	21967	FALSE		FALSE		TRUE	Maintain	
64454	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, NANC 1.52	Added as part October 2021	000	1.52	0.76	4.96	0.14	37945	FALSE		FALSE		TRUE	Maintain	
64455	Injection(s), anesthe Somatic Nerve Injections	October 2021	05			AAPM, APM 0.75	High Volume (October 2016	000	0.75	0.18	0.67	0.06	68180	FALSE		FALSE		TRUE	Maintain	
64470	Deleted from CPT Injection Anesthetic Ager	April 2008	57			ASA, NASS, A Deleted from CPT	High Volume (April 2008							FALSE		TRUE	The RUC recomb February 2 28	Code Delet	TRUE	Deleted from CPT
64472	Deleted from CPT Injection Anesthetic Ager	April 2008	57			ASA, NASS, A Deleted from CPT	High Volume (February 2008							FALSE		TRUE	The RUC recomb February 2 28	Code Delet	TRUE	Deleted from CPT
64475	Deleted from CPT Injection Anesthetic Ager	April 2008	57			ASA, NASS, A Deleted from CPT	High Volume (April 2008							FALSE		TRUE	The RUC recomb February 2 28	Code Delet	TRUE	Deleted from CPT
64476	Deleted from CPT Injection Anesthetic Ager	April 2008	57			ASA, NASS, A Deleted from CPT	High Volume (April 2008							FALSE		TRUE	The RUC recomb February 2 28	Code Delet	TRUE	Deleted from CPT
64479	Injection(s), anesthe Injection Anesthetic Ager	October 2009	05			AAPM, ISIS, / 2.29	CMS Fastest G October 2008	000	2.29	1.34	5.42	0.22	40431	FALSE		TRUE	The RUC recomb June 2009 19	CPT Editori	TRUE	Increase
64480	Injection(s), anesthe Injection Anesthetic Ager	October 2009	05			AAPM, ISIS, / 1.20	CMS Fastest G October 2008	000	1.2	0.49	2.70	0.12	17260	FALSE		TRUE	The RUC recomb June 2009 19	CPT Editori	TRUE	Decrease
64483	Injection(s), anesthe Injection of Anesthetic A	October 2009	05			AAPM, ISIS, / 1.90	CMS Fastest G October 2008	000	1.9	1.19	5.28	0.18	956821	FALSE		TRUE	The RUC recomb June 2009 19	CPT Editori	TRUE	Decrease
64484	Injection(s), anesthe Injection of Anesthetic A	October 2009	05			AAPM, ISIS, / 1.00	CMS Fastest G October 2008	ZZZ	1	0.42	2.24	0.10	378950	FALSE		TRUE	The Workgroup r June 2009 19	CPT Editori	TRUE	Decrease
64488	Transversus abdomi RAW	September 2022	13			ANA, ASA Maintain	High Volume (April 2022	000	1.6	0.30	2.43	0.12	63110	FALSE		FALSE		TRUE	Maintain	
64490	Injection(s), diagnos Facet Joint Injections	April 2009	18			ASA, NASS, A 1.82	High Volume Growth1	000	1.82	1.10	3.70	0.18	230815	FALSE		FALSE		TRUE	Decrease	
64491	Injection(s), diagnos Facet Joint Injections	April 2009	18			ASA, NASS, A 1.16	High Volume Growth1	ZZZ	1.16	0.47	1.61	0.12	205617	FALSE		FALSE		TRUE	Decrease	
64492	Injection(s), diagnos Facet Joint Injections	April 2009	18			ASA, NASS, A 1.16	High Volume Growth1	ZZZ	1.16	0.50	1.63	0.12	43472	FALSE		FALSE		TRUE	Decrease	
64493	Injection(s), diagnos Facet Joint Injections	April 2009	18			ASA, NASS, A 1.52	High Volume Growth1	000	1.52	0.98	3.58	0.17	783861	FALSE		FALSE		TRUE	Decrease	
64494	Injection(s), diagnos Facet Joint Injections	April 2009	18			ASA, NASS, A 1.00	High Volume Growth1	ZZZ	1	0.41	1.60	0.10	697875	FALSE		FALSE		TRUE	Decrease	
64495	Injection(s), diagnos Facet Joint Injections	April 2009	18			ASA, NASS, A 1.00	High Volume Growth1	ZZZ	1	0.43	1.60	0.10	122717	FALSE		FALSE		TRUE	Decrease	
64510	Injection, anesthetic Fluroscopy	April 2009	27			ASA, ISIS, AA New PE inputs	CMS Request - April 2009	000	1.22	0.94	3.04	0.11	5905	FALSE		FALSE		TRUE	PE Only	
64520	Injection, anesthetic Fluroscopy	April 2009	27			ASA, ISIS, AA PE Review - no chan	CMS Request - April 2009	000	1.35	1.02	5.40	0.12	14830	FALSE		FALSE		TRUE	PE Only	
64550	Application of surfac Percutaneous Neurostim	January 2017	29			AANS, CNS, / Deleted from CPT	Final Rule for 2 January 2017							FALSE		TRUE	In September 201 June 2017 12	yes	TRUE	Deleted from CPT
64553	Percutaneous implai Percutaneous Neurostim	January 2017	15		RUC	AANS, CNS, / 6.13	Final Rule for 2 July 2014	010	6.13	4.75	69.03	0.80	192	FALSE		TRUE	The RUC discusse September 36	yes	TRUE	Increase
64555	Percutaneous implai Percutaneous Neurostim	January 2019	37			AANS, CNS, / 5.76. Article publishe	High Volume (February 2008	010	5.76	3.25	58.43	0.64	7898	TRUE	Jan 2016 Yes	TRUE	The RUC discusse September 36	yes	TRUE	Increase
64561	Percutaneous implai Percutaneous Neurostim	October 2020	24			AANS, CNS 5.44. 99214 visit app	CMS Fastest G October 2008	010	5.44	2.82	16.04	0.72	17727	FALSE		FALSE	September 36	yes	TRUE	Decrease
64565	Percutaneous implai Percutaneous Neurostim	January 2017	15			AANS, CNS Deleted from CPT	Final Rule for 2 January 2017							FALSE		FALSE	September 36	yes	TRUE	Deleted from CPT
64566	Posterior tibial neur Posterior Tibial Neurostir	January 2019	37			ACOG, AUA 0.60	CMS Request - July 2013	000	0.6	0.21	2.83	0.08	165975	FALSE		FALSE		TRUE	Maintain	
64568	Open implantation c Vagus Nerve Stimulator	February 2010	14			AANS/CNS 11.19	Site of Service February 2009	090	9	7.19	NA	1.81	2011	FALSE		FALSE	October 2(35	TRUE	Decrease	
64573	Deleted from CPT Neurosurgical Procedure:	February 2009	28			AANS/CNS Deleted from CPT	Site of Service September 2007							FALSE		TRUE	In Feb 2009, the t October 2(35	Code Delet	TRUE	Deleted from CPT
64581	Open implantation c Urological Procedures	January 2016	54			AUA 12.20. 99214 visit ap	Site of Service September 2007	090	12.2	5.62	NA	1.63	12912	FALSE		FALSE		TRUE	Decrease	
64590	Insertion or replacer Skin Adhesives (PE Only)	April 2023	07			ACOG, AUA New PE Inputs. CPT / Harvard-Value	April 2022	010	2.45	1.99	5.07	0.35	15130	TRUE		TRUE	In October 2017, this service was identi	Code incorr	TRUE	Remove from Screen
64595	Revision or removal Skin Adhesives (PE Only)	April 2023	07		RAW	ACOG, AUA New PE Inputs. CPT / RUC recomme	April 2022	010	1.78	1.76	4.91	0.25	3062	TRUE		FALSE		FALSE		
64596	Insertion or replacer Spinal Neurostimulator	September 2022	04	April 2028	RAW	AAPM, ASA, Review action plan. (Contractor Pri	September 2022							FALSE		FALSE		FALSE		Contractor Price
64597	Insertion or replacer Spinal Neurostimulator	September 2022	04	April 2028	RAW	AAPM, ASA, Review action plan. (Contractor Pri	September 2022							FALSE		FALSE		FALSE		Contractor Price
64598	Revision or removal Spinal Neurostimulator	September 2022	04	April 2028	RAW	AAPM, ASA, Review action plan. (Contractor Pri	September 2022							FALSE		FALSE		FALSE		Contractor Price
64615	Chemodeneration of muscle(s); muscle(s) inr	October 2020	23			AAN, AANEN Maintain	High Volume (October 2019	010	1.85	1.18	2.13	0.65	149976	FALSE		FALSE		TRUE	Maintain	
64622	Destruction by neuron Fluroscopy	April 2009	27			ASA, ISIS, AA PE Review - no chan	CMS Request - April 2008							FALSE		TRUE	The Executive Co June 2008 EC & 7	Code Delet	TRUE	Deleted from CPT
64623	Destruction by neuron Destruction by Neurolytic	April 2008	57			ASA, NASS, A Deleted from CPT	High Volume (February 2008							FALSE		TRUE	The Executive Co June 2008 EC & 7	Code Delet	TRUE	Deleted from CPT
64626	Destruction by neuron Fluroscopy	April 2009	27			ASA, ISIS, AA PE Review - no chan	CMS Request - April 2008							FALSE		TRUE	The Executive Co June 2008 EC & 7	Code Delet	TRUE	Deleted from CPT
64627	Destruction by neuron Destruction by Neurolytic	April 2008	57			ASA, NASS, A Deleted from CPT	High Volume (April 2008							FALSE		TRUE	The Executive Co June 2008 EC & 7	Code Delet	TRUE	Deleted from CPT
64633	Destruction by neuron Destruction by Neurolytic	October 2020	17			ASA, AAPM, 3.42	Work Neutralii September 2014	010	3.32	2.03	9.48	0.30	86057	TRUE	Feb 2015 Yes	TRUE	In February 2011, May 2015 20	complete	TRUE	Decrease
64634	Destruction by neuron Destruction by Neurolytic	October 2020	17			ASA, AAPM, 1.32	Work Neutralii September 2014	ZZZ	1.32	0.53	6.27	0.12	119880	TRUE	Feb 2015 Yes	TRUE	In February 2011, May 2015 20	complete	TRUE	Maintain
64635	Destruction by neuron Destruction by Neurolytic	October 2020	17			ASA, AAPM, 3.42	Work Neutralii September 2014	010	3.32	2.04	9.60	0.30	342267	TRUE	Feb 2015 Yes	TRUE	In February 2011, May 2015 20	complete	TRUE	Decrease
64636	Destruction by neuron Destruction by Neurolytic	October 2020	17			ASA, AAPM, 1.16	Work Neutralii September 2014	ZZZ	1.16	0.47	5.98	0.11	462017	TRUE	Feb 2015 Yes	TRUE	In February 2011, May 2015 20	complete	TRUE	Maintain
64640	Destruction by neuron Injection Treatment of N	September 2011	25			ASAM AAPM 1.23. Remove 99238	Site of Service September 2007	010	1.98	1.33	5.20	0.19	64408	FALSE		FALSE		TRUE	Decrease	
64708	Neuroplasty, major j Neuroplasty – Leg or Arm	October 2010	69			AOFAS, ASSH 6.36	Site of Service September 2007	090	6.36	7.65	NA	1.06	6398	FALSE		FALSE		TRUE	Maintain	
64712	Neuroplasty, major j Neuroplasty – Leg or Arm	October 2009	40			AOFAS, ASSH Remove from screen	Site of Service September 2007	090	8.07	8.18	NA	1.63	645	FALSE		TRUE	The specialty soci February 2 32	Editorial Ch	TRUE	Remove from Screen
64831	Suture of digital ner Neurorrhaphy – Finger	October 2010	70			AAOS, ASPS, 9.16	Site of Service September 2007	090	9.16	10.04	NA	1.67	794	FALSE		FALSE		TRUE	Decrease	
65105	Enucleation of eye; Ophthalmologic Procedu	September 2007	16			AAO Reduce 99238 to 0.5	Site of Service September 2007	090	9.93	17.80	NA	0.77	646	FALSE		FALSE		TRUE	PE Only	
65205	Removal of foreign l Removal of Foreign Body	April 2017	19			AAO, AOA 0.49	CMS 000-Day (July 2016	000	0.49	0.33	0.33	0.04	23025	FALSE		FALSE		TRUE	Decrease	
65210	Removal of foreign l Removal of Foreign Body	April 2017	19			AAO, AOA 0.75	CMS 000-Day (July 2016	000	0.61	0.41	0.49	0.04	22067	FALSE		FALSE		TRUE	Decrease	
65222	Removal of foreign l Removal of Foreign Body	September 2011	26			AAO, AOA (o 0.93	Harvard Value April 2011	000	0.84	0.59	1.12	0.04	21757	FALSE		FALSE		TRUE	Maintain	
65285	Repair of laceration; Repair of Eye Wound	February 2011	8			AAO 16.00	Site of Service September 2007	090	15.36	15.94	NA	1.19	622	FALSE		FALSE		TRUE	Decrease	
65778	Placement of amnio Ocular Surface Amniotic l	January 2023																		

66185	Revision of aqueous Aqueous Shunt	January 2020	37	AAO	Maintain. 10.58	Harvard-Value October 2012	090	10.58	13.65	NA	0.82	1500	FALSE	TRUE	In April 2013, the October 2014	Complete	TRUE	Increase	
66711	Ciliary body destruct Cyclophotocoagulation	January 2019	11	AAO	6.36	Codes Reporte 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 Iridotomy	January 2020	37	AAO	Maintain. 3.00	High IWP/UT / February 2008	010	3	3.72	5.64	0.23	52500	FALSE	TRUE	In April 2009 the February 2013	Revised	TRUE	Decrease	
66821	Discission of secondary membranous cataract	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 catara Cataract Removal with Dr	September 2023	22	April 2024	RUC	AAO	Refer to CPT to bund High IWP/UT / September 2007	090	10.25	10.87	NA	0.77	147982	TRUE	Sep 2009 Yes	TRUE	In April 2023, the Feb 2024	FALSE	Decrease
66983	Intracapsular catara Cyclophotocoagulation	January 2019	11			AAO	Contractor Price Codes Reporte January 2019	090	0	0.00	0.00	79	FALSE	FALSE			TRUE	Contractor Price	
66984	Extracapsular catara Cataract Removal with Dr	September 2023	22	April 2024	RUC	AAO	Refer to CPT to bund High IWP/UT / February 2008	090	7.35	8.09	NA	0.55	1527486	FALSE	TRUE	In September 2023 Feb 2024	FALSE	Decrease	
66987	Extracapsular catara Cataract Removal with Dr	January 2021	16			AAO	Refer to CPT to bund High IWP/UT / February 2008	090	0	0.00	0.00	918	FALSE	TRUE			TRUE	Decrease	
66988	Extracapsular catara Cyclophotocoagulation	January 2019	11			AAO	10.25 Codes Reporte January 2019	090	0	0.00	0.00	5398	FALSE	FALSE			TRUE	Decrease	
66989	Extracapsular catara Cataract Removal with Dr	January 2021	16			AAO	12.13 High Volume C January 2021	090	12.13	12.06	NA	0.91	FALSE	FALSE	October 2013	complete	TRUE	Maintain	
66991	Extracapsular catara Cataract Removal with Dr	January 2021	16			AAO	9.23 High Volume C January 2021	090	9.23	10.16	NA	0.67	FALSE	FALSE	October 2013	complete	TRUE	Maintain	
67028	Intravitreal injection Treatment of Retinal Lesi	September 2022	13			AAO, ASRS	1.44 High Volume C February 2008	000	1.44	1.14	1.80	0.11	3951441	FALSE	FALSE			TRUE	Maintain
67036	Vitrectomy, mechan Vitrectomy	October 2013	11			AAO	12.13 Harvard-Value October 2012	090	12.13	13.26	NA	0.91	17220	FALSE	FALSE			TRUE	Decrease
67038	Deleted from CPT Ophthalmological Proce	September 2007	16			AAO	Deleted from CPT Site of Service September 2007	090					FALSE	FALSE	February 2007		TRUE	Deleted from CPT	
67039	Vitrectomy, mechan Vitrectomy	October 2013	11			AAO	13.20 Site of Service September 2007	090	13.2	13.95	NA	1.01	3661	FALSE	FALSE			TRUE	Decrease
67040	Vitrectomy, mechan Vitrectomy	October 2013	11			AAO	14.50 Site of Service September 2007	090	14.5	14.77	NA	1.12	6743	FALSE	FALSE			TRUE	Decrease
67041	Vitrectomy, mechan Vitrectomy	October 2013	11			AAO	16.33 Harvard-Value October 2012	090	16.33	15.94	NA	1.26	11425	FALSE	FALSE			TRUE	Decrease
67042	Vitrectomy, mechan Vitrectomy	October 2013	11			AAO	16.33 Harvard-Value October 2012	090	16.33	15.93	NA	1.26	23661	FALSE	FALSE			TRUE	Decrease
67043	Vitrectomy, mechan Vitrectomy	October 2013	11			AAO	17.40 Harvard-Value October 2012	090	17.4	16.61	NA	1.32	289	FALSE	FALSE			TRUE	Decrease
67101	Repair of retinal det Retinal Detachment Repa	October 2015	11		RUC	AAO, ASRS	3.50 090-Day Globa April 2015	010	3.5	4.61	6.13	0.27	286	FALSE	TRUE	In April 2015, the May 2015 21	Complete	TRUE	Decrease
67105	Repair of retinal det Retinal Detachment Repa	October 2015	11		RUC	AAO, ASRS	3.84 090-Day Globa April 2015	010	3.39	4.44	5.10	0.26	3103	FALSE	TRUE	In April 2015, the May 2015 21	Complete	TRUE	Decrease
67107	Repair of retinal det Retinal Detachment Repa	April 2015	12			AAO	16.00. Reduce 99238 Site of Service September 2007	090	16	15.73	NA	1.21	449	FALSE	FALSE	October 2013		TRUE	Decrease
67108	Repair of retinal det Retinal Detachment Repa	April 2015	12		RUC	AAO	17.13 Site of Service September 2007	090	17.13	16.43	NA	1.31	15259	FALSE	FALSE	October 2013		TRUE	Decrease
67110	Repair of retinal det Retinal Detachment Repa	April 2015	12			AAO	10.25. Remove 99238 Site of Service September 2007	090	10.25	12.88	15.27	0.79	2171	FALSE	FALSE	October 2013		TRUE	Maintain
67112	Repair of retinal det Retinal Detachment Repa	April 2015	12			AAO	Deleted from CPT 090-Day Globa April 2014	090					FALSE	FALSE			TRUE	Added as part of October 2013	
67113	Repair of complex re Retinal Detachment Repa	April 2015	12		RUC	AAO	19.00 090-Day Globa January 2014	090	19	18.52	NA	1.48	10813	FALSE	FALSE	October 2013	Complete	TRUE	Deleted from CPT
67141	Prophylaxis of retina Retinal Detachment Prop	October 2020	08			AAO, ASRS	2.53 Harvard Value January 2020	010	2.53	3.65	5.26	0.19	1128	FALSE	TRUE	CPT code 67145 v May 2020	complete	TRUE	Decrease
67145	Prophylaxis of retina Retinal Detachment Prop	October 2020	08			AAO, ASRS	2.53 Harvard Value October 2019	010	2.53	3.65	4.46	0.19	30277	FALSE	TRUE	CPT code 67145 v May 2020	Complete	TRUE	Decrease
67210	Destruction of locali Treatment of Retinal Lesi	October 2010	13			AAO	6.36 High IWP/UT February 2008	090	6.36	7.80	8.35	0.50	41588	FALSE	TRUE	Code originally referred to CPT with rec	Complete	TRUE	Decrease
67220	Destruction of locali Treatment of Retinal Lesi	October 2010	13			AAO	6.36 High IWP/UT February 2008	090	6.36	7.80	8.80	0.49	2172	FALSE	TRUE	Code originally referred to CPT with rec	Complete	TRUE	Decrease
67225	Destruction of locali Photodynamic Therapy o	February 2008	P			AAO	0.47 New Technolo September 2007	ZZZ	0.47	0.30	0.35	0.04	125	FALSE	FALSE			TRUE	Maintain
67228	Treatment of extens Treatment of Retinal Lesi	October 2009	40			AAO	Remove from screen High IWP/UT February 2008	010	4.39	4.17	5.28	0.35	46728	FALSE	FALSE			TRUE	Remove from Screen
67255	Scleral reinforce Aqueous Shunt	January 2014	12			AAO	10.17 Harvard-Value January 2014	090	8.38	11.25	NA	0.65	706	FALSE	TRUE	October 2014	Complete	TRUE	Maintain
67311	Strabismus surgery, Strabismus Surgery	October 2020	18			AAO, AAP	5.93 ZZZ Global Pos April 2020	090	5.93	7.02	NA	0.44	4449	FALSE	FALSE			TRUE	Decrease
67312	Strabismus surgery, Strabismus Surgery	October 2020	18			AAO, AAP	9.50 ZZZ Global Pos April 2020	090	9.5	9.29	NA	0.73	1281	FALSE	FALSE			TRUE	Decrease
67314	Strabismus surgery, Strabismus Surgery	October 2020	18			AAO, AAP	5.93 ZZZ Global Pos April 2020	090	5.93	7.02	NA	0.44	2238	FALSE	FALSE			TRUE	Decrease
67316	Strabismus surgery, Strabismus Surgery	October 2020	18			AAO, AAP	10.31 ZZZ Global Pos April 2020	090	10.31	9.83	NA	0.79	140	FALSE	FALSE			TRUE	Decrease
67318	Strabismus surgery, Strabismus Surgery	October 2020	18			AAO, AAP	9.80 ZZZ Global Pos April 2020	090	9.8	9.65	NA	0.75	143	FALSE	FALSE			TRUE	Decrease
67320	Transposition proce Strabismus Surgery	October 2020	18			AAO, AAP	3.00 ZZZ Global Pos October 2019	ZZZ	3	2.75	NA	0.23	290	FALSE	FALSE			TRUE	Decrease
67331	Strabismus surgery (Strabismus Surgery	October 2020	18			AAO, AAP	2.00 ZZZ Global Pos October 2019	ZZZ	2	3.52	NA	0.17	871	FALSE	FALSE			TRUE	Decrease
67332	Strabismus surgery (Strabismus Surgery	October 2020	18			AAO, AAP	3.50 ZZZ Global Pos October 2019	ZZZ	3.5	2.39	NA	0.27	1424	FALSE	FALSE			TRUE	Decrease
67334	Strabismus surgery (Strabismus Surgery	October 2020	18			AAO, AAP	2.06 ZZZ Global Pos October 2019	ZZZ	2.06	3.38	NA	0.17	125	FALSE	FALSE			TRUE	Decrease
67335	Placement of adjust Strabismus Surgery	October 2020	18			AAO, AAP	3.23 ZZZ Global Pos October 2019	ZZZ	3.23	2.02	NA	0.25	1511	FALSE	FALSE			TRUE	Increase
67340	Strabismus surgery i Strabismus Surgery	October 2020	18			AAO, AAP	5.00 ZZZ Global Pos October 2019	ZZZ	5	3.17	NA	0.37	69	FALSE	FALSE			TRUE	Decrease
67500	Retrobulbar injectio Injection – Eye	October 2017	11			AAO, ASRS	1.18 CMS 000-Day C October 2017	000	1.18	0.60	0.99	0.10	7736	FALSE	FALSE			TRUE	Decrease
67505	Retrobulbar injectio Injection – Eye	October 2017	11			AAO, ASRS	1.18 CMS 000-Day C October 2017	000	1.18	0.85	1.28	0.10	79	FALSE	FALSE			TRUE	Decrease
67515	Injection of medicat Injection – Eye	October 2017	11			AAO, ASRS	0.84 CMS 000-Day C July 2016	000	0.75	0.58	0.72	0.06	20130	FALSE	FALSE			TRUE	Decrease
67820	Correction of trichia Correction of Trichiasis	April 2016	29			AOA, AOA	0.32 CMS High Expe July 2015	000	0.32	0.31	0.23	0.02	180998	FALSE	FALSE			TRUE	Decrease
67914	Repair of ectropion; Repair of Eyelid	April 2013	24			AAO	3.75 Harvard-Value October 2012	090	3.75	5.61	10.52	0.31	1286	FALSE	FALSE			TRUE	Maintain
67915	Repair of ectropion; Repair of Eyelid	April 2013	24			AAO	2.03 Harvard-Value October 2012	090	2.03	3.68	7.27	0.17	229	FALSE	FALSE			TRUE	Decrease
67916	Repair of ectropion; Repair of Eyelid	April 2013	24			AAO	5.48 Harvard-Value October 2012	090	5.48	6.71	12.27	0.44	1137	FALSE	FALSE			TRUE	Maintain
67917	Repair of ectropion; Repair of Eyelid	April 2013	24			AAO	5.93 Harvard-Value October 2012	090	5.93	7.00	12.18	0.49	18613	FALSE	FALSE			TRUE	Decrease
67921	Repair of entropion; Repair of Eyelid	April 2013	24			AAO	3.47 Harvard-Value October 2012	090	3.47	5.45	10.54	0.27	3049	FALSE	FALSE			TRUE	Maintain
67922	Repair of entropion; Repair of Eyelid	April 2013	24			AAO	2.03 Harvard-Value October 2012	090	2.03	3.69	6.99	0.17	66	FALSE	FALSE			TRUE	Decrease
67923	Repair of entropion; Repair of Eyelid	April 2013	24			AAO	5.48 Harvard-Value October 2012	090	5.48	6.72	12.28	0.44	860	FALSE	FALSE			TRUE	Decrease
67924	Repair of entropion; Repair of Eyelid	April 2013	24			AAO	5.93 Harvard-Value October 2012	090	5.93	7.01	12.96	0.47	9083	FALSE	FALSE			TRUE	Maintain
68040	Expression of conjur Treatment of Eyelid Lesio	September 2011	51			AAO	Revised parenthetice High Volume C February 2008	000	0.85	0.50	0.94	0.04	6286	FALSE	TRUE	AAO to develop February 2018	Complete	TRUE	Maintain
68200	Subconjunctival injje Subconjunctival Injection	October 2013	18			AAO	0.49 Harvard Value April 2011	000	0.49	0.47	0.70	0.04	5347	FALSE	FALSE			TRUE	Maintain
68801	Dilation of lacrimal (Dilation and Probing of L	January 2015	23			AAO, AOA	0.10 010-Day Globa January 2014	010	0.82	1.47	2.00	0.04	22177	FALSE	FALSE			TRUE	Maintain
68810	Probing of nasolacri Dilation and Probing of L	January 2015	23			AAO, AOA	0.154 Site of Service September 2007	010	1.54	2.11	3.13	0.12	21662	FALSE	FALSE			TRUE	Decrease
68811	Probing of nasolacrimal duct, with or without	January 2015	23			AAO, AOA	0.203 010-Day Globa September 2014	010	1.74	2.09	NA	0.14	349	FALSE	FALSE			TRUE	Decrease
68815	Probing of nasolacri Dilation and Probing of L	January 2015	23			AAO, AOA	0.300 010-Day Globa January 2014	010	2.7	3.62	8.32	0.22	6177	FALSE	FALSE			TRUE	Decrease
68816	Probing of nasolacrimal duct, with or without	January 2015	23			AAO, AOA	0.235 010-Day Globa 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 G October 2008	000	0.81	0.48	1.99	0.10	159540	FALSE	FALSE				

70470	Computed tomogra	CT Head/Brain	April 2019	15			ACR, ASNR	1.27	Harvard Value	October 2009	XXX	1.27	NA	4.04	0.09	70531	FALSE		FALSE	TRUE	Maintain		
70480	Computed tomogra	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.28	CMS-Other - U	October 2017	XXX	1.28	NA	3.56	0.08	48924	FALSE		FALSE	TRUE	Maintain		
70481	Computed tomogra	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.13	CMS-Other - U	October 2017	XXX	1.13	NA	4.41	0.08	9404	FALSE		FALSE	TRUE	Decrease		
70482	Computed tomogra	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.27	CMS-Other - U	October 2017	XXX	1.27	NA	5.20	0.09	4372	FALSE		FALSE	TRUE	Decrease		
70486	Computed tomogra	CT – Maxillofacial	April 2014	41			ACR, ASNR	0.85	CMS-Other - U	April 2013	XXX	0.85	NA	3.08	0.05	450568	FALSE		FALSE	TRUE	Decrease		
70487	Computed tomogra	CT – Maxillofacial	April 2014	41			ACR, ASNR	1.17	CMS-Other - U	April 2014	XXX	1.13	NA	3.52	0.07	27136	FALSE		FALSE	TRUE	Decrease		
70488	Computed tomogra	CT – Maxillofacial	April 2014	41			ACR, ASNR	1.30	CMS-Other - U	April 2014	XXX	1.27	NA	4.39	0.09	3177	FALSE		FALSE	TRUE	Decrease		
70490	Computed tomogra	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.28	CMS High Expe	July 2015	XXX	1.28	NA	3.30	0.08	58481	FALSE		FALSE	TRUE	Maintain		
70491	Computed tomogra	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.38	CMS High Expe	July 2015	XXX	1.38	NA	4.27	0.09	263568	FALSE		FALSE	TRUE	Maintain		
70492	Computed tomogra	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.62	CMS High Expe	July 2015	XXX	1.62	NA	5.18	0.10	21431	FALSE		FALSE	TRUE	Increase		
70496	Computed tomogra	Computed Tomographic	September 2022	13	April 2024	RUC	ACR, ASNR	Refer to CPT for code	High Volume C	February 2008	XXX	1.75	NA	6.70	0.14	601126	FALSE	TRUE	In April 2022, the February 2024	FALSE	Maintain		
70498	Computed tomogra	Computed Tomographic	September 2022	13	April 2024	RUC	ACR, ASNR	Refer to CPT for code	High Volume C	February 2008	XXX	1.75	NA	6.69	0.14	622608	FALSE	TRUE	In April 2022, the February 2024	FALSE	Maintain		
70540	Magnetic resonance MRI	Face and Neck	January 2016	39			ACR, ASNR	1.35	CMS High Expe	July 2015	XXX	1.35	NA	5.64	0.09	9546	FALSE		FALSE	TRUE	Maintain		
70542	Magnetic resonance MRI	Face and Neck	January 2016	39			ACR, ASNR	1.62	CMS High Expe	July 2015	XXX	1.62	NA	6.69	0.10	707	FALSE		FALSE	TRUE	Maintain		
70543	Magnetic resonance MRI	Face and Neck	January 2016	39			ACR, ASNR	2.15	CMS High Expe	July 2015	XXX	2.15	NA	8.32	0.15	61935	FALSE		FALSE	TRUE	Maintain		
70544	Magnetic resonance Magnetic Resonance Ang	September 2022	22	April 2024	RAW		ACR, ASNR	Review action plan.	CMS High Expe	July 2015	XXX	1.2	NA	5.44	0.08	194391	FALSE		FALSE	TRUE	Maintain		
70545	Magnetic resonance Magnetic Resonance Ang	October 2016	18				ACR, ASNR	1.20	CMS High Expe	July 2015	XXX	1.2	NA	5.80	0.10	3043	FALSE		FALSE	TRUE	Maintain		
70546	Magnetic resonance Magnetic Resonance Ang	October 2016	18				ACR, ASNR	1.48	CMS High Expe	July 2015	XXX	1.48	NA	8.69	0.12	18663	FALSE		FALSE	TRUE	Decrease		
70547	Magnetic resonance Magnetic Resonance Ang	September 2022	13	April 2024	RAW		ACR, ASNR	Review action plan.	CMS High Expe	July 2015	XXX	1.2	NA	5.45	0.08	64908	FALSE		FALSE	TRUE	Maintain		
70548	Magnetic resonance Magnetic Resonance Ang	October 2016	19				ACR, ASNR	1.50	CMS High Expe	July 2015	XXX	1.5	NA	6.06	0.12	12924	FALSE		FALSE	TRUE	Increase		
70549	Magnetic resonance Magnetic Resonance Ang	October 2016	19				ACR, ASNR	1.80	CMS High Expe	July 2015	XXX	1.8	NA	8.85	0.14	42928	FALSE		FALSE	TRUE	Maintain		
70551	Magnetic resonance MRI-Brain	January 2013	26				ACR, ASNR	1.48	CMS High Expe	September 2011	XXX	1.48	NA	4.53	0.10	1069458	FALSE		FALSE	TRUE	Maintain		
70552	Magnetic resonance MRI-Brain	January 2013	26				ACR, ASNR	1.78	CMS High Expe	September 2011	XXX	1.78	NA	6.54	0.14	17460	FALSE		FALSE	TRUE	Maintain		
70553	Magnetic resonance MRI-Brain	January 2013	26				ACR, ASNR	2.36	CMS-Other - U	April 2011	XXX	2.29	NA	7.51	0.16	944689	FALSE		FALSE	TRUE	Maintain		
71010	Radiologic examinat	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	Low Value-Hig	October 2010						FALSE		FALSE	February 220	Complete	TRUE	Deleted from CPT	
71015	Radiologic examinat	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expe	July 2015						FALSE		FALSE	February 220	Complete	TRUE	Deleted from CPT	
71020	Radiologic examinat	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	MPC List / CM	October 2010						FALSE		FALSE	February 220	Complete	TRUE	Deleted from CPT	
71021	Radiologic examinat	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expe	July 2015						FALSE		FALSE	February 220	Complete	TRUE	Deleted from CPT	
71022	Radiologic examinat	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expe	July 2015						FALSE		FALSE	February 220	Complete	TRUE	Deleted from CPT	
71023	Radiologic examinat	Chest X-Ray	April 2016	07			ACR	Deleted from CPT	CMS High Expe	July 2015						FALSE		FALSE	February 220	Complete	TRUE	Deleted from CPT	
71030	Radiologic examinat	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expe	July 2015						FALSE		FALSE	February 220	Complete	TRUE	Deleted from CPT	
71034	Radiologic examinat	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expe	July 2015						FALSE		FALSE	February 220	Complete	TRUE	Deleted from CPT	
71035	Radiologic examinat	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expe	July 2015						FALSE		FALSE	February 220	Complete	TRUE	Deleted from CPT	
71045	Radiologic examinat	Chest X-Ray	April 2016	07			ACR	0.18	CMS High Expe	February 2016	XXX	0.18	NA	0.58	0.02	14823913	FALSE		FALSE	February 220	Complete	TRUE	Decrease
71046	Radiologic examinat	Chest X-Ray	April 2016	07			ACR	0.22	CMS High Expe	February 2016	XXX	0.22	NA	0.77	0.02	6063799	FALSE		FALSE	February 220	Complete	TRUE	Decrease
71047	Radiologic examinat	Chest X-Ray	April 2016	07			ACR	0.27	CMS High Expe	February 2016	XXX	0.27	NA	0.98	0.02	12495	FALSE		FALSE	February 220	Complete	TRUE	Decrease
71048	Radiologic examinat	Chest X-Ray	April 2016	07			ACR	0.31	CMS High Expe	February 2016	XXX	0.31	NA	1.06	0.02	7750	FALSE		FALSE	February 220	Complete	TRUE	Decrease
71090	Insertion pacemaker	Insertion/Removal of Pac	April 2011	10			ACC	Deleted from CPT	Codes Reporte	February 2010						FALSE		TRUE	33213 - This code	February 2 13	Complete	TRUE	Deleted from CPT
71100	Radiologic examinat	X-Ray of Ribs	April 2016	30			ACR	0.22	CMS-Other - U	April 2013	XXX	0.22	NA	0.87	0.02	132073	FALSE		FALSE		TRUE	Maintain	
71101	Radiologic examinat	X-Ray of Ribs	April 2016	30			ACR	0.27	CMS-Other - U	October 2015	XXX	0.27	NA	0.98	0.02	249946	FALSE		FALSE		TRUE	Maintain	
71110	Radiologic examinat	X-Ray of Ribs	April 2016	30			ACR	0.29	CMS-Other - U	October 2015	XXX	0.29	NA	1.01	0.02	20626	FALSE		FALSE		TRUE	Maintain	
71111	Radiologic examinat	X-Ray of Ribs	April 2016	30			ACR	0.32	CMS-Other - U	October 2015	XXX	0.32	NA	1.23	0.03	27613	FALSE		FALSE		TRUE	Maintain	
71250	Computed tomogra	Screening CT of Thorax	October 2019	07			ACR	1.16	CMS Fastest G	October 2008	XXX	1.08	NA	2.98	0.07	2145188	FALSE		FALSE		TRUE	Increase	
71260	Computed tomogra	Screening CT of Thorax	October 2019	07			ACR	1.38	CMS High Expe	July 2015	XXX	1.16	NA	3.94	0.08	1736347	FALSE		FALSE		TRUE	Maintain	
71270	Computed tomogra	Screening CT of Thorax	October 2019	07			ACR	1.24	CMS High Expe	July 2015	XXX	1.25	NA	4.78	0.08	56503	FALSE		FALSE		TRUE	Maintain	
71271	Computed tomogra	Screening CT of Thorax	October 2019	07				1.16	CMS-Other - U	May 2019	XXX	1.08	NA	3.12	0.07	324831	FALSE		FALSE		TRUE	Increase	
71275	Computed tomogra	CT Angiography-Chest	January 2014	27			ACR, SIR	1.82	CMS Fastest G	October 2008	XXX	1.82	NA	6.79	0.14	1478442	TRUE	Jun 2009	Yes		FALSE	TRUE	Decrease
72020	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.16	CMS-Other - U	April 2016	XXX	0.16	NA	0.56	0.02	110300	FALSE		FALSE		TRUE	Increase	
72040	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.22	Low Value-Hig	October 2010	XXX	0.22	NA	0.95	0.02	558600	FALSE	TRUE	The RUC recomm	October 2(17	Complete	TRUE	Maintain
72050	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.27	Low Value-Hig	October 2010	XXX	0.27	NA	1.31	0.02	326846	FALSE	TRUE	The RUC recomm	October 2(17	Complete	TRUE	Decrease
72052	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.30	Low Value-Hig	October 2010	XXX	0.3	NA	1.54	0.03	63518	FALSE	TRUE	The RUC recomm	October 2(17	Complete	TRUE	Decrease
72070	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.20	CMS-Other - U	April 2013	XXX	0.2	NA	0.77	0.02	270070	FALSE		FALSE		TRUE	Decrease	
72072	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.23	CMS-Other - U	April 2016	XXX	0.23	NA	0.93	0.02	150105	FALSE		FALSE		TRUE	Increase	
72074	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.25	CMS-Other - U	October 2016	XXX	0.25	NA	1.06	0.02	10986	FALSE		FALSE		TRUE	Increase	
72080	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.21	CMS-Other - U	October 2016	XXX	0.21	NA	0.81	0.02	41682	FALSE		FALSE		TRUE	Decrease	
72100	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.22	Harvard Value	February 2010	XXX	0.22	NA	0.96	0.02	1583990	FALSE	TRUE	This service was t	October 2(18	Complete	TRUE	Maintain
72110	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.26	Harvard Value	October 2009	XXX	0.26	NA	1.26	0.02	742086	FALSE	TRUE	April 2010, refer t	October 2(18	Complete	TRUE	Decrease
72114	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.30	Harvard Value	February 2010	XXX	0.3	NA	1.53	0.03	87900	FALSE	TRUE	This service was t	October 2(18	Complete	TRUE	Decrease
72120	Radiologic examinat	X-Ray Spine	January 2019	27			AAOS, ACR, /	0.22	Harvard Value	February 2010	XXX	0.22	NA	0.98	0.02	46212	FALSE	TRUE	Code 72110 was i	October 2(18	Complete	TRUE	Maintain
72125	Computed tomogra	CT Spine	April 2018	18			ACR, ASNR	1.07	CMS Fastest G	October 2008	XXX	1	NA	2.97	0.05	1295484	FALSE		FALSE		TRUE	Maintain	
72126	Computed tomogra	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest G	February 2009	XXX	1.22	NA	3.94	0.08	18311	FALSE		FALSE		TRUE	Maintain	
72127	Computed tomogra	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest G	February 2009	XXX	1.27	NA	4.78	0.09	1728	FALSE		FALSE		TRUE	Maintain	
72128	Computed tomogra	CT Spine	April 2018	18			ACR, ASNR	1.00	CMS Fastest G	October 2008	XXX	1	NA	2.97	0.05	200681	FALSE		FALSE		TRUE	Maintain	
72129	Computed tomogra	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest G	February 2009	XXX	1.22	NA	3.97	0.09	33452	FALSE		FALSE		TRUE	Maintain	
72130	Computed tomogra	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest G	February 2009	XXX	1.27	NA	4.84	0.09	1316	FALSE		FALSE		TRUE	Maintain	
72131	Computed tomogra	CT Spine	April 2018	18			ACR, ASNR	1.00	CMS Fastest G	February 2009	XXX	1	NA	2.95	0.05	487126	FALSE		FALSE		TRUE	Maintain	
72132	Computed tomogra	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest G	February 2009	XXX	1.22	NA	3.95	0.08	61062	FALSE		FALSE		TRUE	Maintain	
72133	Computed tomogra	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest G	February 2009	XXX	1.27	NA	4.80	0.09	3692	FALSE		FALSE		TRUE	Maintain	
72141	Magnetic resonance MRI	Neck and Lumbar Sp	April 2013	25			ACR	1.48	CMS High Expe	September 2011	XXX	1.48	NA	4.36	0.10	544579	FALSE		FALSE		TRUE		

72197	Magnetic resonance MRI Pelvis	October 2016	21	RUC	ACR	2.20	CMS High Expe	July 2015	XXX	2.2	NA	8.22	0.15	249299	FALSE	FALSE	TRUE	Decrease					
72200	Radiologic examinat X-Ray Sacrum	January 2019	29		AAOS, ACR	0.20	CMS-Other - U	October 2016	XXX	0.17	NA	0.80	0.02	13715	FALSE	FALSE	TRUE	Increase					
72202	Radiologic examinat X-Ray Sacrum	January 2019	29		AAOS, ACR	0.26	CMS-Other - U	October 2016	XXX	0.23	NA	0.93	0.02	38357	FALSE	FALSE	TRUE	Increase					
72220	Radiologic examinat X-Ray Sacrum	January 2019	29		AAOS, ACR	0.20	CMS-Other - U	April 2016	XXX	0.17	NA	0.79	0.02	100892	FALSE	FALSE	TRUE	Increase					
72240	Myelography, cervic Myelography	April 2014	17		ACR, ASNR	0.91	Codes Reporte	October 2012	XXX	0.91	NA	2.46	0.08	356	FALSE	TRUE	Joint Workgroup October 2(21	Complete	TRUE	Maintain			
72255	Myelography, thorac Myelography	April 2014	17		ACR, ASNR	0.91	Codes Reporte	October 2013	XXX	0.91	NA	2.59	0.11	90	FALSE	TRUE	This code change October 2(21	Complete	TRUE	Maintain			
72265	Myelography, lumbc Myelography	April 2014	17		ACR, ASNR	0.83	Codes Reporte	October 2012	XXX	0.83	NA	2.41	0.05	2010	FALSE	TRUE	Joint Workgroup October 2(21	Complete	TRUE	Maintain			
72270	Myelography, 2 or n Myelography	April 2014	17		ACR, ASNR	1.33	Codes Reporte	October 2012	XXX	1.33	NA	3.53	0.08	361	FALSE	TRUE	Joint Workgroup October 2(21	Complete	TRUE	Maintain			
72275	Epidurography, radi Epidurography	January 2020	37		ASA, AAPM,	Deleted from CPT	Different Perf	October 2009	XXX					56054	TRUE	Oct 2009 a Yes	TRUE	In October 2019, October 2(40	complete	TRUE	Deleted from CPT		
72291	Radiological supervi: Percutaneous Vertebropl	April 2014	06			Deleted from CPT	Codes Reporte	October 2012							FALSE	TRUE	Joint Workgroup February 2 16	Complete	TRUE	Deleted from CPT			
72292	Radiological supervi: Percutaneous Vertebropl	April 2014	06			Deleted from CPT	Codes Reporte	October 2012							FALSE	TRUE	Joint Workgroup February 2 16	Complete	TRUE	Deleted from CPT			
73000	Radiologic examinat X-Ray – Clavicle/Shoulder	October 2018	17		ACR, AAOS	0.16	CMS-Other - U	October 2017	XXX	0.16	NA	0.79	0.02	91121	FALSE	FALSE	TRUE	Maintain					
73010	Radiologic examinat X-Ray – Clavicle/Shoulder	October 2018	17		ACR, AAOS	0.17	CMS-Other - U	October 2017	XXX	0.17	NA	0.52	0.02	42771	FALSE	FALSE	TRUE	Maintain					
73020	Radiologic examinat X-Ray – Clavicle/Shoulder	October 2018	17		ACR, AAOS	0.15	CMS-Other - U	October 2017	XXX	0.15	NA	0.48	0.02	99142	FALSE	FALSE	TRUE	Maintain					
73030	Radiologic examinat X-Ray – Clavicle/Shoulder	October 2018	17		ACR, AAOS	0.18	Low Value-Hig	October 2010	XXX	0.18	NA	0.84	0.02	2525765	FALSE	FALSE	TRUE	Maintain					
73050	Radiologic examinat X-Ray – Clavicle/Shoulder	October 2018	17		ACR, AAOS	0.18	CMS-Other - U	October 2017	XXX	0.18	NA	0.66	0.02	6416	FALSE	FALSE	TRUE	Decrease					
73060	Radiologic examinat X-Ray Exams	September 2014	17		AAOS, ACR	0.16	CMS-Other - U	April 2013	XXX	0.16	NA	0.79	0.02	303754	FALSE	FALSE	TRUE	Decrease					
73070	Radiologic examinat X-Ray Elbow/Forearm	January 2019	30		AAOS, ACR, /	0.16	CMS-Other - U	April 2016	XXX	0.16	NA	0.70	0.02	192334	FALSE	FALSE	TRUE	Increase					
73080	Radiologic examinat X-Ray Elbow/Forearm	January 2019	30		AAOS, ACR, /	0.17	Harvard Value	October 2009	XXX	0.17	NA	0.79	0.02	372951	FALSE	FALSE	TRUE	Maintain					
73090	Radiologic examinat X-Ray Elbow/Forearm	January 2019	30		AAOS, ACR, /	0.16	CMS-Other - U	April 2016	XXX	0.16	NA	0.70	0.02	209495	FALSE	FALSE	TRUE	Maintain					
73100	Radiologic examinat X-Ray Wrist	April 2016	32		ACR	0.16	CMS High Expe	July 2015	XXX	0.16	NA	0.84	0.02	229151	FALSE	FALSE	TRUE	Maintain					
73110	Radiologic examinat X-Ray Wrist	April 2016	32		ACR	0.17	Low Value-Hig	October 2010	XXX	0.17	NA	1.04	0.02	986576	FALSE	FALSE	TRUE	Maintain					
73120	Radiologic examinat X-Ray of Hand/Fingers	April 2016	33		ACR	0.16	CMS High Expe	July 2015	XXX	0.16	NA	0.76	0.02	244773	FALSE	FALSE	TRUE	Maintain					
73130	Radiologic examinat X-Ray of Hand/Fingers	April 2016	33		ACR	0.17	Low Value-Hig	October 2010	XXX	0.17	NA	0.92	0.02	1230447	FALSE	FALSE	TRUE	Maintain					
73140	Radiologic examinat X-Ray of Hand/Fingers	April 2016	33		ACR	0.13	CMS High Expe	July 2015	XXX	0.13	NA	0.99	0.02	340779	FALSE	FALSE	TRUE	Maintain					
73200	Computed tomogra; CT Upper Extremity	October 2009	23		ACR	1.09	CMS Fastest G	October 2008	XXX	1	NA	3.98	0.05	127767	FALSE	FALSE	TRUE	Maintain					
73201	Computed tomogra; CT Upper Extremity	October 2009	40		ACR	Remove from screen	CMS Fastest G	February 2009	XXX	1.16	NA	5.04	0.08	20132	FALSE	FALSE	TRUE	Remove from Screen					
73202	Computed tomogra; CT Upper Extremity	October 2009	40		ACR	Remove from screen	CMS Fastest G	February 2009	XXX	1.22	NA	6.49	0.08	1750	FALSE	FALSE	TRUE	Remove from Screen					
73206	Computed tomogra; CT Angiography	October 2013	12		ACR, SIR	Survey with all CTA c	CMS Request - May 2013	XXX	1.81	NA	7.32	0.14	7201	FALSE	FALSE	TRUE	Remove from Screen						
73218	Magnetic resonance MRI	October 2013	18		ACR	CPT Assistant publi	CMS Fastest G	October 2008	XXX	1.35	NA	8.09	0.11	31297	TRUE	Feb 2011 Yes	FALSE	TRUE	Maintain				
73221	Magnetic resonance MRI	January 2012	20		ACR	1.35	CMS Fastest G	October 2008	XXX	1.35	NA	4.88	0.09	428900	FALSE	FALSE	TRUE	Maintain					
73500	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	Deleted from CPT	CMS-Other - U	April 2011							FALSE	TRUE	In Jan 2012, the s	October 2(27	Complete	TRUE	Deleted from CPT		
73501	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	0.17	Codes Reporte	October 2014	XXX	0.18	NA	0.79	0.02	225727	FALSE	FALSE	October 2(27	Complete	TRUE	Decrease			
73502	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	0.22	Codes Reporte	October 2014	XXX	0.22	NA	1.17	0.02	2397096	FALSE	FALSE	October 2(27	Complete	TRUE	Decrease			
73503	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	0.27	Codes Reporte	October 2014	XXX	0.27	NA	1.49	0.02	47178	FALSE	FALSE	October 2(27	Complete	TRUE	Decrease			
73510	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	Deleted from CPT	Havard Valued	October 2008							FALSE	FALSE	October 2(27	Complete	TRUE	Deleted from CPT			
73520	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	Deleted from CPT	CMS-Other - U	April 2013							FALSE	TRUE	CPT code 73520 \	October 2(27	Complete	TRUE	Deleted from CPT		
73521	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	0.22	Codes Reporte	October 2014	XXX	0.22	NA	1.00	0.02	137912	FALSE	FALSE	October 2(27	Complete	TRUE	Decrease			
73522	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	0.29	Codes Reporte	October 2014	XXX	0.29	NA	1.30	0.02	171162	FALSE	FALSE	October 2(27	Complete	TRUE	Decrease			
73523	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	0.31	Codes Reporte	October 2014	XXX	0.31	NA	1.52	0.03	102864	FALSE	FALSE	October 2(27	Complete	TRUE	Decrease			
73540	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	Deleted from CPT	Codes Reporte	October 2014							FALSE	FALSE	October 2(27	Complete	TRUE	Deleted from CPT			
73542	Radiological examinat Sacroiliac Joint Arthrogra	April 2010	45		ASA, AAPM,	Deleted from CPT	Different Perf	October 2009							TRUE	Deleted fr	Yes	TRUE	The RUC recomm	February 2 76	Code Delet	TRUE	Deleted from CPT
73550	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	Deleted from CPT	CMS-Other - U	April 2011							FALSE	TRUE	In Jan 2012, the s	October 2(27	Complete	TRUE	Deleted from CPT		
73551	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	0.16	Codes Reporte	October 2014	XXX	0.16	NA	0.70	0.02	30254	FALSE	FALSE	October 2(27	Complete	TRUE	Decrease			
73552	Radiologic examinat Radiologic Exam-Hip and	April 2015	14		AAOS, ACR	0.18	Codes Reporte	October 2014	XXX	0.18	NA	0.87	0.02	505931	FALSE	FALSE	October 2(27	Complete	TRUE	Decrease			
73560	Radiologic examinat X-Ray Exams	September 2014	17		AAOS, ACR	0.16	Low Value-Hig	October 2010	XXX	0.16	NA	0.85	0.02	1439460	FALSE	FALSE	TRUE	Decrease					
73562	Radiologic examinat X-Ray Exams	September 2014	17		AAOS, ACR	0.18	Low Value-Hig	October 2010	XXX	0.18	NA	1.02	0.02	2216138	FALSE	FALSE	TRUE	Maintain					
73564	Radiologic examinat X-Ray Exams	September 2014	17		AAOS, ACR	0.22	Low Value-Hig	October 2010	XXX	0.22	NA	1.16	0.02	1633314	FALSE	FALSE	TRUE	Maintain					
73565	Radiologic examinat X-Ray Exams	September 2014	17		AAOS, ACR	0.16	CMS-Other - U	April 2013	XXX	0.16	NA	1.02	0.02	120857	FALSE	FALSE	TRUE	Decrease					
73580	Radiologic examinat Contrast X-Ray of Knee Jc	October 2021	16		ACR	0.59	High Volume C	February 2008	XXX	0.59	NA	3.18	0.07	17808	TRUE	Jun 2012 Yes	FALSE	These procedures were referred to CPT for possible	TRUE	Increase			
73590	Radiologic examinat X-Ray Exams	September 2014	17		AAOS, ACR	0.16	CMS-Other - U	April 2013	XXX	0.16	NA	0.77	0.02	446376	FALSE	FALSE	TRUE	Decrease					
73600	Radiologic examinat X-Ray Exams	September 2014	17		AAOS, ACR	0.16	CMS-Other - U	April 2013	XXX	0.16	NA	0.80	0.02	205057	FALSE	FALSE	TRUE	Maintain					
73610	Radiologic examinat Radiologic Examination	October 2009	24		ACR, AAOS, /	0.17	Havard Valued	October 2008	XXX	0.17	NA	0.92	0.02	1141900	FALSE	FALSE	TRUE	Maintain					
73620	Radiologic examinat X-Ray Exam of Foot	April 2011	27		ACR, AAOS, /	0.16	Low Value-Hig	October 2010	XXX	0.16	NA	0.67	0.02	449205	FALSE	FALSE	TRUE	Maintain					
73630	Radiologic examinat Radiologic Examination	October 2009	24		ACR, AAOS, /	0.17	Havard Valued	October 2008	XXX	0.17	NA	0.84	0.02	2542826	FALSE	FALSE	TRUE	Maintain					
73650	Radiologic examinat X-Ray Heel	January 2019	31		AAOS, ACR, /	0.16	CMS-Other - U	April 2016	XXX	0.16	NA	0.68	0.02	66700	FALSE	FALSE	TRUE	Maintain					
73660	Radiologic examinat X-Ray Toe	January 2019	32		AAOS, ACR, /	0.13	CMS-Other - U	April 2016	XXX	0.13	NA	0.73	0.02	98154	FALSE	FALSE	TRUE	Maintain					
73700	Computed tomogra; CT Lower Extremity	April 2018	21		ACR	1.00	CMS Fastest G	October 2008	XXX	1	NA	2.96	0.05	338121	FALSE	FALSE	TRUE	Maintain					
73701	Computed tomogra; CT Lower Extremity	April 2018	21		ACR	1.16	High Volume C	February 2009	XXX	1.16	NA	3.94	0.08	49729	FALSE	FALSE	TRUE	Maintain					
73702	Computed tomogra; CT Lower Extremity	April 2018	21		ACR	1.22	High Volume C	February 2009	XXX	1.22	NA	4.77	0.08	4736	FALSE	FALSE	TRUE	Maintain					
73706	Computed tomogra; CT Angiography	October 2013	12		ACR, SIR	Survey for October 2	High Volume C	February 2008	XXX	1.9	NA	8.04	0.14	18273	FALSE	FALSE	TRUE	Remove from Screen					
73718	Magnetic resonance MRI Lower Extremity	October 2016	20	RUC	ACR	1.35	CMS High Expe	July 2015	XXX	1.35	NA	5.56	0.09	130744	FALSE	FALSE	TRUE	Maintain					
73719	Magnetic resonance MRI Lower Extremity	October 2016	20	RUC	ACR	1.62	CMS High Expe	July 2015	XXX	1.62	NA	6.50	0.10	996	FALSE	FALSE	TRUE	Maintain					
73720	Magnetic resonance MRI Lower Extremity	October 2016	20	RUC	ACR	2.15	CMS High Expe	July 2015	XXX	2.15	NA	8.28	0.15	59489	FALSE	FALSE	TRUE	Maintain					
73721	Magnetic resonance 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 examinat Abdominal X-Ray	April 2016	08		ACR	Deleted from CPT	Low Value-Hig	October 2010							FALSE	FALSE	February 2 21	Complete	TRUE	Deleted from CPT			
74010	Radiologic examinat Abdominal X-Ray	April 2016	08		ACR	Deleted from CPT	CMS High Expe	July 2015							FALSE	FALSE	February 2 21	Complete	TRUE	Deleted from CPT			
74018	Radiologic examinat Abdominal X-Ray	April 2016	08		ACR	0.18	CMS High Expe	February 2016	XXX	0.18	NA	0.70	0.02	1943803	FALSE	FALSE	February 2 21	Complete	TRUE	Decrease			
74019	Radiologic examinat Abdominal X-Ray	April 2016	08		ACR	0.23	CMS High Expe	February 2016	XXX	0.23	NA	0.86	0.02	301854	FALSE	FALSE	February 2 21	Complete	TRUE	Decrease			
74020	Radiologic examinat Abdominal X-Ray	April 2016	08		ACR	Deleted from CPT	CMS High Expe	July 2015							FALSE	FALSE	February 2 21	Complete	TRUE	Deleted from CPT			
74021	Radiologic examinat Abdominal X-Ray	April 2016	08		ACR	0.27	CMS High Expe	February 2016	XXX	0.27	NA	1.00	0.02	40490	FALSE	FALSE	February 2 21	Complete	TRUE	Decrease			
74022	Radiologic examinat Abdominal X-Ray	April 2016	08		ACR	0.32	CMS High Expe	July 2015	XXX	0.32	NA	1.15	0.03	154690	FALSE	FALSE	February 2 21	Complete	TRUE	Maintain			
74150	Computed tomogra; CT Abdomen	February 2008	5		ACR	Review PE. 0.35	Codes Reporte	February 2008	XXX	1.19	NA	2.98	0.07	62048	FALSE	TRUE	Referred to the C	October 2(37	Complete	TRUE	Maintain		
74160	Computed tomogra; CT Abdomen and Pelvis	April 2014	44		AC																		

74221	Radiologic examinat X-Ray Exam – Upper GI	January 2019	12			0.70	CMS-Other - U October 2018	XXX	0.7	NA	2.61	0.05	62697	FALSE			TRUE	Increase				
74230	Radiologic examinat X-Ray Esophagus	April 2017	25		ACR	0.53	CMS-Other - U April 2013	XXX	0.53	NA	3.24	0.05	300780	FALSE			TRUE	Maintain				
74240	Radiologic examinat X-Ray Exam – Upper GI	January 2019	12		ACR	0.80	CMS-Other - U October 2017	XXX	0.8	NA	2.89	0.05	69897	FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Increase		
74241	Radiologic examinat X-Ray Exam – Upper GI	January 2019	12		ACR	Deleted from CPT	CMS-Other - U October 2017							FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Deleted from CPT		
74245	Radiologic examinat X-Ray Exam – Upper GI	January 2019	12		ACR	Deleted from CPT	CMS-Other - U October 2017							FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Deleted from CPT		
74246	Radiologic examinat X-Ray Exam – Upper GI	January 2019	12		ACR	0.90	CMS-Other - U October 2017	XXX	0.9	NA	3.29	0.05	51276	FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Increase		
74247	Radiological examin:X-Ray Exam – Upper GI	January 2019	12		ACR	Deleted from CPT	Harvard Value April 2011							FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Deleted from CPT		
74248	Radiologic small inte X-Ray Exam – Upper GI	January 2019	12		ACR	0.70	CMS-Other - U October 2018	ZZZ	0.7	NA	1.76	0.05	16404	FALSE		TRUE	In January 2019, 1February 2 EC-T Issue complete		TRUE	Increase		
74249	Radiological examin:X-Ray Exam – Upper GI	January 2019	12		ACR	Deleted from CPT	CMS-Other - U October 2017							FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Deleted from CPT		
74250	Radiologic examinat Lower Gastroinestinal Tr	October 2018	11		ACR	0.81	CMS-Other - U October 2017	XXX	0.81	NA	2.86	0.05	44087	FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Increase		
74251	Radiologic examinat Lower Gastroinestinal Tr	October 2018	11		ACR	1.17	CMS-Other - U October 2017	XXX	1.17	NA	9.99	0.07	351	FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Increase		
74260	Duodenography, hyp X-Ray Exam – Small Intes	October 2018	11		ACR	Deleted from CPT	CMS-Other - U October 2017							FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Deleted from CPT		
74270	Radiologic examinat Lower Gastroinestinal Tr	October 2018	11		ACR	1.04	CMS-Other - U October 2017	XXX	1.04	NA	3.58	0.05	21188	FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Increase		
74280	Radiologic examinat Lower Gastroinestinal Tr	October 2018	11		ACR	1.26	Harvard Value April 2011	XXX	1.26	NA	5.38	0.09	5661	FALSE		TRUE	In January 2018, 1May 2018 27	Yes	TRUE	Increase		
74300	Cholangiography an X-Rays at Surgery Add-Or	April 2019	19		ACR, SAGES	0.32	CMS-Other - U October 2018	XXX	0	NA	0.00	0.00	22738	FALSE		FALSE			TRUE	Decrease		
74301	Cholangiography an X-Rays at Surgery Add-Or	October 2020	19		ACR, ACS, SA	0.21	CMS-Other - U October 2018	ZZZ	0	NA	0.00	0.00	72	FALSE		FALSE	This service was identified with 74300. In January 2		TRUE	Maintain		
74305	Deleted from CPT Percutaneous Biliary Proc	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reporte	October 2012					FALSE		TRUE	The Joint Workgr February 2 16	Complete	TRUE	Deleted from CPT		
74320	Cholangiography, pe Percutaneous Biliary Proc	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reporte	October 2012					FALSE		TRUE	The Joint Workgr February 2 16	Complete	TRUE	Deleted from CPT		
74327	Postoperative bilian Percutaneous Biliary Proc	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reporte	February 2015					FALSE		FALSE	February 2 16		TRUE	Deleted from CPT		
74328	Endoscopic catheter X-Rays at Surgery Add-Or	April 2019	19		ACR, SAGES	0.47	CMS-Other - U October 2018	XXX	0	NA	0.00	0.00	61638	FALSE		FALSE			TRUE	Decrease		
74329	Endoscopic catheter X-Rays at Surgery Add-Or	April 2019	19		ACR, SAGES	0.50	CMS-Other - U October 2018	XXX	0	NA	0.00	0.00	2577	FALSE		FALSE			TRUE	Decrease		
74330	Combined endoscop X-Rays at Surgery Add-Or	April 2019	19		ACR, SAGES	0.70	CMS-Other - U October 2018	XXX	0	NA	0.00	0.00	11174	FALSE		FALSE			TRUE	Decrease		
74400	Urography (pyelogr Contrast X-Ray Exams	September 2011	31		ACR	0.49	Harvard Value April 2011	XXX	0.49	NA	3.55	0.06	3315	FALSE		FALSE			TRUE	Maintain		
74420	Urography, retrogra X-Ray Urinary Tract	April 2017	26		ACR, AUA	0.52	CMS-Other - U April 2016	XXX	0.52	NA	1.76	0.03	149626	FALSE		FALSE			TRUE	Increase		
74425	Urography, antegrac Urography	October 2018	18		ACR, AUA, SI	0.51, editorially revis	Codes Reporte	October 2012	XXX	0.51	NA	3.58	0.03	1469	FALSE		TRUE	CPT code 74425 v September 27	yes	TRUE	Increase	
74475	Introduction of intra Genitourinary Catheter P	January 2015	09		ACR, SIR	Deleted from CPT	Codes Reporte	October 2012						FALSE		TRUE	The Joint Workgr October 21 18	Complete	TRUE	Deleted from CPT		
74480	Introduction of uret Genitourinary Catheter P	January 2015	09		ACR, SIR	Deleted from CPT	Codes Reporte	October 2012						FALSE		TRUE	The Joint Workgr October 21 18	Complete	TRUE	Deleted from CPT		
74485	Dilation of ureter(s) Dilation of Urinary Tract	January 2018	12			0.83	Codes Reporte	September 2017	XXX	0.83	NA	2.70	0.05	1316	FALSE		FALSE			TRUE	Increase	
75561	Cardiac magnetic resonance imaging for morp	January 2021	29			Maintain	High Volume C	October 2020	XXX	2.6	NA	8.65	0.13	36144	FALSE		FALSE			TRUE	Remove from Screen	
75571	Computed tomogra RAW	September 2022	13		ACC, ACR, SC	Maintain	High Volume C	April 2022	XXX	0.58	NA	2.46	0.05	48132	FALSE		FALSE			TRUE	Maintain	
75572	Computed tomography, heart, with contrast n	January 2021	29			Maintain	High Volume C	October 2020	XXX	1.75	NA	5.16	0.12	37654	FALSE		FALSE			TRUE	Remove from Screen	
75574	Computed tomographic angiography, heart, c	January 2021	29		ACR, SIR, ACI	Maintain	CMS Request -	May 2013	XXX	2.4	NA	7.38	0.15	110974	FALSE		FALSE			TRUE	Remove from Screen	
75625	Aortography, abdon Abdominal Aortography	October 2018	19		ACC, SCAI, SI	1.75	CMS-Other - U	October 2017	XXX	1.44	NA	2.14	0.20	77919	FALSE		FALSE			TRUE	Increase	
75630	Aortography, abdon Abdominal Aortography	October 2018	19		ACC, SCAI, SI	2.00	CMS-Other - U	October 2017	XXX	2	NA	2.48	0.21	19887	FALSE		FALSE			TRUE	Increase	
75635	Computed tomogra CT Angiography of Abdon	April 2016	34		ACR	2.40	High Volume C	February 2008	XXX	2.4	NA	10.17	0.16	105000	FALSE		FALSE			TRUE	Maintain	
75650	Angiography, carotic Carotid Angiography	April 2010	45		ACC, ACR, AS	Deleted from CPT	Codes Reporte	February 2010						FALSE		TRUE	The Workgroup r February 2 12	Complete	TRUE	Deleted from CPT		
75671	Angiography, carotic Carotid Angiography	April 2010	45		AAANS/CNS, A	Deleted from CPT	Codes Reporte	February 2010						FALSE		TRUE	The Workgroup r February 2 12	Complete	TRUE	Deleted from CPT		
75680	Angiography, carotic Carotid Angiography	April 2010	45		AAANS/CNS, A	Deleted from CPT	Codes Reporte	February 2010						FALSE		TRUE	The Workgroup r February 2 12	Complete	TRUE	Deleted from CPT		
75710	Angiography, extren Angiography of Extremiti	January 2021	29	January 2025	RAW	ACR, ACC, RF	Refer to CPT Assista	CMS High Expe	July 2015	XXX	1.75	NA	2.51	0.24	132977	TRUE	July 2021	complete	FALSE		FALSE	Increase
75716	Angiography, extren Angiography of Extremiti	October 2016	22		RUC	ACR, ACC, RF	1.97	CMS High Expe	July 2015	XXX	1.97	NA	2.67	0.22	57043	FALSE		FALSE			TRUE	Increase
75722	Angiography, renal, Renal Angiography	April 2010	45		ACC, ACR, AS	Deleted from CPT	Codes Reporte	February 2010						FALSE		TRUE	The Workgroup r February 2 06	Code Delet	TRUE	Deleted from CPT		
75724	Angiography, renal, Renal Angiography	April 2010	45		ACC, ACR, AS	Deleted from CPT	Codes Reporte	February 2010						FALSE		TRUE	The Workgroup r February 2 06	Code Delet	TRUE	Deleted from CPT		
75726	Angiography, viscerc Angiography	October 2018	20		SCAI, SIR, SV	2.05	CMS-Other - U	October 2017	XXX	2.05	NA	2.89	0.19	38496	FALSE		FALSE			TRUE	Increase	
75774	Angiography, selecti Angiography	October 2018	20		SCAI, SIR, SV	1.01	CMS-Other - U	October 2017	ZZZ	1.01	NA	1.81	0.09	73664	FALSE		FALSE			TRUE	Increase	
75790	Deleted from CPT Arteriovenous Shunt Imaj	April 2009	9		SVS, SIR, ACF	Deleted from CPT	Codes Reporte	February 2008						FALSE		TRUE	Referred to the C February 2 31	Deleted	TRUE	Deleted from CPT		
75791	Angiography, arteric Dialysis Circuit -1	January 2016	14		ACR, RPA, SII	Deleted from CPT	Codes Reported	Together 95% or More						FALSE		FALSE	October 21 24	Complete	TRUE	Deleted from CPT		
75820	Venography, extrem Venography	January 2020	29			1.05	CMS-Other - U	January 2019	XXX	1.05	NA	2.13	0.09	21725	FALSE		FALSE			TRUE	Increase	
75822	Venography, extrem Venography	January 2020	29			1.48	CMS-Other - U	October 2019	XXX	1.48	NA	2.37	0.13	10013	FALSE		FALSE			TRUE	Increase	
75885	Percutaneous transf Interventional Radiology	February 2009	21		ACR, SIR	New PE inputs	CMS Request -	NA	XXX	1.44	NA	2.53	0.12	276	FALSE		FALSE			TRUE	PE Only	
75887	Percutaneous transf Interventional Radiology	February 2009	21		ACR, SIR	New PE inputs	CMS Request -	NA	XXX	1.44	NA	2.59	0.12	615	FALSE		FALSE			TRUE	PE Only	
75894	Transcatheter theraj Endovascular Therapy Bu	September 2022	13	April 2024	RUC	AAANS, ACR, C	(Refer to CPT to creat	Codes Reporte	February 2010	XXX	0	NA	0.00	0.00	10086	FALSE		TRUE	In April 2022, the February 2024		FALSE	Maintain
75896	Transcatheter theraj Intracranial Endovascular	April 2015	09		AAANS/CNS, A	Deleted from CPT	Codes Reporte	February 2010						FALSE		TRUE	AAANS indicated tl February 2 21 & 14	Complete	TRUE	Deleted from CPT		
75898	Angiography through Endovascular Therapy Bu	September 2022	13	April 2024	RUC	AAANS, ACR, C	(Refer to CPT for cod	Codes Reporte	February 2010	XXX	0	NA	0.00	0.00	13562	TRUE	Sep 2019	complete	TRUE	In April 2022, the February 2024 February 2014 Feb	FALSE	Contractor Price
75940	Percutaneous placel Major Vein Revision	April 2010	07		ACR, SIR, SV	Deleted from CPT	Codes Reporte	February 2010						FALSE		TRUE	The Workgroup a February 2 14	Code Delet	TRUE	Deleted from CPT		
75945	Intravascular ultras Intravascular Ultrasound	January 2015	05		ACC, SCAI, SIF	Deleted from CPT	Final Rule for	July 2014						FALSE		TRUE	A CCP was submi October 21 13	Complete	TRUE	Deleted from CPT		
75946	Intravascular ultras Intravascular Ultrasound	January 2015	07		ACC, SCAI, SIF	Deleted from CPT	Final Rule for	July 2014						FALSE		TRUE	A CCP was submi October 21 13	Complete	TRUE	Deleted from CPT		
75952	Endovascular repair Endovascular Repair Proc	January 2017	10		SVS, SIR, STS	Deleted from CPT	Codes Reporte	October 2015						FALSE		FALSE			TRUE	Deleted from CPT		
75953	Placement of proxin Endovascular Repair Proc	January 2017	10		SVS, SIR, STS	Deleted from CPT	Codes Reporte	October 2015						FALSE		FALSE			TRUE	Deleted from CPT		
75954	Endovascular repair Endovascular Repair Proc	January 2017	10		SVS, SIR, STS	Deleted from CPT	Codes Reporte	January 2017						FALSE		FALSE			TRUE	Deleted from CPT		
75960	Transcatheter introc RAW	October 2012	27		ACC, ACR, SII	Deleted from CPT	High Volume Growth1 /	Codes Reported	Together 75% or More-Part1					FALSE		TRUE	In February 2010, February 2 10	Code Delet	TRUE	Deleted from CPT		
75961	Transcatheter retrie Transcatheter Procedure:	April 2010	45		ACC, ACR, SII	Deleted from CPT	Codes Reporte	February 2010						FALSE		TRUE	The Workgroup a June 2011	Code Delet	TRUE	Deleted from CPT		
75962	Transluminal balloo Open and Percutaneous	January 2016	15		ACR, SIR, SV	Deleted from CPT	High Volume C	April 2010						FALSE		TRUE	The Workgroup a October 21 24	Complete	TRUE	Deleted from CPT		
75964	Transluminal balloo Open and Percutaneous	January 2016	15		ACR, SIR, SV	Deleted from CPT	High Volume Growth1							FALSE		TRUE	In February 2010, October 21 24	Complete	TRUE	Deleted from CPT		
75966	Transluminal balloo Open and Percutaneous	January 2016	15																			

76513	Ophthalmic ultrasound	Ophthalmic Ultrasound A	January 2020	17			AAO, AOA (o 0.60 and CPT Assista	High Volume C	February 2008	XXX	0.6	NA	1.62	0.02	15878	TRUE	Apr 2013	Yes	TRUE	At the April 2019	September 28	yes	TRUE	Decrease		
76514	Ophthalmic ultrasou	Echo Exam of Eye Thickn	October 2017	12			AAO, AOA (o 0.17	Negative IWPL	April 2017	XXX	0.14	NA	0.18	0.02	438672	FALSE			FALSE				TRUE	Maintain		
76516	Ophthalmic biometr	Ophthalmic Biometry	April 2016	36			AAO, AOA (o 0.40	CMS High Expe	April 2016	XXX	0.4	NA	0.97	0.02	2273	FALSE			FALSE				TRUE	Decrease		
76519	Ophthalmic biometr	Ophthalmic Biometry	April 2016	36			AAO, AOA (o 0.54	CMS High Expe	July 2015	XXX	0.54	NA	1.45	0.02	137533	FALSE			FALSE				TRUE	Maintain		
76536	Ultrasound, soft tiss	Soft Tissue Ultrasound	April 2009	29			ACR, ASNR, 10.56	CMS Fastest G	October 2008	XXX	0.56	NA	2.74	0.05	874305	FALSE			FALSE				TRUE	Maintain		
76604	Ultrasound, chest (ir	Ultrasound Exam - Chest	April 2018	24			ACR	0.59	CMS-Other - U	October 2017	XXX	0.59	NA	1.06	0.05	103362	FALSE			FALSE			TRUE	Increase		
76641	Ultrasound, breast, i	Breast Ultrasound	January 2014	13			ACR	0.73	CMS-Other - U	January 2014	XXX	0.73	NA	2.33	0.05	685993	FALSE			FALSE	October 21/26	Complete	TRUE	Increase		
76642	Ultrasound, breast, i	Breast Ultrasound	January 2014	13			ACR	0.68	CMS-Other - U	January 2014	XXX	0.68	NA	1.83	0.05	736738	FALSE			FALSE	October 21/26	Complete	TRUE	Increase		
76645	Ultrasound, breast(s)	Breast Ultrasound	January 2014	13			ACR	Deleted from CPT	CMS-Other - U	April 2011						FALSE			TRUE	Code 76645, Ultr	October 21/26	Complete	TRUE	Deleted from CPT		
76700	Ultrasound, abdomi	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, abdomi	Ultrasound	October 2013	13			ACR, ASBS	0.59	CMS-Other - U	April 2011	XXX	0.59	NA	2.01	0.05	994878	FALSE			FALSE			TRUE	Maintain		
76706	Ultrasound, abdomi	Abdominal Aorta Ultraso	October 2015	12			ACR, SIR, SV	0.55	Final Rule for	May 2015	XXX	0.55	NA	2.61	0.05	140849	TRUE	Jan 2017	Yes	FALSE	May 2015	23	Complete	TRUE	Decrease	
76770	Ultrasound, retropei	Ultrasound	October 2013	13			ACR	0.74	CMS-Other - U	April 2011	XXX	0.74	NA	2.48	0.05	1216019	FALSE			FALSE			TRUE	Maintain		
76775	Ultrasound, retropei	Ultrasound	October 2013	13			ACR	0.58	CMS-Other - U	April 2011	XXX	0.58	NA	1.14	0.05	448875	FALSE			FALSE			TRUE	Maintain		
76819	Fetal biophysical prc	RAW	October 2013	18				Remove from screen	High Volume C	April 2013	XXX	0.77	NA	1.72	0.03	10377	FALSE			FALSE			TRUE	Remove from Screen		
76830	Ultrasound, transvag	Transvaginal and Transre	April 2012	44			ACOG, ACR, ,	0.69	CMS High Expe	September 2011	XXX	0.69	NA	2.87	0.05	386332	FALSE			FALSE			TRUE	Maintain		
76856	Ultrasound, pelvic (r	Ultrasound	October 2013	13			ACR	0.69	CMS-Other - U	April 2011	XXX	0.69	NA	2.44	0.05	369449	FALSE			FALSE			TRUE	Maintain		
76857	Ultrasound, pelvic (r	Ultrasound	October 2013	13			ACR	0.50	CMS-Other - U	April 2013	XXX	0.5	NA	0.93	0.03	190635	FALSE			FALSE			TRUE	Decrease		
76870	Ultrasound, scrotum	Ultrasound Exam - Scrotu	April 2017	28			ACR, AUA	0.64	CMS-Other - U	April 2016	XXX	0.64	NA	2.35	0.05	130406	FALSE			FALSE			TRUE	Maintain		
76872	Ultrasound, transrec	Transvaginal and Transre	September 2022	13	April 2024	RUC	ACOG, ACR, ,	0.69	CMS High Expe	September 2011	XXX	0.69	NA	5.30	0.04	197470	FALSE			TRUE	In April 2022, the	February 2024		FALSE	Maintain	
76880	Deleted from CPT	Lower Extremity Ultrasou	October 2009	26			APMA, ACR	Deleted from CPT	CMS Fastest G	October 2008						FALSE			TRUE	The RUC recomm	February 23/7	Deleted	TRUE	Deleted from CPT		
76881	Ultrasound, complet	Neuromuscular Ultrasour	January 2023	19			AAN, AANEN	New PE Inputs. 0.90	CMS Fastest G	April 2010	XXX	0.9	NA	0.66	0.05	181541	TRUE	Clinical Ex: Yes		TRUE	In February 2010,	June 2017	13	yes	TRUE	Decrease
76882	Ultrasound, limited,	Neuromuscular Ultrasour	January 2023	19			AAN, AANEN	New PE Inputs. 0.69	CMS Fastest G	April 2010	XXX	0.69	NA	0.52	0.05	279657	TRUE	Clinical Ex: Yes		TRUE	In February 2010,	June 2017	13	yes	TRUE	Decrease
76883	Ultrasound, nerve(s)	Neuromuscular Ultrasour	January 2023	19			AAN, AANEN	New PE Inputs. 1.21	New Technolo	October 2021	XXX	1.21	NA	0.87	0.07		FALSE			FALSE			TRUE	Increase		
76930	Ultrasonic guidance	Pericardiocentesis and Pe	January 2019	04			ACC	Deleted from CPT	CMS Request - July	2013						FALSE			FALSE		September 14	Complete	TRUE	Deleted from CPT		
76932	Ultrasonic guidance	Ultrasound Guidance	April 2014	34			ACC	0.67	CMS Request - July	2013	YYY	0	NA	0.00	0.00	1031	FALSE			FALSE			TRUE	Maintain		
76936	Ultrasound guided c	RAW	October 2013	18				Maintain	CMS Request - July	2013	XXX	1.99	NA	5.51	0.26	593	FALSE			FALSE			TRUE	Maintain		
76937	Ultrasound guidance	Ultrasound Guidance for	September 2022	07			ACR, SIR, SV	0.30	Identified in R	January 2018	ZZZ	0.3	NA	0.84	0.04	642405	FALSE			FALSE			TRUE	Maintain		
76940	Ultrasound guidance	Ultrasound Guidance	January 2015	29			ACS, ACR, SIF	2.00	CMS Request - July	2013	YYY	0	NA	0.00	0.00	1199	FALSE			FALSE			TRUE	Maintain		
76942	Ultrasonic guidance	Somatic Nerve Injections	October 2021	05			AAPM, AAPA	0.67	CMS-Other - U	April 2011	XXX	0.67	NA	1.02	0.05	1121629	FALSE			TRUE	During the Octob	May 2021	14	complete	TRUE	Maintain
76948	Ultrasonic guidance	Echo Guidance for Ova A	January 2015	25			ACOG	0.85	CMS Request - July	2013	XXX	0.67	NA	1.72	0.02	8	FALSE			FALSE			TRUE	Increase		
76950	Ultrasonic guidance	Ultrasound Guidance	April 2014	34				Deleted from CPT	Codes Reporte	February 2010						FALSE			TRUE	At the April 2013	October 21/28	Complete	TRUE	Deleted from CPT		
76965	Ultrasonic guidance	Ultrasound Guidance	September 2014	21				NO INTERESI	Maintain	CMS Request - July	2013	XXX	1.34	NA	1.40	0.05	4906	FALSE			FALSE			TRUE	Maintain	
76970	Ultrasound study fol	IMRT with Ultrasound Gu	October 2019	17			ACS, ACR, A	Deleted from CPT	High Volume C	February 2008						FALSE			TRUE	In October 2018,	February 29	Complete	TRUE	Deleted from CPT		
76978	Ultrasound, targete	RAW	April 2023	15				Refer to CPT Assista	New Technolo	January 2018	XXX	1.62	NA	5.96	0.10	948	TRUE	Aug 2023	complete	FALSE			FALSE			
76979	Ultrasound, targete	RAW	April 2023	15				Refer to CPT Assista	New Technolo	January 2018	ZZZ	0.85	NA	4.12	0.05	74	TRUE	Aug 2023	complete	FALSE			FALSE			
76984	Ultrasound, intraope	Intraoperative Ultrasound	September 2022	05			AATS, ACC, S	0.60	CMS-Other - U	May 2022						FALSE			FALSE				TRUE	Decrease		
76987	Intraoperative epica	Intraoperative Ultrasound	September 2022	05			AATS, ACC, S	1.90	CMS-Other - U	May 2022						FALSE			FALSE				TRUE	Decrease		
76988	Intraoperative epica	Intraoperative Ultrasound	September 2022	05			AATS, ACC, S	1.20	CMS-Other - U	May 2022						FALSE			FALSE				TRUE	Decrease		
76989	Intraoperative epica	Intraoperative Ultrasound	September 2022	05			AATS, ACC, S	1.55	CMS-Other - U	May 2022						FALSE			FALSE				TRUE	Decrease		
76998	Ultrasonic guidance,	Intraoperative Ultrasound	September 2022	05			AATS, ACC, A	1.20	CMS-Other - U	January 2019	XXX	0	NA	0.00	0.00	28257	FALSE			TRUE	In October 2018,	May 2022	20	complete	TRUE	Maintain
77001	Fluoroscopic guidan	PICC Line Procedures	January 2018	09		RUC	AANS, AANE	0.38	MPC List / CM	January 2012	ZZZ	0.38	NA	2.59	0.05	269997	FALSE			TRUE	In the NPRM for	October 2015	Complete	TRUE	Maintain	
77002	Fluoroscopic guidan	Somatic Nerve Injections	October 2021	05			AAPM, AAPA	0.54	MPC List / CM	January 2012	ZZZ	0.54	NA	2.91	0.05	544134	FALSE			TRUE	In the NPRM for	October 2015	Complete	TRUE	Maintain	
77003	Fluoroscopic guidan	Somatic Nerve Injections	October 2021	05			AAPM, AAPA	0.60	MPC List / CM	October 2010	ZZZ	0.6	NA	2.53	0.05	27200	FALSE			TRUE	In the NPRM for	October 2015	Complete	TRUE	Maintain	
77011	Computed tomogra	IMRT with CT Guidance	October 2010	15			ASTRO, ACR	(New PE inputs	CMS Request - Practice	Expense	XXX	1.21	NA	5.42	0.09	3899	FALSE			FALSE			TRUE	PE Only		
77012	Computed tomogra	CT Guidance Needle Placi	September 2023	14			ACR, SIR	1.50	CMS-Other - U	April 2016	XXX	1.5	NA	2.63	0.11	137969	FALSE			TRUE	In October 2017,	February 21/11	complete	TRUE	Maintain	
77014	Computed tomogra	Radiation Treatment Deli	September 2023	22	September 20	RUC	ASTRO, ACR	Refer to CPT. Remov	CMS Request - October	2010	XXX	0.85	NA	2.71	0.05	2435082	FALSE			TRUE	In October 2020,	May 2024		FALSE	Maintain	
77031	Stereotactic localiza	Breast Biopsy	April 2013	04				Deleted from CPT	Codes Reporte	January 2012						FALSE			FALSE		October 21/08	Complete	TRUE	Deleted from CPT		
77032	Mammographic guic	Breast Biopsy	April 2013	04				Deleted from CPT	Codes Reporte	January 2012						FALSE			FALSE		October 21/08	Complete	TRUE	Deleted from CPT		
77046	Magnetic resonance	Breast MRI with Comput	October 2017	06			ACR	1.45	CMS High Expe	June 2017	XXX	1.45	NA	5.09	0.09	270	FALSE			FALSE	June 2017	14		TRUE	Decrease	
77047	Magnetic resonance	Breast MRI with Comput	October 2017	06			ACR	1.60	CMS High Expe	June 2017	XXX	1.6	NA	5.17	0.10	3146	FALSE			FALSE	June 2017	14		TRUE	Decrease	
77048	Magnetic resonance	Breast MRI with Comput	October 2017	06			ACR	2.10	CMS High Expe	June 2017	XXX	2.1	NA	8.29	0.15	980	FALSE			FALSE	June 2017	14		TRUE	Increase	
77049	Magnetic resonance	Breast MRI with Comput	October 2017	06			ACR	2.30	CMS High Expe	June 2017	XXX	2.3	NA	8.30	0.16	99387	FALSE			FALSE	June 2017	14		TRUE	Increase	
77051	Computer-aided det	Mammography-Compute	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization	over 250,000 / Final Rule for 2015						FALSE			FALSE		October 21/38	Complete	TRUE	Deleted from CPT		
77052	Computer-aided det	Mammography-Compute	January 2016	20			ACR	Deleted from CPT	Low Value-Hig	October 2010						FALSE			FALSE		October 21/38	Complete	TRUE	Deleted from CPT		
77055	Mammography; unil	Mammography-Compute	January 2016	20			ACR	Deleted from CPT	CMS-Other - U	January 2014						FALSE			TRUE	In the NPRM for	October 21/38	Complete	TRUE	Deleted from CPT		
77056	Mammography; bila	Mammography-Compute	January 2016	20			ACR	Deleted from CPT	CMS-Other - U	January 2014						FALSE			TRUE							

77305	Teletherapy, isodos	Isodose Calculation with	April 2014	20		ASTRO	Deleted from CPT	Codes Reporte	October 2010						FALSE	TRUE	On 8-21-12, the J	February 244	Complete	TRUE	Deleted from CPT				
77306	Teletherapy isodose	Isodose Calculation with	April 2014	20			1.40	Codes Reporte	October 2010	XXX	1.4	NA	2.93	0.08	1211	FALSE	FALSE			TRUE	Decrease				
77307	Teletherapy isodose	Isodose Calculation with	April 2014	20			2.90	Codes Reporte	October 2010	XXX	2.9	NA	5.48	0.16	30833	FALSE	FALSE			TRUE	Decrease				
77310	Teletherapy, isodos	Isodose Calculation with	April 2014	20		ASTRO	Deleted from CPT	Codes Reporte	October 2010						FALSE	TRUE	On 8-21-12, the J	February 244	Complete	TRUE	Deleted from CPT				
77315	Teletherapy, isodos	Isodose Calculation with	April 2014	20		ASTRO	Deleted from CPT	Codes Reporte	October 2010						FALSE	TRUE	On 8-21-12, the J	February 244	Complete	TRUE	Deleted from CPT				
77316	Brachytherapy isodc	Isodose Calculation with	April 2014	20			1.50	Codes Reporte	October 2012	XXX	1.4	NA	5.80	0.10	4167	FALSE	FALSE			TRUE	Decrease				
77317	Brachytherapy isodc	Isodose Calculation with	April 2014	20			1.83	Codes Reporte	October 2012	XXX	1.83	NA	7.63	0.14	2168	FALSE	FALSE			TRUE	Decrease				
77318	Brachytherapy isodc	Isodose Calculation with	October 2015	21			2.90	Codes Reporte	October 2012	XXX	2.9	NA	10.53	0.20	4713	FALSE	TRUE	On 8-21-12, the J	February 244	Complete	TRUE	Decrease			
77326	Brachytherapy isodc	Isodose Calculation with	April 2014	20				Deleted from CPT	Codes Reporte	October 2012						FALSE	TRUE	On 8-21-12, the J	February 244	Complete	TRUE	Deleted from CPT			
77327	Brachytherapy isodc	Isodose Calculation with	April 2014	20		ASTRO	Deleted from CPT	Codes Reporte	October 2010						FALSE	TRUE	On 8-21-12, the J	February 244	Complete	TRUE	Deleted from CPT				
77328	Brachytherapy isodc	Isodose Calculation with	April 2014	20				Deleted from CPT	Codes Reporte	October 2012						FALSE	TRUE	On 8-21-12, the J	February 244	Complete	TRUE	Deleted from CPT			
77332	Treatment devices, r	RAW	January 2016	40		RUC	ASTRO	0.54	CMS High Expe	April 2015	XXX	0.45	NA	0.66	0.03	62457	FALSE	FALSE			TRUE	Maintain			
77333	Treatment devices, r	RAW	January 2016	40		RUC	ASTRO	0.84	CMS High Expe	April 2015	XXX	0.75	NA	3.32	0.05	10502	FALSE	FALSE			TRUE	Maintain			
77334	Treatment devices, design and construction; c	January 2016	40			RUC	ASTRO	1.24	MPC List / RUC	October 2010	XXX	1.15	NA	2.53	0.05	751878	FALSE	FALSE			TRUE	Maintain			
77336	Continuing medical i	Continuing Medical Physi	April 2013	31			ASTRO	New PE Inputs	CMS Request -	October 2012	XXX	0	NA	2.50	0.08	363375	FALSE	FALSE			TRUE	PE Only			
77338	Multi-leaf collimator	IMRT - PE Only	April 2013	28				New PE Inputs	Services with	October 2012	XXX	4.29	NA	9.31	0.26	173297	FALSE	FALSE			TRUE	PE Only			
77371	Radiation treatment	Radiation Treatment Deli	April 2009	30			ASTRO	New PE inputs	CMS Request -	NA	XXX	0	0.00	0.00	0.00	109	FALSE	FALSE			TRUE	PE Only			
77372	Radiation treatment	Radiation Treatment Deli	October 2013	18				New PE Inputs	Services with	October 2012	XXX	0	NA	28.75	0.19	726	FALSE	FALSE			TRUE	PE Only			
77373	Stereotactic body ra	Radiation Treatment Deli	October 2013	18			ACR, ASTRO	New PE inputs	Services with	July 2012	XXX	0	NA	29.84	0.23	36453	FALSE	FALSE			TRUE	PE Only			
77385	Intensity modulated	Radiation Treatment Deli	September 2023	22	September 20	RUC	ACRO, ASTR	(Refer to CPT. PE Only	Services with	January 2014	XXX	0	0.00	0.00	0.00		FALSE	TRUE	In October 2020, May	2024	Complete	FALSE	PE Only		
77386	Intensity modulated	Radiation Treatment Deli	September 2023	22	September 20	RUC	ACRO, ASTR	(Refer to CPT. PE Only	Services with	January 2014	XXX	0	0.00	0.00	0.00		FALSE	TRUE	In October 2020, May	2024	Complete	FALSE	PE Only		
77387	Guidance for localiz	Radiation Treatment Deli	September 2023	22	September 20	RUC	ACRO, ASTR	(Refer to CPT. 0.58	Services with	January 2014	XXX	0	0.00	0.00	0.00		FALSE	TRUE	In October 2020, May	2024	Complete	FALSE	Decrease		
77401	Radiation treatment	Radiation Treatment De	January 2020	31				New PE Inputs	High Volume	October 2018	XXX	0	NA	1.22	0.01	237180	FALSE	TRUE	In October 2018, May	2019	08	Withdrawn	TRUE	PE Only	
77402	Radiation treatment	Radiation Treatment Deli	September 2023	22	September 20	RUC	ACRO, ASTR	(Refer to CPT. PE Only	Services with	October 2012	XXX	0	0.00	0.00	0.00		FALSE	TRUE	At the April 2013	May 2024	Complete	FALSE	PE Only		
77403	Radiation treatment	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	Services with	October 2012						FALSE	TRUE	At the April 2013	October 21	28	Complete	TRUE	Deleted from CPT		
77404	Radiation treatment	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	Services with	October 2012						FALSE	TRUE	At the April 2013	October 21	28	Complete	TRUE	Deleted from CPT		
77406	Radiation treatment	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	Services with	October 2012						FALSE	TRUE	At the April 2013	October 21	28	Complete	TRUE	Deleted from CPT		
77407	Radiation treatment	Radiation Treatment Deli	September 2023	22	September 20	RUC	ACRO, ASTR	(Refer to CPT. PE Only	Services with	October 2012	XXX	0	0.00	0.00	0.00		FALSE	TRUE	At the April 2013	May 2024	Complete	FALSE	PE Only		
77408	Radiation treatment	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	Services with	October 2012						FALSE	TRUE	At the April 2013	October 21	28	Complete	TRUE	Deleted from CPT		
77409	Radiation treatment	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	Services with	October 2012						FALSE	TRUE	At the April 2013	October 21	28	Complete	TRUE	Deleted from CPT		
77411	Radiation treatment	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	Services with	October 2012						FALSE	TRUE	At the April 2013	October 21	28	Complete	TRUE	Deleted from CPT		
77412	Radiation treatment	Radiation Treatment Deli	September 2023	22	September 20	RUC	ACRO, ASTR	(Refer to CPT. PE Only	Services with	October 2012	XXX	0	0.00	0.00	0.00		FALSE	TRUE	At the April 2013	May 2024	Complete	FALSE	PE Only		
77413	Radiation treatment	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	Services with	October 2012						FALSE	TRUE	At the April 2013	October 21	28	Complete	TRUE	Deleted from CPT		
77414	Radiation treatment	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	Services with	October 2012						FALSE	TRUE	At the April 2013	October 21	28	Complete	TRUE	Deleted from CPT		
77416	Radiation treatment	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	Services with	October 2012						FALSE	TRUE	At the April 2013	October 21	28	Complete	TRUE	Deleted from CPT		
77418	Intensity modulated	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	CMS Fastest G	October 2008						TRUE	Nov 2009 : Yes	TRUE	October 21	28	Complete	TRUE	Deleted from CPT		
77421	Stereoscopic X-ray g	Radiation Treatment Deli	January 2014	14			ACRO, ASTR	(Deleted from CPT	Codes Reporte	February 2010						FALSE	TRUE	In Jan 2012, the s	October 21	28	Complete	TRUE	Deleted from CPT		
77422	High energy neutror	High Energy Neutron Rad	April 2015	35		RUC	AAOS, ASPS,	Contractor Price	CMS Request -	November 2014						FALSE	FALSE					TRUE	Deleted from CPT		
77423	High energy neutror	High Energy Neutron Rad	April 2015	35		RUC	AAOS, ASPS,	Contractor Price	CMS Request -	November 2014	XXX	0	0.00	0.00	0.00		FALSE	FALSE					TRUE	Maintain	
77427	Radiation treatment	Radiation Treatment Mar	January 2016	54			ASTRO	3.45. Remove from h	Site of Service	September 2007	XXX	3.37	2.06	2.06	0.26	939960	FALSE	TRUE	In October 2008 t	June 2009	21	Complete	TRUE	Decrease	
77435	Stereotactic body ra	RAW	January 2017	30				Remove from screen	High Volume	October 2016	XXX	11.87	6.31	6.31	0.91	40892	FALSE	FALSE					TRUE	Remove from Screen	
77470	Special treatment pr	Special Radiation Treatm	January 2016	41			ASTRO	2.03	CMS High Expe	July 2015	XXX	2.03	NA	2.00	0.12	83022	FALSE	FALSE					TRUE	Decrease	
77520	Proton treatment de	Proton Beam Treatment I	April 2019	19			ASTRO	New PE Inputs	Contractor Pri	October 2018	XXX	0	0.00	0.00	0.00	153	FALSE	FALSE					TRUE	PE Only	
77522	Proton treatment de	Proton Beam Treatment I	April 2019	19			ASTRO	New PE Inputs	Contractor Pri	January 2018	XXX	0	0.00	0.00	0.00	10249	FALSE	FALSE					TRUE	PE Only	
77523	Proton treatment de	Proton Beam Treatment I	April 2019	19			ASTRO	New PE Inputs	High Volume	October 2016	XXX	0	0.00	0.00	0.00	70873	FALSE	FALSE					TRUE	PE Only	
77525	Proton treatment de	Proton Beam Treatment I	April 2019	19			ASTRO	New PE Inputs	Contractor Pri	October 2018	XXX	0	0.00	0.00	0.00	12383	FALSE	FALSE					TRUE	PE Only	
77600	Hyperthermia, exter	Hyperthermia - PE Only	April 2013	30				New PE Inputs	Services with	October 2012	XXX	1.31	NA	14.41	0.12	9027	FALSE	FALSE					TRUE	PE Only	
77767	Remote afterloading	Surface Radionuclide Hig	January 2015	16			ASTRO, ACR	(1.05	Codes Reporte	October 2014	XXX	1.05	NA	6.31	0.08	4110	FALSE	FALSE			October 21	28/29	Complete	TRUE	Decrease
77768	Remote afterloading	Surface Radionuclide Hig	January 2015	16			ASTRO, ACR	(1.40	Codes Reporte	October 2014	XXX	1.4	NA	9.34	0.13	6054	FALSE	FALSE			October 21	28/29	Complete	TRUE	Decrease
77770	Remote afterloading	Surface Radionuclide Hig	January 2015	16			ASTRO, ACR	(1.95	Codes Reporte	October 2014	XXX	1.95	NA	8.27	0.12	15268	FALSE	FALSE			October 21	28/29	Complete	TRUE	Decrease
77771	Remote afterloading	Surface Radionuclide Hig	January 2015	16			ASTRO, ACR	(3.80	Codes Reporte	October 2014	XXX	3.8	NA	13.90	0.27	12435	FALSE	FALSE			October 21	28/29	Complete	TRUE	Decrease
77772	Remote afterloading	Surface Radionuclide Hig	January 2015	16			ASTRO, ACR	(5.40	Codes Reporte	October 2014	XXX	5.4	NA	20.96	0.39	3720	FALSE	FALSE			October 21	28/29	Complete	TRUE	Decrease
77776	Interstitial radiation	Interstitial Radiation Sou	April 2015	17			ACR, ASTRO	Deleted from CPT	Codes Reporte	February 2015						FALSE	FALSE			February 235		Complete	TRUE	Deleted from CPT	
77777	Interstitial radiation	Interstitial Radiation Sou	April 2015	17			ACR, ASTRO	Deleted from CPT	Codes Reporte	February 2015						FALSE	FALSE			February 235		Complete	TRUE	Deleted from CPT	
77778	Interstitial radiation	Interstitial Radiation Sou	October 2015	21			ACR, ASTRO	8.78	Codes Reporte	October 2012	000	8.78	NA	17.94	0.53	3532	FALSE	TRUE	The Joint Workgr	February 235		Complete	TRUE	Decrease	
77781	Deleted from CPT	Brachytherapy	October 2008	26			ASTRO	Deleted from CPT	CMS Fastest G	October 2008						FALSE	TRUE	Deleted from CP1	February 236		Code Delet	TRUE	Deleted from CPT		
77782	Deleted from CPT	Brachytherapy	February 2008	5			ASTRO	Deleted from CPT	High Volume	February 2008						FALSE	TRUE	Deleted from CP1	February 236		Code Delet	TRUE	Deleted from CPT		
77784	Deleted from CPT	Brachytherapy	February 2008	5			ASTRO	Deleted from CPT	CMS Fastest G	February 2008						FALSE	TRUE	Deleted from CP1	February 236		Code Delet	TRUE	Deleted from CPT		
77785	Remote afterloading	Surface Radionuclide Hig	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1 /	CMS Fastest Growing/CMS Request - Practice Expense / Services with						FALSE	TRUE	In October 2012, October 21	28/29		Complete	TRUE	Deleted from CPT		
77786	Remote afterloading	Surface Radionuclide Hig	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1 /	CMS Fastest Growing/CMS Request - Practice Expense / Services with						FALSE	TRUE	In October 2012, October 21	28/29		Complete	TRUE	Deleted from CPT		
77787	Remote afterloading	Surface Radionuclide Hig	January 2015	16			ASTRO	Deleted from CPT	High Volume	October 2012						FALSE	TRUE	In October 2012, October 21	28/29		Complete	TRUE	Deleted from CPT		
77790	Supervision, handlin	Interstitial Radiation Sou	October 2015	21			ACR, ASTRO	0,00	Codes Reporte	October 2012	XXX	0	NA	0.50	0.02	32	FALSE	TRUE	The Joint Workgr	February 235		Complete	TRUE	Decrease	
78000	Thyroid uptake; sing	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued -	Utilization over 30,000						FALSE	TRUE	Identified with 7	February 213		Complete	TRUE	Deleted from CPT		
78001	Thyroid uptake; mul	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued -	Utilization over 30,000						FALSE	TRUE	Identified with 7	February 213		Complete	TRUE	Deleted from CPT		
78003	Thyroid uptake; stin	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued -	Utilization over 30,000						FALSE	TRUE	Identified with 7	February 213		Complete	TRUE	Deleted from CPT		
78006	Thyroid imaging, wit	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued -	Utilization over 30,000						FALSE	TRUE	Identified with 7	February 213		Complete	TRUE	Deleted from CPT		
78007	Thyroid imaging, wit	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Value	April 2011						FALSE	TRUE	Specialty request	February 213		Complete	TRUE	Deleted from CPT		
78010	Thyroid imaging; onl	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued -	Utilization over 30,															

78432	Myocardial imaging, Myocardial PET	January 2019	13			ACC, ACR, AC 2.07	High Volume C May 2018	XXX	0 NA	0.00	0.00	51	FALSE		FALSE		TRUE	Increase		
78433	Myocardial imaging, Myocardial PET	January 2019	13			ACC, ACR, AC 2.26	High Volume C May 2018	XXX	0 NA	0.00	0.00	1321	FALSE		FALSE		TRUE	Increase		
78434	Absolute quantific Myocardial PET	January 2019	13			ACC, ACR, AC 0.63	High Volume C May 2018	ZZZ	0 NA	0.00	0.00	53560	FALSE		FALSE		TRUE	Increase		
78451	Myocardial perfusio Myocardial Perfusion Ima	February 2009	16			SNM, ACR, A 1.40	Codes Reporte NA	XXX	1.38 NA	7.99	0.08	26101	FALSE		FALSE		TRUE	Increase		
78452	Myocardial perfusio Myocardial Perfusion Ima	February 2009	16			SNM, ACR, A 1.75	Codes Reporte NA	XXX	1.62 NA	11.36	0.13	1436710	FALSE		FALSE		TRUE	Decrease		
78453	Myocardial perfusio Myocardial Perfusion Ima	February 2009	16			SNM, ACR, A 1.00	Codes Reporte NA	XXX	1 NA	7.08	0.08	1261	FALSE		FALSE		TRUE	Decrease		
78454	Myocardial perfusio Myocardial Perfusion Ima	February 2009	16			SNM, ACR, A 1.34	Codes Reporte NA	XXX	1.34 NA	10.69	0.14	6679	FALSE		FALSE		TRUE	Decrease		
78459	Myocardial imaging, Myocardial PET	January 2019	13			ACC, ACR, AC 1.61	High Volume C 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, A Deleted from CPT	Codes Reported Together 95% or More						FALSE		FALSE	October 2(23	TRUE	Deleted from CPT		
78461	Deleted from CPT Myocardial Perfusion Ima	February 2009	16			SNM, ACR, A Deleted from CPT	Codes Reported Together 95% or More						FALSE		FALSE	October 2(23	TRUE	Deleted from CPT		
78464	Deleted from CPT Myocardial Perfusion Ima	February 2009	16			SNM, ACR, A Deleted from CPT	Codes Reported Together 95% or More						FALSE		FALSE	October 2(23	TRUE	Deleted from CPT		
78465	Deleted from CPT Myocardial Perfusion Ima	February 2009	16			SNM, ACR, A Deleted from CPT	Codes Reporte February 2008						FALSE	TRUE	Referred to the C	October 2(23	Code Delet	TRUE	Deleted from CPT	
78472	Cardiac blood pool ii Cardiac Blood Pool Imagii	September 2011	35			ACC, ACR, SA 0.98	Harvard Valuei 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, A Deleted from CPT	Codes Reporte February 2008						FALSE	TRUE	Referred to the C	October 2(23	Code Delet	TRUE	Deleted from CPT	
78480	Deleted from CPT Myocardial Perfusion Ima	February 2009	16			SNM, ACR, A Deleted from CPT	Codes Reporte February 2008						FALSE	TRUE	Referred to the C	October 2(23	Code Delet	TRUE	Deleted from CPT	
78491	Myocardial imaging, Myocardial PET	January 2019	13			ACC, ACR, AC 1.56	High Volume C May 2018	XXX	0 NA	0.00	0.00	455	FALSE		FALSE		TRUE	Increase		
78492	Myocardial imaging, Myocardial PET	January 2019	13			ACC, ACR, AC 1.80	High Volume C October 2016	XXX	0 NA	0.00	0.00	135259	FALSE		TRUE	This service was i	May 2018 28	Yes	TRUE	Increase
78579	Pulmonary ventilatic Pulmonary Imaging	February 2011	13			ACR, SNM 0.49	Harvard Valuei February 2010	XXX	0.49 NA	4.73	0.06	248	FALSE		TRUE		October 2(23	Complete	TRUE	Decrease
78580	Pulmonary perfusior Pulmonary Imaging	September 2022	13	April 2024	RAW	SNM, ACR Review action plan.	(Harvard Valuei February 2010	XXX	0.74 NA	5.80	0.08	80607	FALSE		TRUE	The specialties re	October 2(23	complete	FALSE	Maintain
78582	Pulmonary ventilatic Pulmonary Imaging	February 2011	13			ACR, SNM 1.07	Harvard Valuei February 2010	XXX	1.07 NA	8.11	0.08	47160	FALSE		TRUE		October 2(23	Complete	TRUE	Decrease
78584	Pulmonary perfusior Pulmonary Perfusion Ima	February 2010	31			SNM, ACR Deleted from CPT	Harvard Valuei February 2010						FALSE	TRUE	The specialties re	October 2(23	Code Delet	TRUE	Deleted from CPT	
78585	Pulmonary perfusior Pulmonary Perfusion Ima	February 2010	31			SNM, ACR Deleted from CPT	Harvard Valuei October 2009						FALSE	TRUE	The specialties re	October 2(23	Code Delet	TRUE	Deleted from CPT	
78586	Pulmonary ventilatic Pulmonary Perfusion Ima	February 2010	31			SNM, ACR Deleted from CPT	Harvard Valuei February 2010						FALSE	TRUE	The specialties re	October 2(23	Code Delet	TRUE	Deleted from CPT	
78587	Deleted from CPT Pulmonary Perfusion Ima	February 2010	31			SNM, ACR Deleted from CPT	Harvard Valuei February 2010						FALSE	TRUE	The specialties re	October 2(23	Code Delet	TRUE	Deleted from CPT	
78588	Deleted from CPT Pulmonary Perfusion Ima	February 2010	31			SNM, ACR Deleted from CPT	Harvard Valuei February 2010						FALSE	TRUE	The specialties re	October 2(23	Code Delet	TRUE	Deleted from CPT	
78591	Deleted from CPT Pulmonary Perfusion Ima	February 2010	31			SNM, ACR Deleted from CPT	Harvard Valuei February 2010						FALSE	TRUE	The specialties re	October 2(23	Code Delet	TRUE	Deleted from CPT	
78593	Deleted from CPT Pulmonary Perfusion Ima	February 2010	31			SNM, ACR Deleted from CPT	Harvard Valuei February 2010						FALSE	TRUE	The specialties re	October 2(23	Code Delet	TRUE	Deleted from CPT	
78594	Deleted from CPT Pulmonary Perfusion Ima	February 2010	31			SNM, ACR Deleted from CPT	Harvard Valuei February 2010						FALSE	TRUE	The specialties re	October 2(23	Code Delet	TRUE	Deleted from CPT	
78596	Deleted from CPT Pulmonary Perfusion Ima	February 2010	31			SNM, ACR Deleted from CPT	Harvard Valuei February 2010						FALSE	TRUE	The specialties re	October 2(23	Code Delet	TRUE	Deleted from CPT	
78597	Quantitative differe Pulmonary Imaging	February 2011	13			ACR, SNM 0.75	Harvard Valuei February 2010	XXX	0.75 NA	4.80	0.08	2480	FALSE		FALSE		October 2(23	TRUE	Decrease	
78598	Quantitative differe Pulmonary Imaging	February 2011	13			ACR, SNM 0.85	Harvard Valuei February 2010	XXX	0.85 NA	7.51	0.08	1174	FALSE		TRUE		October 2(23	Complete	TRUE	Decrease
78803	Radiopharmaceutic RAW	January 2019	14			ACR, ACNM, 1.20	Harvard Valuei January 2016	XXX	1.09 NA	9.46	0.08	37154	TRUE	Dec 2016	yes	FALSE		TRUE	Increase	
78815	Positron emission tomography (pet) with conc	February 2011	41			ACR, SNM Reaffirmed RUC reco	MPC List October 2010	XXX	0 NA	0.00	0.00	592418	FALSE		FALSE			TRUE	Maintain	
79101	Radiopharmaceutic Radiopharmaceutical The	February 2010	31			SNM, ACR Article published Fet	Different Perf October 2009	XXX	1.96 NA	2.33	0.09	9889	TRUE	Feb 2012	Yes	FALSE		TRUE	Maintain	
80500	Clinical pathology cc Pathology Clinical Consul	January 2021	20			CAP Deleted from CPT	CMS-Other - U January 2019	XXX				16592	FALSE		TRUE	In October 2018,	October 2(50	complete	TRUE	Deleted from CPT
80502	Clinical pathology cc Pathology Clinical Consul	January 2021	20			CAP Deleted from CPT	CMS-Other - U January 2021	XXX				10332	FALSE		FALSE		October 2(50	complete	TRUE	Deleted from CPT
80503	Pathology clinical co Pathology Clinical Consul	January 2021	20			CAP 0.50	CMS-Other - U January 2021	XXX	0.43 0.20	0.35	0.02		FALSE		FALSE		October 2(50	complete	TRUE	Decrease
80504	Pathology clinical co Pathology Clinical Consul	January 2021	20			CAP 0.91	CMS-Other - U January 2021	XXX	0.91 0.45	0.62	0.04		FALSE		FALSE		October 2(50	complete	TRUE	Decrease
80505	Pathology clinical co Pathology Clinical Consul	January 2021	20			CAP 1.80	CMS-Other - U January 2021	XXX	1.71 0.85	1.03	0.10		FALSE		FALSE		October 2(50	complete	TRUE	Decrease
80506	Pathology clinical co Pathology Clinical Consul	January 2021	20			CAP 0.80	CMS-Other - U January 2021	ZZZ	0.8 NA	0.43	0.04		FALSE		FALSE		October 2(50	complete	TRUE	Decrease
85060	Blood smear, periph Blood Smear Interpretati	April 2017	30			CAP 0.45	CMS-Other - U April 2016	XXX	0.45 0.22	NA	0.04	181850	FALSE		FALSE			TRUE	Maintain	
85097	Bone marrow, smea Bone Marrow Interpretat	April 2017	31			CAP 1.00	CMS-Other - U April 2016	XXX	0.94 0.43	1.06	0.04	133378	FALSE		FALSE			TRUE	Increase	
85390	Fibrinolysins or coag Fibrinolysins Screen	January 2018	26			CAP 0.75	Negative IWPL April 2017	XXX	0 0.00	0.00	0.00	34629	FALSE		FALSE			TRUE	Increase	
88104	Cytopathology, fluid Cytopathology	April 2015	36			AUR, ASC, C New PE Inputs. 0.56	Harvard Valuei October 2009	XXX	0.56 NA	1.47	0.03	47598	FALSE		FALSE			TRUE	Maintain	
88106	Cytopathology, fluid Cytopathology	April 2015	36			AUR, ASC, C New PE Inputs. 0.56	Harvard Valuei 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, C Deleted from CPT	Harvard Valuei February 2010						FALSE	TRUE	This service was t	October 2(30	Complete	TRUE	Deleted from CPT	
88108	Cytopathology, conc Cytopathology Concentra	April 2015	36			ACR, CAP New PE Inputs. 0.56	Harvard Valuei February 2010	XXX	0.44 NA	1.51	0.02	192453	FALSE		FALSE			TRUE	Maintain	
88112	Cytopathology, sele Cytopathology Concentra	April 2015	36			ACR, CAP New PE Inputs. 0.56	CMS High Expe September 2011	XXX	0.56 NA	1.41	0.02	761461	FALSE		FALSE			TRUE	Decrease	
88120	Cytopathology, in sit RAW review	October 2017	19			Utilization shift is ap	CMS Request - November 2012	XXX	1.2 NA	16.56	0.06	44750	FALSE		FALSE			TRUE	Maintain	
88121	Cytopathology, in sit RAW review	October 2017	19			Utilization shift is ap	CMS Request - November 2012	XXX	1 NA	11.49	0.03	22780	FALSE		FALSE			TRUE	Maintain	
88141	Cytopathology, cervi Cytopathology Cervical/V	April 2018	26			CAP 0.42	CMS-Other - U October 2017	XXX	0.26 0.41	0.41	0.01	46295	FALSE		FALSE			TRUE	Maintain	
88160	Cytopathology, sme: Cytopathology Concentra	April 2015	36			New PE Inputs	CMS Request - April 2015	XXX	0.5 NA	1.71	0.03	5607	FALSE		FALSE			TRUE	PE Only	
88161	Cytopathology, sme: Cytopathology Concentra	April 2015	36			New PE Inputs	CMS Request - April 2015	XXX	0.5 NA	1.76	0.03	3925	FALSE		FALSE			TRUE	PE Only	
88162	Cytopathology, sme: Cytopathology Concentra	April 2015	36			New PE Inputs	CMS Request - April 2015	XXX	0.76 NA	2.75	0.03	1282	FALSE		FALSE			TRUE	PE Only	
88184	Flow cytometry, cell Flow Cytometry	January 2016	43			CAP New PE Inputs. Rem	CMS High Expe July 2015	XXX	0 NA	2.20	0.02	104898	FALSE		FALSE			TRUE	PE Only	
88185	Flow cytometry, cell Flow Cytometry	January 2016	43			CAP New PE Inputs. Rem	CMS High Expe July 2015	ZZZ	0 NA	0.71	0.00	1956734	FALSE		FALSE			TRUE	PE Only	
88187	Flow cytometry, inte Flow Cytometry Interpret	January 2016	42			CAP 0.74	CMS High Expe July 2015	XXX	0.74 0.26	0.26	0.04	40982	FALSE		FALSE			TRUE	Decrease	
88188	Flow cytometry, inte Flow Cytometry Interpret	January 2016	42			CAP 1.40	CMS High Expe July 2015	XXX	1.2 0.56	0.56	0.06	38785	FALSE		FALSE			TRUE	Decrease	
88189	Flow cytometry, inte Flow Cytometry Interpret	January 2016	42			CAP 1.70	CMS High Expe July 2015	XXX	1.7 0.68	0.68	0.08	235162	FALSE		FALSE			TRUE	Decrease	
88300	Level i - surgical pat Pathology Consultations	January 2012	24			AAD, AGA, C 0.08 and new PE inpi	Havard Valued February 2009	XXX	0.08 NA	0.38	0.02	171872	FALSE		FALSE			TRUE	Maintain	
88302	Level ii - surgical pat Pathology Consultations	January 2012	24			AAD, AGA, C 0.13 and new PE inpi	Havard Valued February 2009	XXX	0.13 NA	0.83	0.02	60721	FALSE		FALSE			TRUE	Maintain	
88304	Level iii - surgical pa Pathology Consultations	January 2012	24			AAD, AGA, C 0.22 and new PE inpi	Havard Valued October 2008	XXX	0.22 NA	1.03	0.02	810872	FALSE		FALSE			TRUE	Maintain	
88305	Level iv - surgical pa Pathology Consultations	January 2012	24			AAD, AGA, C 0.75 and new PE inpi	Havard Valued October 2008	XXX	0.75 NA	1.35	0.02	15994812	FALSE		FALSE			TRUE	Maintain	
88307	Level v - surgical pat Pathology Consultations	January 2012	24			AAD, AGA, C 1.59 and new PE inpi	Havard Valued February 2009	XXX	1.59 NA	6.97	0.08	921197	FALSE		FALSE			TRUE	Maintain	
88309	Level vi - surgical pa Pathology Services	January 2012	24			AAD, AGA, C 2.80 and new PE inpi	Havard Valued February 2009	XXX	2.8 NA	10.15	0.08	135868	FALSE		FALSE			TRUE	Maintain	
88312	Special stain includir Special Stains	January 2012	33			CAP 0.54	Havard Valued October 2008	XXX	0.54 NA	2.79	0.02	1221288	FALSE		TRUE	At the February 2	June 2010 12	Complete	TRUE	Maintain
88313	Special stain includir Special Stains	February 2011	33			CAP 0.24	Havard Valued October 2008	XXX	0.24 NA	2.18	0.02	1300022	FALSE		TRUE	At the February 2	June 2010 12	Complete	TRUE	Maintain
88314	Special stain includir Special Stains	February 2011	33			CAP 0.45	Havard Valued February 2009	XXX	0.45 NA	2.23	0.02	23532	FALSE		TRUE	At the February 2	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 2	June 2010 12	Complete	TRUE	Deleted from CPT	
88319	Special stain includir Special Stains	February 2011	33			CAP 0.53	Havard Valued - Utilization over XXX		0.53 NA	3.48	0.03	13606	FALSE		TRUE	At the February 2	June 2010 12	Complete	TRUE	Maintain
88321	Consultation and rej Microslide Consultation	January 2016	43			CAP, ASC 1.63	CMS High Expe July 2015	XXX	1.63 0.74	1.16	0.08	167407	FALSE		FALSE			TRUE	Maintain	
88323	Consultation and rej Microslide Consultation	January 2016	43			CAP, ASC 1.83	CMS High Expe July 2015	XXX	1.83 NA	1.53	0.02	33552	FALSE		FALSE			TRUE	Maintain	
88325	Consultation, compr Microslide Consultation	January 2016	43			CAP, ASC 2.85	CMS High Expe July 2015	XXX	2.85 0.95	1.64	0.12	11472	FALSE		FALSE			TRUE	Increase	
88329	Pathology consultati Pathology Consultation D	October 2010	18			CAP 0.67	Harvard Valuei February 2010	XXX	0.67 0.33	0.96	0.04	24809	FALSE		FALSE			TRUE	Maintain	
88331	Pathology consultati Pathology Consultation D	October 2010	18			CAP 1.19	Harvard Valuei October 2009	XXX												

92135	Deleted from CPT	Ophthalmic Diagnostic	Ir	October 2009	31		AAO, AOA	Deleted from CPT	CMS Fastest G	October 2008						FALSE	TRUE	Revise to specify	October 21	44	Code Delet	TRUE	Deleted from CPT					
92136	Ophthalmic biometr	Ophthalmic Biometry		April 2016	36		AAO	0.54	CMS Fastest G	October 2008	XXX	0.54	NA	0.84	0.02	1571536	FALSE	FALSE				TRUE	Maintain					
92140	Provocative tests fo	Glaucoma Provacative Te		April 2016	41		AAO, AOA	(o Deleted from CPT	Harvard Value	October 2015						FALSE	TRUE	The specialty soci	May 2016	26	Complete	TRUE	Deleted from CPT					
92201	Ophthalmoscopy, ex	Ophthalmoscopy		April 2018	05		AAO, AOA	(C 0.40	Negative IWPL	February 2018	XXX	0.4	0.24	0.31	0.02	461255	FALSE	FALSE				TRUE	Decrease					
92202	Ophthalmoscopy, ex	Ophthalmoscopy		April 2018	05		AAO, AOA	(C 0.26	Negative IWPL	February 2018	XXX	0.26	0.16	0.19	0.01	715800	FALSE	FALSE				TRUE	Decrease					
92225	Ophthalmoscopy, ex	Ophthalmoscopy		April 2018	05		AAO, AOA	(C Deleted from CPT	Negative IWPL	April 2017						FALSE	TRUE	A RUC member re	February 222		complete	TRUE	Deleted from CPT					
92226	Ophthalmoscopy, ex	Ophthalmoscopy		April 2018	05		AAO, AOA	(C Deleted from CPT	Negative IWPL	February 2018						FALSE	FALSE				February 222	TRUE	Deleted from CPT					
92227	Imaging of retina fo	RAW		September 2023	22			Remove from screen	Work Neutralii	April 2023	XXX	0	NA	0.49	0.01	909	FALSE	FALSE				TRUE	Remove from screen					
92228	Imaging of retina fo	RAW		September 2023	22			Remove from screen	Work Neutralii	April 2023	XXX	0.32	NA	0.53	0.02	4636	FALSE	FALSE				TRUE	Remove from screen					
92229	Imaging of retina fo	RAW		September 2023	22			Remove from screen	Work Neutralii	April 2023	XXX	0	NA	1.34	0.01	429	FALSE	FALSE				TRUE	Remove from screen					
92235	Fluorescein angiogr	Ophthalmoscopic Angiogr		January 2016	21	RUC	AAO, ASRS	0.75	Harvard Value	April 2011	XXX	0.75	NA	3.32	0.02	337073	FALSE	TRUE	In January 2015, 1	October 21	55	Complete	TRUE	Decrease				
92240	Indocyanine-green	Ophthalmoscopic Angiogr		January 2016	21	RUC	AAO, ASRS	0.80	Codes Reporte	January 2015	XXX	0.8	NA	4.80	0.09	8086	FALSE	TRUE	In January 2015, 1	October 21	55	Complete	TRUE	Decrease				
92242	Fluorescein angiogr	Ophthalmoscopic Angiogr		January 2016	21	RUC	AAO, ASRS	0.95	Codes Reporte	October 2015	XXX	0.95	NA	6.72	0.05	33308	FALSE	TRUE	In January 2015, 1	October 21	55	Complete	TRUE	Decrease				
92250	Fundus photograph	Fundus Photography		January 2016	45		AAO, ASRS,	0.40	MPC List / CM	October 2010	XXX	0.4	NA	0.69	0.02	3321369	FALSE	FALSE				TRUE	Decrease					
92270	Electro-oculography	Electro-oculography		October 2017	19		AAO-HNS	CPT Assistant article	High Volume C	February 2008	XXX	0.81	NA	2.41	0.03	1521	TRUE	Aug 2008 : Yes				TRUE	The specialties in	February 287	Complete	TRUE	Maintain	
92273	Electroretinography	Electroretinography		January 2021	29	January 2024	RAW		Review action plan.	(CMS High Expe	September 2017	XXX	0.69	NA	3.06	0.03	93455	FALSE	FALSE				TRUE	Decrease				
92274	Electroretinography	Electroretinography		January 2021	29	January 2024	RAW		Review action plan.	(CMS High Expe	September 2017	XXX	0.61	NA	2.02	0.02	4761	FALSE	FALSE				TRUE	Decrease				
92275	Electroretinography	Electroretinography		January 2018	17		AAO, ASRS,	Deleted from CPT	CMS High Expe	July 2015						FALSE	TRUE	In January 2016, 1	June 2017	24	yes	TRUE	Deleted from CPT					
92284	Diagnostic dark adad	Dark Adaption Eye Exam		September 2023	22	April 2024	RUC	AAO, AOA	(o Refer to CPT and CPT	Harvard Value	October 2020	XXX	0	NA	1.37	0.01	40706	TRUE	TRUE	In October 2020, Feb	2024	FALSE	Decrease					
92285	External ocular phot	Ocular Photography		October 2009	32		AAO, AOA	0.05 and new PE in	CMF Fastest G	October 2008	XXX	0.05	NA	0.62	0.02	390304	FALSE	TRUE	The specialty not	February 2010		Complete	TRUE	Decrease				
92286	Anterior segment in	Anterior Segment Imagin		April 2012	28		AAO, AOA	(o 0.40	Harvard Value	April 2011	XXX	0.4	NA	0.74	0.02	100570	FALSE	TRUE	The specialty soci	October 21	20	Complete	TRUE	Decrease				
92287	Anterior segment in	Anterior Segment Imagin		April 2021	21		AAO, ASRS	0.40	Harvard Value	Utilization ove	XXX	0.4	NA	3.89	0.02	4600	TRUE	Mar 2013 Yes				TRUE	The specialty soci	October 21	20	Complete	TRUE	Decrease
92504	Binocular microscop	Binocular Microscopy		April 2010	43		AAO-HNS	0.18	Harvard Value	October 2009	XXX	0.18	0.09	0.68	0.01	224957	FALSE	TRUE				TRUE	Maintain					
92506	Evaluation of speech	Speech Language Patholc		February 2010	28		ASHA	Deleted from CPT	CMS Request/Speech Language	Pathology Request						FALSE	TRUE	The specialty soci	October 21	28	Complete	TRUE	Deleted from CPT					
92507	Treatment of speech	Speech Language Patholc		January 2016	54		ASHA	1.30 work RVU and c	CMS Request/	October 2015	XXX	1.3	NA	0.94	0.04	449244	FALSE	FALSE				TRUE	Decrease					
92508	Treatment of speech	Speech Language Patholc		February 2010	28		ASHA	0.43 work RVU and c	CMS Request/Speech Language	XXX		0.33	NA	0.37	0.01	2278	FALSE	FALSE				TRUE	Decrease					
92521	Evaluation of speech	Speech Evaluation		January 2013	32		ASHA	1.75	CMS Request/Speech Language	XXX		2.24	NA	1.66	0.06	218	FALSE	FALSE			October 21	28	Complete	TRUE	Increase			
92522	Evaluation of speech	Speech Evaluation		January 2013	32		ASHA	1.50	CMS Request/Speech Language	XXX		1.92	NA	1.32	0.07	3754	FALSE	FALSE			October 21	28	Complete	TRUE	Increase			
92523	Evaluation of speech	Speech Evaluation		April 2023	15	September 20	RAW	ASHA	Refer to CPT Assista	CMS Request/Speech Language	XXX	3.84	NA	2.85	0.10	24897	TRUE	FALSE			October 21	28	Complete	TRUE	Increase			
92524	Behavioral and quali	Speech Evaluation		January 2013	32		ASHA	1.75	CMS Request/Speech Language	XXX		1.92	NA	1.28	0.07	17456	FALSE	FALSE			October 21	28	Complete	TRUE	Increase			
92526	Treatment of swallo	Speech Language Patholc		October 2020	23		ASHA, AAO-H	Maintain	CMS Request/	NA	XXX	1.34	NA	1.15	0.04	165185	FALSE	FALSE				TRUE	Decrease					
92537	Caloric vestibular te	Vestibular Caloric Irrigati		January 2015	18		AAA, AAN, A	0.80	CMS-Other - U	October 2014	XXX	0.6	NA	0.58	0.02	56804	FALSE	FALSE			October 21	54	Complete	TRUE	Increase			
92538	Caloric vestibular te	Vestibular Caloric Irrigati		January 2015	18		AAA, AAN, A	0.55	CMS-Other - U	October 2014	XXX	0.3	NA	0.35	0.02	5808	FALSE	FALSE			October 21	54	Complete	TRUE	Increase			
92540	Basic vestibular eval	EOG VNG		April 2014	24		AAN, ASHA,	1.50	Codes Reported Together	95% r	XXX	1.5	NA	1.69	0.05	72645	FALSE	FALSE				TRUE	Decrease					
92541	Spontaneous nystag	EOG VNG		April 2014	24		AAN, ASHA,	0.40	Codes Reporte	February 2008	XXX	0.4	NA	0.33	0.02	11711	FALSE	TRUE	Referred to the C	February 254		Complete	TRUE	Maintain				
92542	Positional nystagmu	EOG VNG		April 2014	24		AAN, ASHA,	0.48	Codes Reporte	February 2008	XXX	0.48	NA	0.36	0.02	16253	FALSE	TRUE	Referred to the C	February 254		Complete	TRUE	Increase				
92543	Caloric vestibular te	Vestibular Caloric Irrigati		January 2015	18		AAA, AAN, A	Deleted from CPT	Codes Reporte	February 2008						FALSE	TRUE				October 21	54	Complete	TRUE	Deleted from CPT			
92544	Optokinetic nystagn	EOG VNG		April 2014	24		AAN, ASHA,	0.27	Codes Reporte	February 2008	XXX	0.27	NA	0.24	0.02	2578	FALSE	TRUE	Referred to the C	February 254		Complete	TRUE	Increase				
92545	Oscillating tracking	EOG VNG		April 2014	24		AAN, ASHA,	0.25	Codes Reporte	February 2008	XXX	0.25	NA	0.23	0.02	4130	FALSE	TRUE	Referred to the C	February 254		Complete	TRUE	Increase				
92546	Sinusoidal vertical a	EOG VNG		April 2014	24			Editorial change only	CMS-Other - U	February 2014	XXX	0.29	NA	3.47	0.03	35961	FALSE	TRUE	Referred to the C	February 287		Complete	TRUE	Maintain				
92547	Use of vertical elect	EOG VNG		April 2014	24			Editorial change only	CMS-Other - U	February 2014	ZZZ	0	NA	0.32	0.00	22400	FALSE	TRUE	Referred to the C	February 287		Complete	TRUE	Maintain				
92548	Computerized dynar	Computerized Dynamic P		January 2019	16		AAA, AAN, A	0.76	CMS-Other - U	February 2014	XXX	0.67	NA	0.71	0.03	32836	FALSE	TRUE	In 2014 the RUC i	September 35		complete	TRUE	Increase				
92549	Computerized dynar	Computerized Dynamic P		January 2019	16	RUC		0.96	CMS-Other - U	September 2018	XXX	0.87	NA	1.04	0.02	6600	FALSE	FALSE			September 35	complete	TRUE	Increase				
92550	Tympanometry and	Bundled Audiology Tests		April 2009	22		ASHA, AAO-H	0.35	Codes Reported Together	95% r	XXX	0.35	NA	0.30	0.01	190130	FALSE	FALSE				TRUE	Decrease					
92557	Comprehensive audi	Bundled Audiology Tests		April 2009	22		ASHA, AAO-H	0.60 work RVU and c	Codes Reporte	February 2008	XXX	0.6	0.32	0.48	0.02	1145427	FALSE	TRUE	Referred to the C	February 254		Complete	TRUE	Decrease				
92558	Evoked otoacoustic	Otoacoustic Emissions M		April 2011	35		ASHA	0.17	CMS Fastest G	February 2011	XXX	0.17	0.07	0.10	0.01		FALSE	FALSE			February 2011		TRUE	Increase				
92567	Tympanometry (imp	Bundled Audiology Tests		April 2009	22		ASHA, AAO-H	0.20 work RVU and c	Codes Reporte	February 2008	XXX	0.2	0.11	0.28	0.01	840849	FALSE	TRUE	Referred to the C	February 254		Complete	TRUE	Decrease				
92568	Acoustic reflex test	Bundled Audiology Tests		April 2009	22		ASHA, AAO-H	0.29 work RVU and c	Codes Reporte	February 2008	XXX	0.29	0.14	0.15	0.02	3376	FALSE	TRUE	Referred to the C	February 254		Complete	TRUE	Decrease				
92569	Deleted from CPT	Bundled Audiology Tests		April 2009	22		ASHA, AAO-H	Deleted from CPT	Codes Reporte	February 2008						FALSE	TRUE	Referred to the C	February 254		Code Delet	TRUE	Deleted from CPT					
92570	Acoustic immittance	Bundled Audiology Tests		October 2015	21		ASHA, AAO-H	0.55	Codes Reported Together	95% r	XXX	0.55	0.29	0.39	0.02	29992	FALSE	FALSE				TRUE	Decrease					
92584	Electrocochleograph	Auditory Evoked Potentia		April 2019	06		AAA, AAO-HI	1.00	CMS-Other - U	February 2019	XXX	1	NA	2.34	0.04	9643	FALSE	FALSE				TRUE	Increase					
92585	Auditory evoked pot	Auditory Evoked Potentia		April 2019	06		AAA, AAO-HI	Deleted from CPT	CMS-Other - U	October 2017						FALSE	TRUE	In October 2017, February	219		complete	TRUE	Deleted from CPT					
92586	Auditory evoked pot	Auditory Evoked Potentia		April 2019	06		AAA, AAO-HI	Deleted from CPT	CMS-Other - U	February 2019						FALSE	FALSE			February 219	complete	TRUE	Deleted from CPT					
92587	Distortion product e	Otoacoustic Emissions M		April 2011	35		ASHA	0.45	CMS Fastest G	October 2008	XXX	0.35	NA	0.28	0.02	43146	FALSE	TRUE	The specialty not	October 21	41	Complete	TRUE	Increase				
92588	Distortion product e	Otoacoustic Emissions M		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 a	Speech Language Patholc		February 2009	30		ASHA	1.48 work RVU and c	CMS Request/	NA	XXX	1.26	NA	0.84	0.04	2051	FALSE	FALSE				TRUE	Decrease					
92605	Evaluation for presc	Eval of Rx for Non-Speec		April 2011	35		ASHA	1.75	CMS Request/Speech Language	XXX		1.75	0.68	0.85	0.11		FALSE	TRUE	The specialty soci	February 258		Complete	TRUE	Increase				
92606	Therapeutic servic	Speech Language Patholc		February 2010	28		ASHA	1.40 work RVU and c	CMS Request/Speech Language	XXX		1.4	0.54	0.88	0.08		FALSE	FALSE				TRUE	Decrease					
92607	Evaluation for presc	Speech Language Patholc		February 2010	28		ASHA	1.85 work RVU and c	CMS Request/Speech Language	XXX		1.85	NA	1.80	0.04	531	FALSE	FALSE				TRUE	Decrease					
92608	Evaluation for presc	Speech Language Patholc		February 2010	28		ASHA	0.70 work RVU and c	CMS Request/Speech Language	ZZZ		0.7	NA	0.73	0.02	347	FALSE	FALSE				TRUE	Decrease					
92609	Therapeutic servic	Speech Language Patholc		February 2010	28		ASHA	1.50 work RVU and c	CMS Request/Speech Language	XXX		1.5	NA	1.54	0.04	12752	FALSE	FALSE				TRUE	Decrease					
92610	Evaluation of oral ar	Speech Language Patholc		October 2020	23		ASHA, AAO-H	Maintain	CMS Request/	NA	XXX	1.3	0.74	1.19	0.04	24492	FALSE	FALSE				TRUE	Decrease					
92611	Motion fluoroscopic	Speech Language Patholc		April 2009	39		ASHA	1.34 work RVU and c	CMS Request/	NA	XXX	1.34	NA	1.31	0.08	9936	FALSE	FALSE				TRUE	Decrease					
92618	Evaluation for presc	Eval of Rx for Non-Speec		April 2011	35		ASHA	0.65	CMS Request/Speech Language	ZZZ		0.65	0.25	0.26	0.04		FALSE	FALSE			February 258		TRUE	Increase				
92620	Evaluation of centra	Audiology Services		October 2008	17		ASHA, AAO-H	1.50	CMS Request - NA	XXX		1.5	0.79	1.08	0.06	1006	FALSE	FALSE				TRUE	Decrease					

92943	Percutaneous transl 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 2(21	Complete	TRUE	Decrease				
92944	Percutaneous transl Percutaneous Coronary Ir	January 2012	10	ACC	6.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0.00		FALSE	TRUE	October 2(21	Complete	TRUE	Decrease				
92960	Cardioversion, electi	Cardioversion	October 2010	19	ACC	2.25	Harvard Value	October 2009	000	2	1.02	2.45	0.17	191225	FALSE	FALSE		TRUE	Maintain				
92973	Percutaneous transl RAW		October 2017	19		Remove from screen	High Volume C	April 2013	ZZZ	3.28	1.12	NA	0.72	2331	FALSE	FALSE		TRUE	Maintain				
92980	Transcatheter place	Percutaneous Coronary Ir	January 2012	10	ACC	Deleted from CPT	MPC List	October 2010							FALSE	TRUE	Specialty society	October 2(21	Deleted fro	TRUE	Deleted from CPT		
92981	Transcatheter place	Percutaneous Coronary Ir	January 2012	10	ACC	Deleted from CPT	MPC List	October 2010							FALSE	TRUE	Specialty society	October 2(21	Deleted fro	TRUE	Deleted from CPT		
92982	Percutaneous transl Percutaneous Coronary Ir	January 2012	10	ACC	Deleted from CPT	MPC List / Har	October 2010								FALSE	TRUE	Specialty society	October 2(21	Deleted fro	TRUE	Deleted from CPT		
92984	Percutaneous transl Percutaneous Coronary Ir	January 2012	10	ACC	Deleted from CPT	MPC List	October 2010								FALSE	TRUE	Specialty society	October 2(21	Deleted fro	TRUE	Deleted from CPT		
92986	Percutaneous balloo	Valvuloplasty	October 2008	26	ACC	Deleted from CPT	CMS Fastest G	October 2008	090	22.6	11.07	NA	4.99	2322	FALSE	FALSE				TRUE	Remove from Screen		
92992	Atrial septectomy or Atrial Septostomy		January 2020	13		Deleted from CPT	CMS Request -	October 2018							FALSE	TRUE	In January 2019, 1September	16	yes	TRUE	Deleted from CPT		
92993	Atrial septectomy or Atrial Septostomy		January 2020	13		Deleted from CPT	CMS Request -	October 2018							FALSE	TRUE	In January 2019, 1September	16	yes	TRUE	Deleted from CPT		
92995	Percutaneous transl Percutaneous Coronary Ir	January 2012	10	ACC	Deleted from CPT	MPC List	October 2010								FALSE	TRUE	Specialty society	October 2(21	Deleted fro	TRUE	Deleted from CPT		
92996	Percutaneous transl Percutaneous Coronary Ir	January 2012	10	ACC	Deleted from CPT	MPC List	October 2010								FALSE	TRUE	Specialty society	October 2(21	Deleted fro	TRUE	Deleted from CPT		
93000	Electrocardiogram, r	Complete Electrocardiogr	April 2019	20	ACC	0.17	CMS High Expe	September 2011	XXX	0.17	NA	0.24	0.02	10271235	FALSE	FALSE				TRUE	Maintain		
93005	Electrocardiogram, r	Complete Electrocardiogr	April 2019	20	ACC	0.00	High Volume C	February 2008	XXX	0	NA	0.18	0.01	416453	FALSE	FALSE				TRUE	PE Only		
93010	Electrocardiogram, r	Complete Electrocardiogr	April 2019	20	ACC	0.17	MPC List / CM	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 Value	October 2009							FALSE	FALSE		February 257		TRUE	Deleted from CPT		
93014	Deleted from CPT	External Cardiovascular D	April 2010	25	ACC	Deleted from CPT	Harvard Value	October 2009							FALSE	FALSE		February 257		TRUE	Deleted from CPT		
93015	Cardiovascular stres	Cardiovascular Stress Tes	April 2012	47	ACC	0.75. CPT Assistant p	Codes Reporte	February 2010	XXX	0.75	NA	1.31	0.04	851302	TRUE	Jan 2010	Yes	TRUE	The RUC accepte	October 2(42	Complete	TRUE	Maintain
93016	Cardiovascular stres	Cardiovascular Stress Tes	April 2012	47	ACC	0.45	Codes Reporte	February 2010	XXX	0.45	0.16	0.16	0.01	827798	FALSE					TRUE	Maintain		
93017	Cardiovascular stres	Cardiovascular Stress Tes	April 2010	45	ACC	New PE inputs	High Volume C	February 2008	XXX	0	NA	1.05	0.02	78787	FALSE					TRUE	PE Only		
93018	Cardiovascular stres	Cardiovascular Stress Tes	April 2012	47	ACC	0.30	Codes Reporte	February 2010	XXX	0.3	0.10	0.10	0.01	988540	TRUE	Jan 2010	Yes	TRUE	The RUC accepte	October 2(42	Complete	TRUE	Maintain
93025	Microvolt t-wave alt	Microvolt T-Wave Assess	October 2008	18	ACC	New PE Inputs	CMS Request - NA		XXX	0.75	NA	2.83	0.04	124	FALSE					TRUE	PE Only		
93040	Rhythm ecg, 1-3 lea	Rhythm EKG	October 2009	34	ACC	0.15	Havard Valued	February 2009	XXX	0.15	NA	0.21	0.02	80784	FALSE					TRUE	Decrease		
93041	Rhythm ecg, 1-3 lea	Rhythm EKG	October 2009	34	ACC	0.00 (PE only)	Havard Valued	February 2009	XXX	0	NA	0.17	0.01	13114	FALSE					TRUE	Maintain		
93042	Rhythm ecg, 1-3 lea	Rhythm EKG	October 2009	34	ACC, ACEP	0.15	Havard Valued	October 2008	XXX	0.15	0.04	0.04	0.01	310510	FALSE					TRUE	Decrease		
93050	Arterial pressure wa	RAW	April 2023	15		Remove from screen	Different Perf	April 2023	XXX	0.17	NA	0.28	0.02	11341	FALSE					TRUE	Remove from screen		
93150	Therapy activation c	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW	Review action Plan	Low Survey Re	January 2023						FALSE						FALSE		
93151	Interrogation and pr	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW	Review action Plan	Low Survey Re	January 2023						FALSE						FALSE		
93152	Interrogation and pr	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW	Review action Plan	Low Survey Re	January 2023						FALSE						FALSE		
93153	Interrogation witho	Phrenic Nerve Stimulation	January 2023	06	April 2028	RAW	Review action Plan	Low Survey Re	January 2023						FALSE						FALSE		
93224	External electrocard	External Cardiovascular D	September 2023	22	ACC	0.52	Harvard Value	October 2009	XXX	0.39	NA	1.75	0.03	192428	FALSE			TRUE	The ACC and the	February 257	Revised	TRUE	Maintain
93225	External electrocard	External Cardiovascular D	September 2023	22	ACC	N/A no physician wo	Harvard Value	October 2009	XXX	0	NA	0.54	0.01	77725	FALSE			FALSE		February 257		TRUE	Maintain
93226	External electrocard	External Cardiovascular D	September 2023	22	ACC	N/A no physician wo	Harvard Value	October 2009	XXX	0	NA	1.07	0.01	126782	FALSE			FALSE		February 257		TRUE	Maintain
93227	External electrocard	External Cardiovascular D	September 2023	22	ACC	0.52	Harvard Value	October 2009	XXX	0.39	0.14	0.14	0.01	248956	FALSE			TRUE	The ACC and the	February 257	Revised	TRUE	Remove from screen
93228	External mobile carc	External Cardiovascular D	October 2020	20	ACC, HRS	0.52	Harvard Value	October 2009	XXX	0.48	0.23	0.23	0.04	222551	FALSE			FALSE			TRUE	Maintain	
93229	External mobile carc	External Cardiovascular D	October 2020	20	ACC, HRS	PE Only	Harvard Value	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 - NA								FALSE			TRUE	CMS stated that	February 257	Deleted	TRUE	Deleted from CPT
93231	Deleted from CPT	External Cardiovascular D	April 2010	25		Deleted from CPT	Harvard Value	October 2009							FALSE			FALSE		February 257		TRUE	Deleted from CPT
93232	Deleted from CPT	External Cardiovascular D	April 2010	25		Deleted from CPT	Harvard Value	October 2009							FALSE			FALSE		February 257		TRUE	Deleted from CPT
93233	Deleted from CPT	Cardiac Device Monitorin	April 2009	31	ACC	Deleted from CPT	CMS Request - NA								FALSE			TRUE	CMS stated that	February 257	Deleted	TRUE	Deleted from CPT
93235	Deleted from CPT	External Cardiovascular D	April 2010	25		Deleted from CPT	Harvard Value	October 2009							FALSE			FALSE		February 257		TRUE	Deleted from CPT
93236	Deleted from CPT	Cardiovascular Stress Tes	April 2009	38	ACC	Deleted from CPT	Harvard Value	February 2008							FALSE			TRUE	In February 2008	February 257	Deleted	TRUE	Deleted from CPT
93237	Deleted from CPT	Wearable Cardiac Device	February 2010	31	ACC	Deleted from CPT	Harvard Value	October 2009							FALSE			TRUE	The ACC and the	February 257	Complete	TRUE	Deleted from CPT
93241	External electrocard	RAW	September 2023	22		Remove from screen	Work Neutralii	April 2023	XXX	0.5	NA	7.35	0.04	14181	FALSE			FALSE			TRUE	Remove from screen	
93242	External electrocard	RAW	September 2023	22		Remove from screen	Work Neutralii	April 2023	XXX	0	NA	0.35	0.01	95118	FALSE			FALSE			TRUE	Remove from screen	
93243	External electrocard	RAW	September 2023	22		Remove from screen	Work Neutralii	April 2023	XXX	0	NA	6.83	0.01	154581	FALSE			FALSE			TRUE	Remove from screen	
93244	External electrocard	RAW	September 2023	22		Remove from screen	Work Neutralii	April 2023	XXX	0.5	0.17	0.17	0.02	149152	FALSE			FALSE			TRUE	Remove from screen	
93245	External electrocard	RAW	September 2023	22		Remove from screen	Work Neutralii	April 2023	XXX	0.55	NA	7.72	0.04	6809	FALSE			FALSE			TRUE	Remove from screen	
93246	External electrocard	RAW	September 2023	22		Remove from screen	Work Neutralii	April 2023	XXX	0	NA	0.35	0.01	103167	FALSE			FALSE			TRUE	Remove from screen	
93247	External electrocard	RAW	September 2023	22		Remove from screen	Work Neutralii	April 2023	XXX	0	NA	7.18	0.01	258614	FALSE			FALSE			TRUE	Remove from screen	
93248	External electrocard	RAW	September 2023	22		Remove from screen	Work Neutralii	April 2023	XXX	0.55	0.19	0.19	0.02	219398	FALSE			FALSE			TRUE	Remove from screen	
93268	External patient and	External Cardiovascular D	April 2010	25	ACC	0.52	Harvard Value	October 2009	XXX	0.52	NA	4.77	0.04	10933	FALSE			FALSE		February 257		TRUE	Maintain
93270	External patient and	External Cardiovascular D	April 2010	25	ACC	New PE inputs	Harvard Value	October 2009	XXX	0	NA	0.24	0.01	32455	FALSE			FALSE		February 257		TRUE	PE Only
93271	External patient and	External Cardiovascular D	April 2010	25	ACC	New PE inputs	Harvard Value	October 2009	XXX	0	NA	4.36	0.01	42065	FALSE			FALSE		February 257		TRUE	PE Only
93272	External patient and	External Cardiovascular D	April 2010	25	ACC	0.52	Harvard Value	October 2009	XXX	0.52	0.17	0.17	0.02	92623	FALSE			FALSE		February 257		TRUE	Maintain
93279	Programming device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.65	CMS High Expe	July 2015	XXX	0.65	NA	1.35	0.03	111766	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93280	Programming device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.77	CMS High Expe	July 2015	XXX	0.77	NA	1.58	0.03	776133	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93281	Programming device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.85	CMS High Expe	July 2015	XXX	0.85	NA	1.64	0.05	66325	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Decrease
93282	Programming device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.85	CMS High Expe	July 2015	XXX	0.85	NA	1.52	0.05	79997	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93283	Programming device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	1.15	CMS High Expe	July 2015	XXX	1.15	NA	1.75	0.05	158873	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93284	Programming device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	1.25	CMS High Expe	July 2015	XXX	1.25	NA	1.88	0.05	191788	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93285	Programming device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.52	CMS High Expe	July 2015	XXX	0.52	NA	1.27	0.03	35450	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93286	Peri-procedural devi	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.30	CMS High Expe	July 2015	XXX	0.3	NA	1.06	0.02	26384	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93287	Peri-procedural devi	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.45	CMS High Expe	July 2015	XXX	0.45	NA	1.13	0.02	13517	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93288	Interrogation device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.43	CMS High Expe	July 2015	XXX	0.43	NA	1.24	0.02	179111	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93289	Interrogation device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.75	CMS High Expe	July 2015	XXX	0.75	NA	1.38	0.05	69223	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Decrease
93290	Interrogation device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.43	CMS High Expe	July 2015	XXX	0.43	NA	1.15	0.03	83336	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93291	Interrogation device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.37	CMS High Expe	July 2015	XXX	0.37	NA	1.10	0.02	58066	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Decrease
93292	Interrogation device	Cardiac Electrophysiology	October 2016	25	ACC, HRS	0.43	CMS High Expe	July 2015	XXX	0.43	NA	1.07	0.03	1082	FALSE			TRUE	In the NPRM for	February 2 Advisory C	yes	TRUE	Maintain
93293	Transtelephonic rhy	Cardiac Electrophysiology																					

93451	Right heart catheter	Diagnostic Cardiac Cathet	April 2018	33	ACC	Remove from Modifi	Codes Reported Together 95%	0.00	2.47	NA	23.06	0.47	42360	FALSE	FALSE	October 2(13	TRUE	Decrease			
93452	Left heart catheteriz	Diagnostic Cardiac Cathet	April 2011	28	ACC	4.32	Codes Reported Together 95%	0.00	4.5	NA	21.66	0.84	3145	FALSE	FALSE	October 2(13	TRUE	Decrease			
93453	Combined right and	Diagnostic Cardiac Cathet	April 2011	28	ACC	5.98	Codes Reported Together 95%	0.00	5.99	NA	27.20	1.15	2028	FALSE	FALSE	October 2(13	TRUE	Decrease			
93454	Catheter placement	Diagnostic Cardiac Cathet	April 2011	28	ACC	4.95	Codes Reported Together 95%	0.00	4.54	NA	21.70	0.87	106945	FALSE	FALSE	October 2(13	TRUE	Decrease			
93455	Catheter placement	Diagnostic Cardiac Cathet	April 2011	28	ACC	6.15	Codes Reported Together 95%	0.00	5.29	NA	23.90	1.01	21092	FALSE	FALSE	October 2(13	TRUE	Decrease			
93456	Catheter placement	Diagnostic Cardiac Cathet	April 2018	33	ACC	Remove from Modifi	Codes Reported Together 95%	0.00	5.9	NA	26.71	1.12	20308	FALSE	FALSE	October 2(13	TRUE	Decrease			
93457	Catheter placement	Diagnostic Cardiac Cathet	April 2011	28	ACC	7.66	Codes Reported Together 95%	0.00	6.64	NA	28.86	1.25	3563	FALSE	FALSE	October 2(13	TRUE	Decrease			
93458	Catheter placement	Diagnostic Cardiac Cathet	April 2011	28	ACC	6.51	Codes Reported Together 95%	0.00	5.6	NA	24.48	1.07	415368	FALSE	FALSE	October 2(13	TRUE	Decrease			
93459	Catheter placement	Diagnostic Cardiac Cathet	April 2011	28	ACC	7.34	Codes Reported Together 95%	0.00	6.35	NA	25.95	1.21	67014	FALSE	FALSE	October 2(13	TRUE	Decrease			
93460	Catheter placement	Diagnostic Cardiac Cathet	April 2011	28	ACC	7.88	Codes Reported Together 95%	0.00	7.1	NA	28.77	1.35	79581	FALSE	FALSE	October 2(13	TRUE	Decrease			
93461	Catheter placement	Diagnostic Cardiac Cathet	April 2011	28	ACC	9.00	Codes Reported Together 95%	0.00	7.85	NA	31.69	1.51	11803	FALSE	FALSE	October 2(13	TRUE	Decrease			
93462	Left heart catheteriz	Diagnostic Cardiac Cathet	April 2011	28	ACC	3.73	Codes Reported Together 95%	0.00	3.73	1.56	1.56	0.82	7044	FALSE	FALSE	October 2(13	TRUE	Decrease			
93463	Pharmacologic agen	Diagnostic Cardiac Cathet	April 2011	28	ACC	2.00	Codes Reported Together 95%	0.00	2	0.70	0.70	0.17	5368	FALSE	FALSE	October 2(13	TRUE	Decrease			
93464	Physiologic exercise	Diagnostic Cardiac Cathet	April 2011	28	ACC	1.80	Codes Reported Together 95%	0.00	1.8	NA	4.62	0.12	1274	FALSE	FALSE	October 2(13	TRUE	Decrease			
93501	Deleted from CPT	Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93503	Insertion and placen	Insertion of Catheter	April 2018	33	ACR, ASA	2.00	CMS High Expe 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 Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93510	Deleted from CPT	Cardiac Catheterization	February 2009	31	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93511	Deleted from CPT	Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93514	Deleted from CPT	Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93524	Deleted from CPT	Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93526	Deleted from CPT	Cardiac Catheterization	February 2008	5	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93527	Deleted from CPT	Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93528	Deleted from CPT	Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93529	Deleted from CPT	Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93539	Deleted from CPT	Cardiac Catheterization	February 2008	5	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93540	Deleted from CPT	Cardiac Catheterization	February 2008	5	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93541	Deleted from CPT	Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93542	Deleted from CPT	Cardiac Catheterization	April 2010	26	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93543	Deleted from CPT	Cardiac Catheterization	February 2009	31	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93544	Deleted from CPT	Cardiac Catheterization	February 2008	5	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93545	Deleted from CPT	Cardiac Catheterization	February 2009	31	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93555	Deleted from CPT	Cardiac Catheterization	February 2009	31	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93556	Deleted from CPT	Cardiac Catheterization	February 2009	31	ACC	Deleted from CPT	Codes Reporte February 2008							FALSE	TRUE	Referred to the C	October 2(13	Deleted	TRUE	Deleted from CPT	
93561	Indicator dilution sti	Cardiac Output Measurer	January 2018	27		0.77	Negative IWPL October 2017	ZZZ					12	FALSE	FALSE				TRUE	Increase	
93562	Indicator dilution sti	Cardiac Output Measurer	January 2018	27		0.95	Negative IWPL October 2017	ZZZ					3	FALSE	FALSE				TRUE	Increase	
93563	Injection procedure	Diagnostic Cardiac Cathet	April 2011	28	ACC	2.00	Codes Reported Together 95%	0.00	1	0.35	0.35	0.17	146	FALSE	FALSE	October 2(13	TRUE	Decrease			
93564	Injection procedure	Pulmonary Angiography	October 2021	08	ACC, SCAI	Review action plan	Codes Reporte October 2021	ZZZ	1.03	0.35	0.35	0.23	11	FALSE	FALSE	October 2(13	FALSE	Decrease			
93565	Injection procedure	Diagnostic Cardiac Cathet	April 2011	28	ACC	1.90	Codes Reported Together 95%	0.00	0.5	0.17	0.17	0.12	72	FALSE	FALSE	October 2(13	TRUE	Decrease			
93566	Injection procedure	Diagnostic Cardiac Cathet	April 2011	28	ACC	0.96	Codes Reported Together 95%	0.00	0.5	0.18	0.18	0.10	303	FALSE	FALSE	October 2(13	TRUE	Decrease			
93567	Injection procedure	Diagnostic Cardiac Cathet	April 2011	28	ACC	0.97	Codes Reported Together 95%	0.00	0.7	0.24	0.24	0.17	20363	FALSE	FALSE	October 2(13	TRUE	Decrease			
93568	Injection procedure	Diagnostic Cardiac Cathet	April 2011	28	ACC	0.98	Codes Reported Together 95%	0.00	0.88	0.31	0.31	0.19	1197	FALSE	TRUE	October 2(13	Complete	TRUE	Decrease		
93571	Intravascular dopple	Coronary Flow Reserve M	October 2017	13	ACC, SCAI	1.50	High Volume C October 2016	ZZZ	0	NA	NA	0.00	67025	FALSE	FALSE				TRUE	Decrease	
93572	Intravascular dopple	Coronary Flow Reserve M	October 2017	13	ACC, SCAI	1.00	High Volume C October 2017	ZZZ	0	NA	NA	0.00	12923	FALSE	FALSE				TRUE	Decrease	
93613	Intracardiac electrof	Cardiac Ablation Services	April 2021	07	ACC, HRS	5.23	CMS Fastest G October 2008	ZZZ	5.23	2.22	NA	1.15	86612	FALSE	FALSE				TRUE	Decrease	
93620	Comprehensive elec	Intracardiac Catheter Abl	April 2010	45	ACC	11.57	Codes Reporte February 2010	000	0	NA	0.00	0.00	6937	FALSE	TRUE	The Workgroup r	October 2(22	Complete	TRUE	Maintain	
93621	Comprehensive elec	Cardiac Ablation Services	April 2021	07	ACC, HRS	1.75	High Volume C October 2019	ZZZ	0	NA	0.00	0.00	25997	FALSE	FALSE				TRUE	Decrease	
93623	Programmed stimuli	Pacing Heart Stimulation	April 2019	22	ACC, HRS	Referral to CPT for p	CMS-Other - U October 2018	ZZZ	0	NA	0.00	0.00	38723	FALSE	TRUE	In April 2019, the May 2019 EC-N	Complete	TRUE	Decrease		
93641	Electrophysiologic e	Insertion/Removal of Pac	September 2014	21	ACC	Maintain work RVU	Codes Reporte February 2010	000	0	NA	0.00	0.00	9237	FALSE	TRUE	33213 - This code February 213	Complete	TRUE	Maintain		
93651	Intracardiac cathete	Bundling EPS with Transc	January 2012	11	ACC, HRS	Deleted from CPT	Codes Reporte February 2010							FALSE	TRUE	The Workgroup r	October 2(22	Complete	TRUE	Deleted from CPT	
93652	Intracardiac cathete	Bundling EPS with Transc	January 2012	11	ACC, HRS	Deleted from CPT	CMS Fastest G October 2008							FALSE	TRUE	The Workgroup r	October 2(22	Complete	TRUE	Deleted from CPT	
93653	Comprehensive elec	Cardiac Ablation Services	April 2021	07	ACC, HRS	15.00	Codes Reporte October 2011	000	15	6.37	NA	3.33	27745	FALSE	TRUE	The Workgroup r	October 2(22	Complete	TRUE	Decrease	
93654	Comprehensive elec	Cardiac Ablation Services	April 2021	07	ACC, HRS	18.10	Codes Reporte October 2011	000	18.1	7.65	NA	4.02	7824	FALSE	TRUE	The Workgroup r	October 2(22	Complete	TRUE	Decrease	
93655	Intracardiac cathete	Cardiac Ablation Services	April 2021	07	ACC, HRS	7.00	Codes Reporte October 2011	ZZZ	5.5	2.35	NA	1.21	40338	FALSE	TRUE	The Workgroup r	October 2(22	Complete	TRUE	Decrease	
93656	Comprehensive elec	Cardiac Ablation Services	April 2021	07	ACC, HRS	17.00	Codes Reporte October 2011	000	17	7.23	NA	3.78	61319	FALSE	TRUE	The Workgroup r	October 2(61	Complete	TRUE	Decrease	
93657	Additional linear or	Cardiac Ablation Services	April 2021	07	ACC, HRS	7.00	Codes Reporte October 2011	ZZZ	5.5	2.35	NA	1.21	30645	FALSE	TRUE	The Workgroup r	October 2(22	Complete	TRUE	Decrease	
93662	Intracardiac echocar	Cardiac Ablation Services	April 2021	07	ACC, HRS	2.53	High Volume C February 2008	ZZZ	0	NA	0.00	0.00	74158	FALSE	FALSE				TRUE	Decrease	
93668	Peripheral arterial d	Peripheral Artery Disease	January 2018	28		New PE Inputs	CMS Request - July 2017	XXX	0	NA	0.42	0.01	1383	FALSE	FALSE				TRUE	PE Only	
93701	Bioimpedance-derived	physiologic cardiovascular	February 2011	41		Remove from screen	Low Value-Hig 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 G October 2008							FALSE	FALSE				TRUE	Deleted from CPT	
93732	Deleted from CPT	Cardiology Services	October 2008	26	ACC	Deleted from CPT	CMS Fastest G October 2008							FALSE	FALSE				TRUE	Deleted from CPT	
93733	Deleted from CPT	Cardiology Services	October 2008	26	ACC	Deleted from CPT	CMS Fastest G October 2008							FALSE	FALSE				TRUE	Deleted from CPT	
93743	Deleted from CPT	Cardiology Services	October 2008	26	ACC	Deleted from CPT	CMS Fastest G October 2008							FALSE	FALSE				TRUE	Deleted from CPT	
93744	Deleted from CPT	Cardiology Services	October 2008	26	ACC	Deleted from CPT	CMS Fastest G October 2008							FALSE	FALSE				TRUE	Deleted from CPT	
93750	Interrogation of ven	Ventricular Assist Device	April 2019	24	AATS, ACC, S	0.85	High Volume C October 2018	XXX	0.75	0.31	0.63	0.12	84303	FALSE	FALSE				TRUE	Decrease	
93792	Patient/caregiver tr	Home INR Monitoring	January 2022	20		Review in 3 years. 0.	High Volume C September 2016	XXX	0	NA	2.06	0.04	1208	FALSE	FALSE	September 08	yes	TRUE	PE Only		
93793	Anticoagulant mana	Home INR Monitoring	January 2022	20		Review in 3 years. 0.	High Volume C September 2016	XXX	0.18	NA	0.15	0.01	1643960	FALSE	FALSE	September 08	yes	TRUE	Maintain		
93875	Deleted from CPT	Noninvasive Vascular Dia	April 2010	45	AAN, ACC, A	Deleted from CPT	Codes Reporte February 2010							TRUE	SS in proce Yes	TRUE	The Workgroup r	October 2(43	Complete	TRUE	Deleted from CPT
93880	Duplex scan of extra	Duplex Scans	April 2014	33	ACR, ACC, SV	0.80	Codes Reporte February 2010	XXX	0.8	NA	4.82	0.11	1780271	TRUE	TRUE	The Workgroup r	October 2(43	Complete	TRUE	Increase	
93882	Duplex scan of extra	Duplex Scans	April 2014	33	ACC, ACR, SV	0.50	CMS High Expe January 2012	XXX	0.5	NA	3.13	0.09	25981	FALSE	FALSE				TRUE	Increase	
93886	Transcranial dopple	Transcranial Doppler Stuc	September 2023	09	AAN, ACR, A	0.90	Codes Reporte February 2010	XXX	0.91	NA	7.10	0.08	88929	FALSE	TRUE	In April 2022, the May 2023	38	Yes	TRUE	Decrease	
93888	Transcranial dopple	Transcranial Doppler Stuc	September 2023	09	AAN, ACC, A	0.73	Codes Reporte February 2010	XXX	0.5	NA	4.21	0.06	8637	FALSE	TRUE	The Workgroup r	October 2(CCI edits	Complete	TRUE	Increase	
93890	Transcranial dopple	Transcranial Doppler Stuc	September 2023	09	AAN, ACR, A	Deleted from CPT 20	High Volume C October 2019	XXX	1	NA	7.24	0.08	45280	FALSE	TRUE	In April 2022, the May 2023	38	Yes	TRUE	Deleted from CPT	
93892	Transcranial dopple	Transcranial Doppler Stuc	September 2023	09	AAN, ACR, A	1.15	High Volume C October 2019	XXX	1.15	NA	8.29	0.10	47422	FALSE	TRUE	In April 2022, the May 2023	38	Yes	TRUE	Maintain	
93893	Transcranial dopple	Transcranial Doppler Stuc	September 2023	09	AAN, ACR, A																

93975	Duplex scan of arter Duplex Scans	April 2014	33	ACR, SVS, AC 1.30	CMS Request - November 2013	XXX	1.16	NA	6.68	0.14	203708	FALSE	FALSE	TRUE	Decrease							
93976	Duplex scan of arter Duplex Scans	April 2014	33	ACR	1.00	CMS Fastest G October 2008	XXX	0.8	NA	3.89	0.06	153116	FALSE	FALSE	TRUE	Decrease						
93978	Duplex scan of aorta Duplex Scans	April 2014	33		0.97	CMS-Other - U April 2013	XXX	0.8	NA	4.47	0.14	249599	FALSE	FALSE	TRUE	Increase						
93979	Duplex scan of aorta Duplex Scans	April 2014	33		0.70	CMS-Other - U October 2013	XXX	0.5	NA	2.95	0.06	57275	FALSE	FALSE	TRUE	Increase						
93982	Noninvasive physiolo Endovascular Repair Proc	January 2017	10	SVS, SIR, STS	Deleted from CPT	Codes Reporte January 2017						FALSE	FALSE	TRUE	Deleted from CPT							
93985	Duplex scan of arter Duplex Scan Arterial Inflo	January 2019	17		0.80	CMS-Other - U October 2018	XXX	0.8	NA	6.48	0.16	19354	FALSE	FALSE	TRUE	Increase						
93986	Duplex scan of arter Duplex Scan Arterial Inflo	January 2019	17		0.50	CMS-Other - U October 2018	XXX	0.5	NA	3.84	0.09	6364	FALSE	FALSE	TRUE	Increase						
93990	Duplex scan of hemc Doppler Flow Testing	April 2014	40	ACR, SVS	0.60	CMS Fastest G October 2008	XXX	0.5	NA	3.79	0.10	106664	FALSE	FALSE	TRUE	Increase						
94010	Spirometry, includin Spirometry	October 2019	12	ATS, CHEST	0.17	Low Value-Hig October 2010	XXX	0.17	NA	0.61	0.02	776623	FALSE	FALSE	TRUE	Maintain						
94014	Patient-initiated spii Pulmonary Tests	February 2009	38	ACCP/ATS	Remove from screen	High Volume C February 2008	XXX	0.52	NA	1.09	0.03	201	FALSE	FALSE	TRUE	Remove from Screen						
94015	Patient-initiated spii Pulmonary Tests	February 2009	38	ACCP/ATS	Remove from screen	High Volume C February 2008	XXX	0	NA	0.91	0.01	56	FALSE	FALSE	TRUE	Remove from Screen						
94016	Patient-initiated spii Pulmonary Tests	February 2009	38	ACCP/ATS	Remove from screen	High Volume C April 2008	XXX	0.52	0.18	0.18	0.02	6642	FALSE	FALSE	TRUE	Remove from Screen						
94060	Bronchodilation res; Spirometry	October 2019	12	ATS, CHEST	0.22	MPC List / CPT October 2010	XXX	0.22	NA	0.91	0.02	767711	TRUE	Mar 2014	Yes	TRUE	Decrease					
94200	Maximum breathing Lung Function Test	April 2018	28	ATS, CHEST	0.05	CMS-Other - U 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 Reporte February 2010						FALSE	TRUE	The RUC accepte	October 21	44	Complete	TRUE	Deleted from CPT			
94250	Expired gas collectio RAW	October 2019	17		Deleted from CPT	CMS-Other - U January 2019						FALSE	FALSE				TRUE	Deleted from CPT				
94260	Deleted from CPT Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted from CPT	Codes Reporte February 2010						FALSE	TRUE	The RUC accepte	October 21	44	Complete	TRUE	Deleted from CPT			
94350	Deleted from CPT Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted from CPT	Codes Reporte February 2010						FALSE	TRUE	The RUC accepte	October 21	44	Complete	TRUE	Deleted from CPT			
94360	Deleted from CPT Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted from CPT	Codes Reporte February 2010						FALSE	TRUE	The RUC accepte	October 21	44	Complete	TRUE	Deleted from CPT			
94370	Determination of air Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted from CPT	Codes Reporte February 2010						FALSE	TRUE	The RUC accepte	October 21	44	Complete	TRUE	Deleted from CPT			
94400	Breathing response Evaluation of Wheezing	April 2019	25	ATS, CHEST	Deleted from CPT	Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018						TRUE	Mar 2014	Yes	TRUE	In January 2019, 1	September 49	yes	TRUE	Deleted from CPT		
94450	Breathing response Pulmonary Tests	February 2009	38	ACCP/ATS	Remove from screen	High Volume C February 2008	XXX	0.4	NA	2.01	0.04	474	FALSE	FALSE	TRUE	Remove from Screen						
94617	Exercise test for bro Pulmonary Diagnostic Te	October 2016	05	ATS, CHEST	0.70	CMS High Expe February 2016	XXX	0.7	NA	1.87	0.03	9576	FALSE	FALSE	TRUE	February 239	Complete	TRUE	Decrease			
94618	Pulmonary stress te: Pulmonary Diagnostic Te	October 2016	05	ATS, CHEST	0.48	CMS High Expe February 2016	XXX	0.48	NA	0.49	0.03	243917	FALSE	FALSE	TRUE	February 239	Complete	TRUE	Decrease			
94620	Pulmonary stress te: Pulmonary Diagnostic Te	October 2016	05	ATS, CHEST	Deleted from CPT	CMS High Expe July 2015						FALSE	TRUE	In January 2016, 1	February 239	Complete	TRUE	Deleted from CPT				
94621	Cardiopulmonary ex Pulmonary Diagnostic Te	October 2016	05	ATS, CHEST	1.42	CMS High Expe January 2016	XXX	1.42	NA	3.02	0.12	16432	FALSE	TRUE	In January 2016, 1	February 239	Complete	TRUE	Maintain			
94640	Pressurized or nonp Evaluation of Wheezing	April 2019	25	AAFP, ATS, C	New PE Inputs	Codes Reported Together 75% c	XXX	0	NA	0.26	0.01	126227	TRUE	Mar 2014	Yes	FALSE	TRUE	PE Only				
94667	Manipulation chest Evaluation of Wheezing	April 2019	25	ATS, CHEST	New PE Inputs	CPT Assistant / April 2019	XXX	0	NA	0.68	0.02	3342	FALSE	FALSE	TRUE	PE Only						
94668	Manipulation chest Evaluation of Wheezing	April 2019	25	AAFP, ATS, C	New PE Inputs CPT A	Codes Reported Together 75% c	XXX	0	NA	1.07	0.02	5926	TRUE	Mar 2014	Yes	FALSE	TRUE	PE Only				
94669	Mechanical chest w: Evaluation of Wheezing	April 2019	25	ATS, CHEST	New PE Inputs	CPT Assistant / April 2019	XXX	0	NA	0.56	0.02	180	FALSE	FALSE	TRUE	PE Only						
94681	Oxygen uptake, expi Pulmonary Tests	September 2011	51	AAACE, TES, A	Remove from screen	High Volume C February 2008	XXX	0.2	NA	1.17	0.03	4466	FALSE	FALSE	TRUE	Remove from Screen						
94720	Carbon monoxide di Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted from CPT	Codes Reporte February 2010						FALSE	TRUE	The RUC accepte	October 21	44	Complete	TRUE	Deleted from CPT			
94725	Membrane diffusion Pulmonary Tests	April 2010	45	ACCP, ATS	Deleted from CPT	Codes Reporte February 2010						FALSE	TRUE	The RUC accepte	October 21	44	Complete	TRUE	Deleted from CPT			
94726	Plethysmography fo Pulmonary Function Testi	April 2011	19	ACCP, ATS	0.31	Codes Reporte February 2010	XXX	0.26	NA	1.33	0.03	572303	FALSE	FALSE	TRUE	February 2011	Complete	TRUE	Decrease			
94727	Gas dilution or wash Pulmonary Function Testi	April 2011	19	ACCP, ATS	0.31	Codes Reporte February 2010	XXX	0.26	NA	1.02	0.02	270002	FALSE	FALSE	TRUE	February 2011	Complete	TRUE	Decrease			
94728	Airway resistance by Pulmonary Function Testi	April 2011	19	ACCP, ATS	0.31	Codes Reporte February 2010	XXX	0.26	NA	0.90	0.02	4406	FALSE	FALSE	TRUE	February 2011	Complete	TRUE	Decrease			
94729	Diffusing capacity (e Pulmonary Function Testi	April 2011	19	ACCP, ATS	0.19	Codes Reporte February 2010	ZZZ	0.19	NA	1.48	0.02	917478	FALSE	FALSE	TRUE	February 2011	Complete	TRUE	Decrease			
94750	Pulmonary compliar RAW	October 2019	17		Deleted from CPT	CMS-Other - U January 2019						FALSE	FALSE	TRUE	Deleted from CPT							
94760	Noninvasive ear or f; Measure Blood Oxygen Lr	February 2009	32	ACCP, ATS	New PE inputs	CMS Request - NA	XXX	0	NA	0.06	0.01	14911	FALSE	FALSE	TRUE	PE Only						
94761	Noninvasive ear or f; Measure Blood Oxygen Lr	February 2009	32	ACCP, ATS	New PE inputs	CMS Request - NA	XXX	0	NA	0.10	0.01	9556	FALSE	FALSE	TRUE	PE Only						
94762	Noninvasive ear or f; Measure Blood Oxygen Lr	February 2009	32	ACCP, ATS	New PE inputs	CMS Fastest G October 2008	XXX	0	NA	0.75	0.01	122272	FALSE	FALSE	TRUE	PE Only						
94770	Carbon dioxide, expi Evaluation of Wheezing	April 2019	25	ATS, CHEST	Deleted from CPT	High Volume C February 2008						TRUE	Mar 2014	Yes	TRUE	In April 2019, whi	September 49	yes	TRUE	Deleted from CPT		
95004	Percutaneous tests (Percutaneous Allergy Tes	October 2016	27	AAAAI, AAO/	0.01	Low Value-Billi October 2010	XXX	0.01	NA	0.10	0.01	8361486	FALSE	FALSE	TRUE	TRUE	Maintain					
95010	Percutaneous tests (Percutaneous Allergy Tes	April 2011	31	JCAA, ACAAI	Deleted from CPT	Low Value-Billi October 2010						FALSE	TRUE	The specialty soci	February 21	15	Complete	TRUE	Deleted from CPT			
95012	Nitric oxide expired Exhaled Nitric Oxide Mea	April 2019	26	AAAAI, ACAAI	New PE Inputs	High Volume C October 2018	XXX	0	NA	0.55	0.01	76958	FALSE	FALSE	TRUE	PE Only						
95015	Intracutaneous (intr Intracutaneous Allergy Te	April 2011	31	JCAA, ACAAI	Deleted from CPT	Low Value-Billi October 2010						FALSE	TRUE	The specialty soci	February 21	15	Complete	TRUE	Deleted from CPT			
95017	Allergy testing, any (Percutaneous Allergy Tes	April 2012	29	JCAA	0.07	Low Value-Billi October 2010	XXX	0.07	0.03	0.18	0.01	25904	FALSE	TRUE	Deleted codes 95	February 21	15	Complete	TRUE	Decrease		
95018	Allergy testing, any (Percutaneous Allergy Tes	April 2012	29	JCAA	0.14	Low Value-Billi October 2010	XXX	0.14	0.06	0.45	0.01	113122	FALSE	TRUE	Deleted codes 95	February 21	15	Complete	TRUE	Decrease		
95024	Intracutaneous (intr Intracutaneous Allergy Te	October 2017	19	JCAA, ACAAI	New PE Inputs.	Low Value-Billi October 2010	XXX	0.01	0.01	0.22	0.01	1449502	FALSE	FALSE	TRUE	PE Only						
95027	Intracutaneous (intr Intracutaneous Allergy Te	February 2011	41	JCAA, ACAAI	0.01	Low Value-Billi October 2010	XXX	0.01	NA	0.13	0.01	126261	FALSE	FALSE	TRUE	Maintain						
95115	Professional service: Immunotherapy Injection	April 2012	48	JCAA, AAOA	New PE Inputs	CMS High Expe January 2012	XXX	0	NA	0.29	0.01	820003	FALSE	FALSE	TRUE	PE Only						
95117	Professional service: Immunotherapy Injection	April 2012	48	JCAA, AAOA	New PE Inputs	CMS High Expe September 2011	XXX	0	NA	0.34	0.01	2467399	FALSE	FALSE	TRUE	PE Only						
95144	Professional service: Antigen Therapy Services	January 2016	49	AAOHNS, AA	0.06	Low Value-Billi October 2010	XXX	0.06	0.03	0.43	0.01	155366	FALSE	FALSE	TRUE	Maintain						
95148	Professional services for the supervision of pr	October 2010	73		0.06	Low Value-Billi October 2010	XXX	0.06	0.02	2.53	0.01	18727	FALSE	FALSE	TRUE	Maintain						
95165	Professional service: Antigen Therapy Services	January 2016	49	AAOHNS, AA	0.06	MPC List / CM: October 2010	XXX	0.06	0.03	0.38	0.01	6638389	FALSE	FALSE	TRUE	Maintain						
95249	Ambulatory continu Continuous Glucose Mon	January 2023	24	AAACE, ES, AC	PE Only	High Volume Growth2	XXX	0	NA	1.78	0.04	14677	TRUE	June 2018	yes	TRUE	The RUC recomm	June 2017	EC	yes	TRUE	PE Only
95250	Ambulatory continu Continuous Glucose Mon	January 2023	24	AAACE, ES	New PE inputs	High Volume C October 2013	XXX	0	NA	4.30	0.04	45743	FALSE	TRUE	In May 2014, the	October 21	38	yes	TRUE	PE Only		
95251	Ambulatory continu Continuous Glucose Mon	January 2023	24	AAACE, ES	0.70	High Volume C April 2013	XXX	0.7	0.28	0.28	0.04	440819	FALSE	TRUE	In October 2016,	February 238	yes	TRUE	Decrease			
95700	Electroencephalogr: Long-Term EEG Monitorii	September 2022	13	AAAN, ACNS	Review action plan.	High Volume C May 2018	XXX	0	0.00	0.00	0.00	14757	FALSE	FALSE	TRUE	PE Only						
95705	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	749	FALSE	FALSE	TRUE	PE Only						
95706	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	257	FALSE	FALSE	TRUE	PE Only						
95707	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	128	FALSE	FALSE	TRUE	PE Only						
95708	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	8123	FALSE	FALSE	TRUE	PE Only						
95709	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	1311	FALSE	FALSE	TRUE	PE Only						
95710	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	170	FALSE	FALSE	TRUE	PE Only						
95711	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	142	FALSE	FALSE	TRUE	PE Only						
95712	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	1156	FALSE	FALSE	TRUE	PE Only						
95713	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	1764	FALSE	FALSE	TRUE	PE Only						
95714	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	4351	FALSE	FALSE	TRUE	PE Only						
95715	Electroencephalogr: Long-Term EEG Monitorii	September 2022	13	AAAN, ACNS	Review action plan.	High Volume C May 2018	XXX	0	0.00	0.00	0.00	16469	FALSE	FALSE	TRUE	PE Only						
95716	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	PE Only	High Volume C May 2018	XXX	0	0.00	0.00	0.00	2289	FALSE	FALSE	TRUE	PE Only						
95717	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	2.00	High Volume C May 2018	XXX	2	0.85	0.88	0.12	2674	FALSE	FALSE	TRUE	Decrease						
95718	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	2.50	High Volume C May 2018	XXX	2.5	1.21	1.28	0.19	31495	FALSE	FALSE	TRUE	Decrease						
95719	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	3.00	High Volume C May 2018	XXX	3	1.38	1.44	0.22	5951	FALSE	FALSE	TRUE	Decrease						
95720	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	3.86	High Volume C May 2018	XXX	3.86	1.87	1.98	0.30	129650	FALSE	FALSE	TRUE	Decrease						
95721	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	3.86	High Volume C May 2018	XXX	3.86	1.85	1.97	0.29	2560	FALSE	FALSE	TRUE	Decrease						
95722	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	4.70	High Volume C May 2018	XXX	4.7	2.24	2.38	0.37	1997	FALSE	FALSE	TRUE	Decrease						
95723	Electroencephalogr: Long-Term EEG Monitorii	October 2018	13	AAAN, ACNS	4.75	High Volume C May 2018	XXX	4.75	2.24	2.38	0.35	2590	FALSE	FALSE	TRUE							

95806	Sleep study, unatt	Sleep Testing	April 2010	28	ACNS, AAN, / 1.28	CMS Fastest G	October 2009	XXX	0.93	NA	1.75	0.06	93817	FALSE	FALSE	October 2009	TRUE	Decrease				
95807	Sleep study, simulta	Sleep Testing	April 2010	28	ACNS, AAN, / 1.25	CMS Fastest G	October 2009	XXX	1.28	NA	10.13	0.14	1205	FALSE	FALSE	October 2009	TRUE	Decrease				
95808	Polysomnography; a	Sleep Testing	April 2010	28	ACNS, AAN, / 1.74	CMS Fastest G	October 2009	XXX	1.74	NA	14.49	0.18	1007	FALSE	FALSE	October 2009	TRUE	Decrease				
95810	Polysomnography; a	Sleep Testing	April 2010	28	ACNS, AAN, / 2.50	CMS Fastest G	February 2010	XXX	2.5	NA	15.41	0.24	179842	FALSE	FALSE	October 2009	TRUE	Decrease				
95811	Polysomnography; a	Sleep Testing	April 2010	28	ACNS, AAN, / 2.60	CMS Fastest G	October 2009	XXX	2.6	NA	16.12	0.27	195976	FALSE	FALSE	October 2009	TRUE	Decrease				
95812	Electroencephalogr	Long-Term EEG Monitori	October 2018	13	AAN, ACNS 1.08	CMS Request - July 2015	XXX	1.08	NA	9.16	0.08	21275	FALSE	FALSE		TRUE	Maintain					
95813	Electroencephalogr	Long-Term EEG Monitori	October 2018	13	AAN, ACNS 1.63	CMS Request - July 2015	XXX	1.63	NA	11.08	0.11	23070	FALSE	FALSE		TRUE	Decrease					
95816	Electroencephalogr	Electroencephalogram	October 2012	22	1.08	CMS High Expe	January 2012	XXX	1.08	NA	10.28	0.08	236062	FALSE	FALSE		TRUE	Maintain				
95819	Electroencephalogr	Electroencephalogram	October 2012	22	AAN, ACNS 1.08	CMS High Expe	September 2011	XXX	1.08	NA	12.11	0.08	161385	FALSE	FALSE		TRUE	Maintain				
95822	Electroencephalogr	Electroencephalogram	October 2012	22	AAN, ACNS 1.08	CMS High Expe	January 2012	XXX	1.08	NA	11.27	0.08	23857	FALSE	FALSE		TRUE	Maintain				
95827	Electroencephalogr	Long-Term EEG Monitori	October 2018	13	AAN, ACNS Deleted from CPT	High Volume C	May 2018						FALSE	FALSE		TRUE	Deleted from CPT					
95831	Muscle testing, man	Muscle Testing	April 2018	33	AAN, AANEN Deleted from CPT	High Volume C	October 2015						FALSE	TRUE	In April 2018, AAI	September 39	complete	TRUE	Deleted from CPT			
95832	Muscle testing, man	Muscle Testing	April 2018	33	AAN, AANEN Deleted from CPT	High Volume C	October 2017						FALSE	TRUE	In April 2018, AAI	September 39	complete	TRUE	Deleted from CPT			
95833	Muscle testing, man	Muscle Testing	April 2018	33	AAN, AANEN Deleted from CPT	High Volume C	October 2017						FALSE	TRUE	In April 2018, AAI	September 39	complete	TRUE	Deleted from CPT			
95834	Muscle testing, man	Muscle Testing	April 2018	33	AAN, AANEN Deleted from CPT	High Volume C	October 2017						FALSE	TRUE	In April 2018, AAI	September 39	complete	TRUE	Deleted from CPT			
95851	Range of motion me	RAW	September 2022	13	APTA Maintain	CMS-Other - U	April 2022	XXX	0.16	0.06	0.46	0.01	28905	FALSE	FALSE		TRUE	Maintain				
95860	Needle electromyog	EMG in Conjunction with	April 2012	32	AAN, AAPMF 0.96	Harvard Value	October 2009	XXX	0.96	NA	2.34	0.05	2639	FALSE	TRUE	The Workgroup, i	February 209	Complete	TRUE	Maintain		
95861	Needle electromyog	EMG in Conjunction with	April 2012	32	AAN, AAPMF 1.54	Codes Reporte	February 2010	XXX	1.54	NA	3.17	0.08	45050	FALSE	TRUE	The Workgroup, i	February 209	Complete	TRUE	Maintain		
95863	Needle electromyog	EMG in Conjunction with	April 2012	32	AAN, AAPMF 1.87	Codes Reporte	February 2010	XXX	1.87	NA	4.26	0.09	135	FALSE	TRUE	The Workgroup, i	February 209	Complete	TRUE	Maintain		
95864	Needle electromyog	EMG in Conjunction with	April 2012	32	AAN, AAPMF 1.99	Codes Reporte	February 2010	XXX	1.99	NA	4.87	0.11	1488	FALSE	TRUE	The Workgroup, i	February 209	Complete	TRUE	Maintain		
95867	Needle electromyog	EMG in Conjunction with	April 2012	32	AAN, AAPMF 0.79	Codes Reported Together 75%	XXX	0.79	NA	2.36	0.05	1320	FALSE	TRUE	Identified by CPT	October 2	06	Complete	TRUE	Maintain		
95868	Needle electromyog	EMG in Conjunction with	April 2012	32	AAN, AAPMF 1.18	Codes Reported Together 75%	XXX	1.18	NA	2.93	0.05	4055	FALSE	TRUE	Identified by CPT	October 2	06	Complete	TRUE	Maintain		
95869	Needle electromyog	EMG in Conjunction with	April 2012	32	AAN, AAPMF 0.37	Codes Reporte	October 2011	XXX	0.37	NA	2.47	0.03	450	FALSE	TRUE	Identified by CPT	October 2	06	Complete	TRUE	Maintain	
95870	Needle electromyog	EMG in Conjunction with	October 2017	19	AAN, AAPMF 0.37	Codes Reporte	October 2011	XXX	0.37	NA	2.09	0.03	54575	FALSE	TRUE	Identified by CPT	October 2	06	Complete	TRUE	Maintain	
95885	Needle electromyog	EMG in Conjunction with	April 2011	20	AAN, AAPMF 0.35	Codes Reporte	February 2010	ZZZ	0.35	NA	1.49	0.01	125139	FALSE	FALSE	February 209	Complete	TRUE	Decrease			
95886	Needle electromyog	EMG in Conjunction with	April 2011	20	AAN, AAPMF 0.92	Codes Reporte	February 2010	ZZZ	0.86	NA	2.01	0.04	855049	FALSE	FALSE	February 209	Complete	TRUE	Decrease			
95887	Needle electromyog	EMG in Conjunction with	April 2011	20	AAN, AAPMF 0.73	Codes Reporte	February 2010	ZZZ	0.71	NA	1.75	0.04	14550	FALSE	FALSE	February 209	Complete	TRUE	Decrease			
95900	Nerve conduction, a	EMG in Conjunction with	April 2012	32	AAN, AAPMF Deleted from CPT	MPC List / Cod	October 2010						FALSE	TRUE	Identified as part	October 2	06 & 16	Complete	TRUE	Deleted from CPT		
95903	Nerve conduction, a	EMG in Conjunction with	April 2012	32	AAN, AAPMF Deleted from CPT	CMS High Expe	September 2011						FALSE	TRUE	Identified as part	October 2	06 & 16	Complete	TRUE	Deleted from CPT		
95904	Nerve conduction, a	EMG in Conjunction with	April 2012	32	AAN, AAPMF Deleted from CPT	Codes Reporte	February 2010						FALSE	TRUE	The Workgroup, i	February 209 & 16	Complete	TRUE	Deleted from CPT			
95907	Nerve conduction st	EMG in Conjunction with	April 2012	32	AAN, AAPMF 1.00	Codes Reported Together 75%	XXX	1	NA	1.62	0.05	5830	FALSE	TRUE	Deleted 6 electro	February 2	16	Complete	TRUE	Decrease		
95908	Nerve conduction st	EMG in Conjunction with	April 2012	32	AAN, AAPMF 1.37	Codes Reported Together 75%	XXX	1.25	NA	2.02	0.05	48008	FALSE	TRUE	Deleted 6 electro	February 2	16	Complete	TRUE	Decrease		
95909	Nerve conduction st	EMG in Conjunction with	April 2012	32	AAN, AAPMF 1.77	Codes Reported Together 75%	XXX	1.5	NA	2.42	0.07	113947	FALSE	TRUE	Deleted 6 electro	February 2	16	Complete	TRUE	Decrease		
95910	Nerve conduction st	EMG in Conjunction with	April 2012	32	AAN, AAPMF 2.80	Codes Reported Together 75%	XXX	2	NA	3.13	0.09	133327	FALSE	TRUE	Deleted 6 electro	February 2	16	Complete	TRUE	Decrease		
95911	Nerve conduction st	EMG in Conjunction with	April 2012	32	AAN, AAPMF 3.34	Codes Reported Together 75%	XXX	2.5	NA	3.69	0.11	157280	FALSE	TRUE	Deleted 6 electro	February 2	16	Complete	TRUE	Decrease		
95912	Nerve conduction st	EMG in Conjunction with	April 2012	32	AAN, AAPMF 4.00	Codes Reported Together 75%	XXX	3	NA	4.23	0.14	69190	FALSE	TRUE	Deleted 6 electro	February 2	16	Complete	TRUE	Decrease		
95913	Nerve conduction st	EMG in Conjunction with	April 2012	32	AAN, AAPMF 4.20	Codes Reported Together 75%	XXX	3.56	NA	4.79	0.16	76286	FALSE	TRUE	Deleted 6 electro	February 2	16	Complete	TRUE	Decrease		
95921	Testing of autonomi	Autonomic Function Test	September 2023	22	September 20 RUC	AAFP, AAN, / Refer to CPT. 0.90	Different Perfc	October 2009	XXX	0.9	NA	1.66	0.05	47812	TRUE	Sep 2020	complete	TRUE	For code pair 959	May 2024	FALSE	Maintain
95922	Testing of autonomi	Autonomic Function Test	September 2023	22	September 20 RUC	AAFP, AAN, / Refer to CPT. 0.96	High Volume C	February 2008	XXX	0.96	NA	1.87	0.06	1791	TRUE	Dec 2008; complete		TRUE	For code pair 959	May 2024	FALSE	Maintain
95923	Testing of autonomi	Autonomic Function Test	September 2023	22	September 20 RUC	AAFP, AAN, / Refer to CPT. 0.90	Codes Reporte	October 2019	XXX	0.9	NA	2.73	0.05	94672	TRUE	Sep 2020	complete	TRUE	In October 2019, May 2024		FALSE	Maintain
95924	Testing of autonomi	Autonomic Function Test	September 2023	22	September 20 RUC	AAFP, AAN, / Refer to CPT. 1.73	Codes Reported Together 75%	XXX	1.73	NA	2.68	0.12	14658	TRUE	Sep 2020	complete	TRUE	CPT Feb 2012 the	May 2024	FALSE	Decrease	
95925	Short-latency somat	Evoked Potentials and Re	January 2013	34	AAN, AANEN 0.54 and New PE Inp	Codes Reporte	February 2010	XXX	0.54	NA	4.70	0.08	5126	FALSE	TRUE	The Workgroup r	October 2	48	Complete	TRUE	Maintain	
95926	Short-latency somat	Evoked Potentials and Re	January 2013	34	AAN, AANEN 0.54 and New PE Inp	Codes Reporte	February 2010	XXX	0.54	NA	4.04	0.06	4812	FALSE	TRUE	The Workgroup r	October 2	48	Complete	TRUE	Maintain	
95928	Central motor evoke	Evoked Potentials and Re	April 2013	36	AAN, AANEN 1.50	Codes Reporte	February 2010	XXX	1.5	NA	5.45	0.09	419	FALSE	TRUE	The Workgroup r	October 2	48	Complete	TRUE	Maintain	
95929	Central motor evoke	Evoked Potentials and Re	April 2013	36	AAN, AANEN 1.50	Codes Reporte	February 2010	XXX	1.5	NA	5.57	0.08	1373	FALSE	TRUE	The Workgroup r	October 2	48	Complete	TRUE	Maintain	
95930	Visual evoked poten	Visual Evoked Potential T	October 2016	11	AAO, AOA (o 0.35	High Volume C	October 2015	XXX	0.35	NA	1.61	0.02	39032	FALSE	TRUE	In January 2016, 1	May 2016 29	Complete	TRUE	Maintain		
95934	H-reflex, amplitude	:EMG in Conjunction with	April 2012	32	Deleted from CPT	Codes Reported Together 75% or More-Part1							FALSE	TRUE	Identified as part	October 2	06 & 16	Complete	TRUE	Deleted from CPT		
95936	H-reflex, amplitude	:EMG in Conjunction with	April 2012	32	Deleted from CPT	Codes Reported Together 75% or More-Part1							FALSE	TRUE	Identified as part	October 2	06 & 16	Complete	TRUE	Deleted from CPT		
95937	Neuromuscular junc	RAW	April 2023	15	Remove from screen	Different Perfc	April 2023	XXX	0.65	NA	2.45	0.05	26083	FALSE	FALSE		TRUE	Remove from screen				
95938	Short-latency somat	Evoked Potentials and Re	January 2013	34	AAN, AANEN 0.86 and new PE inpi	Codes Reporte	January 2013	XXX	0.86	NA	9.94	0.08	95684	FALSE	TRUE	October 2	48	Complete	TRUE	Decrease		
95939	Central motor evoke	Evoked Potentials and Re	January 2013	34	AAN, AANEN 2.25 and new PE inpi	Codes Reporte	January 2013	XXX	2.25	NA	13.92	0.14	45557	FALSE	TRUE	October 2	48	Complete	TRUE	Decrease		
95940	Continuous intraope	Intraoperative Neurophy:January	2012	12	0.60	Codes Reporte	January 2012	XXX	0.6	0.31	NA	0.04	26130	FALSE	TRUE	Deleted 6 electro	February 2	16	Complete	TRUE	Decrease	
95941	Continuous intraope	Intraoperative Neurophy:January	2012	12	2.00	Codes Reporte	January 2012	XXX	0	0.00	0.00	0.00	14326	FALSE	TRUE	Deleted 6 electro	February 2	16	Complete	TRUE	Decrease	
95943	Simultaneous, indep	Autonomic Function Test	January 2020	37	AAN, AANEN Deleted from CPT	Codes Reporte	January 2018	XXX						FALSE	TRUE	CPT Feb 2012 est	October 2	65	complete	TRUE	Deleted from CPT	
95950	Monitoring for ident	Long-Term EEG Monitori	October 2018	13	AAN, ACNS Deleted from CPT	CMS Fastest G	February 2009						FALSE	FALSE				TRUE	Deleted from CPT			
95951	Monitoring for local	Long-Term EEG Monitori	October 2018	13	Deleted from CPT	High Volume C	October 2016						FALSE	TRUE	This service was i	May 2018 35	Yes	TRUE	Deleted from CPT			
95953	Monitoring for local	Long-Term EEG Monitori	October 2018	13	AAN, ACNS Deleted from CPT	CMS Fastest G	February 2009						FALSE	FALSE				TRUE	Deleted from CPT			
95954	Pharmacological or	EEG Monitoring	February 2008	5	AAN, ACNS Remove from screen	High Volume C	February 2008	XXX	2.45	NA	9.43	0.18	461	FALSE	FALSE		TRUE	Remove from Screen				
95956	Monitoring for local	Long-Term EEG Monitori	October 2018	13	AAN, ACNS Deleted from CPT	CMS Fastest G	October 2008						TRUE	Dec 2009	Yes		FALSE	TRUE	Deleted from CPT			
95957	Digital analysis of el	Electroencephalogram (E	January 2016	50	AAN 1.98	CMS High Expe	July 2015	XXX	1.98	NA	6.12	0.12	35208	FALSE	FALSE		TRUE	Maintain				
95970	Electronic analysis o	Neurostimulator Services	January 2019	37	AAN, AANS/(0.45	Harvard Value	February 2010	XXX	0.35	0.16	0.17	0.04	27748	TRUE	Jul 2016	Yes	TRUE	In January 2016, 1	June 2017 31	Complete	TRUE	Maintain
95971	Electronic analysis o	Neurostimulator Services	October 2017	07	AUA, ACOG, 0.78	Harvard Value	October 2009	XXX	0.78	0.30	0.57	0.07	18280	FALSE	TRUE	In January 2014, 1	February 275, 31	Complete	TRUE	Maintain		
95972	Electronic analysis o	Neurostimulator Services	October 2017	07	AUA, ACOG, 0.80	Harvard Value	February 2010	XXX	0.8	0.30	0.78	0.10	39855	FALSE	TRUE	In January 2014, 1	May 2014 EC1	Complete	TRUE	Decrease		
95973	Electronic analysis o	Implanted Neurostimulat	April 2015	21	AANS/CNS, / Deleted from CPT	Harvard Value	February 2010						FALSE	TRUE	In January 2014, 1	February 275	Complete	TRUE	Deleted from CPT			
95974	Electronic analysis o	Neurostimulator Services	October 2017	07	AAN, AANS/(Deleted from CPT	CMS Request - July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, 1	June 2017 31	Complete	TRUE	Deleted from CPT	
95975	Electronic analysis o	Neurostimulator Services	October 2017	07	AAN, AANS/(Deleted from CPT	CMS Request - July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, 1	June 2017 31	Complete	TRUE	Deleted from CPT	
95976	Electronic analysis o	Neurostimulator Services	September 2022	13	AAN, AANS/(0.95	High Volume C	June 2017	XXX	0.73	0.35	0.38	0.07	6886	TRUE	February 2	complete	FALSE	June 2017 31		TRUE	Maintain	
95977	Electronic analysis o	Neurostimulator Services	September 2022	13	AAN, AANS/(1.19	High Volume C	June 2017	XXX	0.97	0.47	0.49	0.10	5089	TRUE	February 2	complete	FALSE	June 2017 31		TRUE	Maintain	
95978	Electronic analysis o	Neurostimulator Services	October 2017	07	AAN, AANS/(Deleted from CPT	CMS Request - July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, 1	June 2017 31	Complete	TRUE	Deleted from CPT	
95979	Electronic analysis o	Neurostimulator Services	October 2017	07	AAN, AANS/(Deleted from CPT	CMS Request - July 2015							TRUE									

96113	Developmental test Psychological and Neuro- October 2017	08		APA (psycho 1.10	CMS High Expe June 2017	ZZZ	1.16	0.44	0.55	0.06	627	FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Decrease		
96116	Neurobehavioral sta Psychological and Neuro- October 2017	08		APA (psycho 1.86	CMS High Expe July 2015	XXX	1.86	0.43	0.81	0.08	135507	FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Maintain		
96118	Neuropsychological Psychological and Neuro- October 2017	08		APA (psycho Deleted from CPT	CMS High Expe July 2015							FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Deleted from CPT		
96119	Neuropsychological Psychological and Neuro- October 2017	08		APA (psycho Deleted from CPT	CMS High Expe July 2015							FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Deleted from CPT		
96120	Neuropsychological Psychological and Neuro- October 2017	08		APA (psycho Deleted from CPT	High Volume C April 2013							FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Deleted from CPT		
96121	Neurobehavioral sta Psychological and Neuro- October 2017	08		APA (psycho 1.71	CMS High Expe June 2017	ZZZ	1.71	0.23	0.49	0.04	36763	FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Decrease		
96125	Standardized cogniti Psychological and Neuro- October 2017	20		APA (psycho 1.70	CMS High Expe January 2016	XXX	1.7	NA	1.29	0.06	5434	FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Maintain		
96127	Brief emotional/beh Psychological and Neuro- October 2017	08		APA (psycho New PE Inputs	CMS High Expe January 2016	XXX	0	NA	0.13	0.01	497436	FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	PE Only		
96130	Psychological testing Psychological and Neuro- October 2017	20		APA (psycho 2.50	CMS High Expe June 2017	XXX	2.56	0.55	0.89	0.10	104985	FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Decrease		
96131	Psychological testing Psychological and Neuro- October 2017	20		APA (psycho 1.90	CMS High Expe June 2017	ZZZ	1.96	0.26	0.56	0.04	71902	FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Decrease		
96132	Neuropsychological Psychological and Neuro- October 2017	08		APA (psycho 2.50	CMS High Expe June 2017	XXX	2.56	0.47	1.18	0.10	204387	FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Decrease		
96133	Neuropsychological Psychological and Neuro- October 2017	08		APA (psycho 1.90	CMS High Expe June 2017	ZZZ	1.96	0.26	0.92	0.04	332219	FALSE	TRUE	In the July 2015 F June 2017 32	complete	TRUE	Decrease		
96136	Psychological or neu Psychological and Neuro- October 2017	20		APA (psycho 0.55	CMS High Expe June 2017	XXX	0.55	0.12	0.69	0.02	175704	FALSE	FALSE	June 2017 32		TRUE	Decrease		
96137	Psychological or neu Psychological and Neuro- October 2017	20		APA (psycho 0.46	CMS High Expe June 2017	ZZZ	0.46	0.06	0.69	0.01	328424	FALSE	FALSE	June 2017 32		TRUE	Decrease		
96138	Psychological or neu Psychological and Neuro- October 2017	20		APA (psycho New PE Inputs	CMS High Expe June 2017	XXX	0	NA	1.00	0.01	182454	FALSE	FALSE	June 2017 32		TRUE	PE Only		
96139	Psychological or neu Psychological and Neuro- October 2017	20		APA (psycho New PE Inputs	CMS High Expe June 2017	ZZZ	0	NA	1.03	0.01	344259	FALSE	FALSE	June 2017 32		TRUE	PE Only		
96146	Psychological or neu Psychological and Neuro- October 2017	20		APA (psycho New PE Inputs	CMS High Expe June 2017	XXX	0	NA	0.06	0.01	8281	FALSE	FALSE	June 2017 32		TRUE	PE Only		
96150	Health and behavior Health and Behavior Asse January 2019	41		Deleted from CPT	Negative IWPL September 2018							FALSE	FALSE	September 40	Complete	TRUE	Deleted from CPT		
96151	Health and behavior Health and Behavior Asse January 2019	41		Deleted from CPT	Negative IWPL September 2018							FALSE	FALSE	September 40	Complete	TRUE	Deleted from CPT		
96152	Health and behavior Health and Behavior Asse January 2019	41		Deleted from CPT	Negative IWPL September 2018							FALSE	FALSE	September 40	Complete	TRUE	Deleted from CPT		
96153	Health and behavior Health and Behavior Asse January 2019	41		Deleted from CPT	Negative IWPL September 2018							FALSE	FALSE	September 40	Complete	TRUE	Deleted from CPT		
96154	Health and behavior Health and Behavior Asse January 2019	41		APA (psycho Deleted from CPT	Negative IWPL April 2017							FALSE	TRUE	In October 2017, September 40	Complete	TRUE	Deleted from CPT		
96155	Health and behavior Health and Behavior Asse January 2019	41		Deleted from CPT	Negative IWPL September 2018							FALSE	FALSE	September 40	Complete	TRUE	Deleted from CPT		
96156	Health behavior ass Health and Behavior Asse January 2019	41		2.10	Negative IWPL September 2018 XXX		2.1	0.33	0.65	0.06	18966	FALSE	FALSE	September 40	Complete	TRUE	Increase		
96158	Health behavior inte Health and Behavior Asse January 2019	41		1.45	Negative IWPL September 2018 XXX		1.45	0.20	0.43	0.04	40810	FALSE	FALSE	September 40	Complete	TRUE	Increase		
96159	Health behavior inte Health and Behavior Asse January 2019	41		0.50	Negative IWPL September 2018 ZZZ		0.5	0.07	0.15	0.01	36634	FALSE	FALSE	September 40	Complete	TRUE	Increase		
96164	Health behavior inte Health and Behavior Asse January 2019	41		0.21	Negative IWPL September 2018 XXX		0.21	0.04	0.07	0.01	12608	FALSE	FALSE	September 40	Complete	TRUE	Increase		
96165	Health behavior inte Health and Behavior Asse January 2019	41		0.10	Negative IWPL September 2018 ZZZ		0.1	0.02	0.03	0.00	34107	FALSE	FALSE	September 40	Complete	TRUE	Increase		
96167	Health behavior inte Health and Behavior Asse January 2019	41		1.55	Negative IWPL September 2018 XXX		1.55	0.20	0.45	0.04	1275	FALSE	FALSE	September 40	Complete	TRUE	Increase		
96168	Health behavior inte Health and Behavior Asse January 2019	41		0.55	Negative IWPL September 2018 ZZZ		0.55	0.07	0.16	0.01	1123	FALSE	FALSE	September 40	Complete	TRUE	Increase		
96170	Health behavior inte Health and Behavior Asse January 2019	41		1.50	Negative IWPL September 2018 XXX		1.5	0.58	0.72	0.10		FALSE	FALSE	September 40	Complete	TRUE	Increase		
96171	Health behavior inte Health and Behavior Asse January 2019	41		0.54	Negative IWPL September 2018 ZZZ		0.54	0.21	0.26	0.04		FALSE	FALSE	September 40	Complete	TRUE	Increase		
96360	Intravenous infusior IV Hydration January 2017	25		ASCO, ASH 0.17	CMS High Expe 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 infusior IV Hydration January 2017	25		ASCO, ASH 0.09	CMS High Expe 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 infusior Intravenous Infusion The January 2013	28		ACRrh, ASCO, 0.21	CMS High Expe September 2011 XXX		0.21	NA	1.66	0.04	1336860	FALSE	FALSE			TRUE	Maintain		
96366	Intravenous infusior Intravenous Infusion The January 2013	28		ACRrh, ASCO, 0.18	CMS High Expe April 2013	ZZZ	0.18	NA	0.42	0.01	553392	FALSE	FALSE			TRUE	Maintain		
96367	Intravenous infusior Intravenous Infusion The January 2013	28		ACRrh, ASCO, 0.19	CMS High Expe September 2011 ZZZ		0.19	NA	0.66	0.01	1145470	FALSE	FALSE			TRUE	Maintain		
96368	Intravenous infusior Intravenous Infusion The January 2013	28		ACRrh, ASCO, 0.17	CMS High Expe April 2013	ZZZ	0.17	NA	0.41	0.01	128693	FALSE	FALSE			TRUE	Maintain		
96372	Therapeutic, prophy Application of On-body Ir January 2017	26		ASCO, ASH, / 0.17	Different Perfct 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, prophy Application of On-body Ir January 2017	26		ASCO, ASH, / 0.18	CMS High Expe 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, prophy Application of On-body Ir January 2017	26		ASCO, ASH, / 0.10	CMS High Expe 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 admi Chemotherapy Administr January 2017	27		ASBMT, ASCO 0.21	CMS High Expe 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 admi Chemotherapy Administr January 2017	27		ASBMT, ASCO 0.19	CMS High Expe 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 admi Chemotherapy Administr April 2008	55		ASCO New PE inputs	CMS Request - NA	000	0.52	0.30	1.95	0.04	19134	FALSE	FALSE			TRUE	PE Only		
96406	Chemotherapy admi Chemotherapy Administr April 2008	55		ASCO New PE inputs	CMS Request - NA	000	0.8	0.46	3.06	0.06	730	FALSE	FALSE			TRUE	PE Only		
96409	Chemotherapy admi Chemotherapy Administr January 2017	27		ASBMT, ASCO 0.24	CMS High Expe 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 admi Chemotherapy Administr January 2017	27		ASBMT, ASCO 0.20	CMS High Expe 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 admi Chemotherapy Administr January 2017	29		ACRrh, ASCO, 0.28 and new PE inpi	Codes Reporte February 2010	XXX	0.28	NA	3.55	0.07	1689219	FALSE	FALSE			TRUE	Maintain		
96415	Chemotherapy admi Chemotherapy Administr January 2013	29		ACRrh, ASCO, 0.19 and new PE inpi	CMS High Expe January 2012	ZZZ	0.19	NA	0.63	0.02	766295	FALSE	FALSE			TRUE	Maintain		
96416	Chemotherapy admi Chemotherapy Administr October 2010	20		ACRrh, ASCO, New PE inputs	Codes Reporte February 2010	XXX	0.21	NA	3.55	0.07	25003	FALSE	FALSE			TRUE	PE Only		
96417	Chemotherapy admi Chemotherapy Administr January 2013	29		ACRrh, ASCO, 0.21 and new PE inpi	CMS High Expe January 2012	ZZZ	0.21	NA	1.67	0.04	357078	FALSE	FALSE			TRUE	Maintain		
96440	Chemotherapy admi Chemotherapy Administr February 2008	R		New PE inputs	CMS Request - NA	000	2.12	1.68	20.28	0.14	50	FALSE	FALSE			TRUE	PE Only		
96567	Photodynamic thera Photodynamic Therapy January 2017	16		AAD 0.00 PE Only	High Volume C February 2008	XXX	0	NA	4.20	0.01	43661	FALSE	TRUE	CPT code 96567 f September 78	yes	TRUE	Maintain		
96573	Photodynamic thera Photodynamic Therapy January 2017	16		AAD 0.48	CMS High Expe January 2017	000	0.48	NA	6.40	0.02	31439	FALSE	FALSE	September 78	yes	TRUE	Increase		
96574	Debridement of prei Photodynamic Therapy January 2017	16		AAD 1.01	CMS High Expe January 2017	000	1.01	NA	7.38	0.04	47841	FALSE	FALSE	September 78	yes	TRUE	Increase		
96910	Photochemotherapy Photo-chemotherapy April 2016	44		AAD PE Only	CMS High Expe July 2015	XXX	0	NA	3.51	0.02	312471	FALSE	FALSE			TRUE	PE Only		
96920	Laser treatment for Laser Treatment - Skin April 2023	08		AADA 1.00	CMS Fastest G October 2008	000	1.15	0.68	3.48	0.04	88673	TRUE	TRUE	Sep 2016 Yes	TRUE	In October 2015, February 2 Withdrawn	Surveyed fc	TRUE	Decrease
96921	Laser treatment for Laser Treatment - Skin April 2023	08		AADA 1.07	High Volume C February 2008	000	1.3	0.76	3.77	0.06	25424	TRUE	TRUE	Sep 2016 Yes	TRUE	In October 2015, February 2 Withdrawn	Surveyed fc	TRUE	Decrease
96922	Laser treatment for Laser Treatment - Skin April 2023	08		AADA 1.32	High Volume C October 2008	000	2.1	1.23	4.79	0.10	14024	TRUE	TRUE	Sep 2016 Yes	TRUE	In October 2015, February 2 Withdrawn	Surveyed fc	TRUE	Decrease
97001	Physical therapy eva Physical Medicine and Re October 2015	17	HCPAC	Deleted from CPT	CMS High Expe September 2011							FALSE	TRUE	In Jan 2012, the s February 288	Complete	TRUE	Deleted from CPT		
97002	Physical therapy re- Physical Medicine and Re October 2015	17	HCPAC	Deleted from CPT	CMS High Expe February 2015							FALSE	FALSE	February 288	Complete	TRUE	Deleted from CPT		
97003	Occupational therap Physical Medicine and Re October 2015	17	HCPAC	Deleted from CPT	CMS High Expe February 2015							FALSE	FALSE	February 288	Complete	TRUE	Deleted from CPT		
97004	Occupational therap Physical Medicine and Re October 2015	17	HCPAC	Deleted from CPT	CMS High Expe February 2015							FALSE	FALSE	February 288	Complete	TRUE	Deleted from CPT		
97010	Application of a moc Physical Medicine and Re April 2017	41		No Interest	No speciality society i Physical Medic April 2016	XXX	0.06	NA	0.12	0.01	2	FALSE	FALSE			TRUE	Maintain		
97012	Application of a moc Physical Medicine and Re January 2017	29	January 2024	HCPAC	APTA 0.25	Physical Medic April 2016	XXX	0.25	NA	0.17	0.01	460216	FALSE	FALSE		survey exist	FALSE	Maintain	
97014	Application of a moc Physical Medicine and Re January 2017	29	January 2024	HCPAC	APTA 0.18	Physical Medic April 2016	XXX	0.18	NA	0.18	0.01		FALSE	FALSE		survey exist	FALSE	Maintain	
97016	Application of a moc Physical Medicine and Re January 2017	29	January 2024	HCPAC	APTA 0.18	Codes Reporte February 2010	XXX	0.18	NA	0.16	0.01	896158	FALSE	FALSE		survey exist	FALSE	Maintain	
97018	Application of a moc Physical Medicine and Re January 2017	29	January 2024	HCPAC	AOTA, APTA 0.06	Codes Reporte February 2010	XXX	0.06	NA	0.10	0.01	144507	FALSE	FALSE		survey exist	FALSE	Maintain	
97022	Application of a moc Physical Medicine and Re January 2017	29	January 2024	HCPAC	APTA 0.17	Physical Medic April 2016	XXX	0.17	NA	0.33	0.01	139020	FALSE	FALSE		survey exist	FALSE	Maintain	
97032	Application of a moc Physical Medicine and Re January 2017	29	January 2024	HCPAC	APTA 0.25	CMS High Expe July 2015	XXX	0.25	NA	0.17	0.01	770126	FALSE	FALSE		survey exist	FALSE	Maintain	
97033	Application of a moc Physical Medicine and Re January 2017	29	January 2024	HCPAC	APTA 0.26	Physical Medic April 2016	XXX	0.26	NA	0.32	0.01	38829	FALSE	FALSE		survey exist	FALSE	Maintain	
97034	Application of a moc Physical Medicine and Re January 2017	29	January 2024	HCPAC	APTA, AOTA 0.21	Physical Medic April 2016	XXX	0.21	NA	0.21	0.01	6823	FALSE	FALSE		survey exist	FALSE	Maintain	
97035	Application of a moc Physical Medicine and Re January 2017	29	January 2024	HCPAC	APTA 0.21	Low Value-Hig October 2010	XXX	0.21	NA	0.21	0.01	1485156	FALSE	FALSE		survey exist	FALSE	Maintain	
97110	Therapeutic procedi Physical Medicine and Re January 2017	29	January 2024	HCPAC	AOTA, APTA 0.45	Codes Reporte February 2010	XXX	0.45	NA	0.42	0.01	58730344	FALSE	FALSE		survey exist	FALSE	Maintain	
97112	Therapeutic procedi Physical Medicine and Re January 2017	29	January 2024	HCPAC	APTA, AOTA 0.50	CMS High Expe September 2011 XXX	0.5	NA	0.50	0.01	21727068	FALSE	FALSE		survey exist	FALSE	Increase		
97113	Therapeutic procedi Physical Medicine and Re January 2017	29	January 2024	HCPAC	APTA 0.48	CMS High Expe July 2015	XXX	0.48	NA	0.61	0.01	1526923	FALSE	FALSE		survey exist	FALSE		

97166	Occupational therap	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, APTA 1.20	CMS High Expe	February 2015	XXX	1.54	NA	1.42	0.04	119073	FALSE		FALSE	February 288	Complete	TRUE	Maintain	
97167	Occupational therap	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, APTA 1.70	CMS High Expe	February 2015	XXX	1.54	NA	1.42	0.04	23075	FALSE		FALSE	February 288	Complete	TRUE	Increase	
97168	Re-evaluation of occ	Physical Medicine and Re	October 2015	17		HCPAC	AOTA, APTA 0.80	CMS High Expe	February 2015	XXX	0.96	NA	1.07	0.04	32891	FALSE		FALSE	February 288	Complete	TRUE	Increase	
97530	Therapeutic activitie	Physical Medicine and Re	January 2017	29	January 2024	HCPAC	APTA, AOTA 0.44	CMS High Expe	September 2011	XXX	0.44	NA	0.66	0.01	23945325	FALSE		FALSE		survey exist	FALSE	Maintain	
97532	Development of cog	Cognitive Function Interv	January 2017	29			APTA, AOTA Deleted from CPT	High Volume C	April 2013							FALSE	TRUE	In April 2016 the	September:80	yes	TRUE	Deleted from CPT	
97533	Sensory integrative I	Physical Medicine and Re	January 2017	29	January 2024	HCPAC	APTA, AOTA 0.48	Physical Medic	April 2016	XXX	0.48	NA	1.41	0.01	41438	FALSE		FALSE		survey exist	FALSE	Increase	
97535	Self-care/home man	Physical Medicine and Re	January 2017	29	January 2024	HCPAC	APTA, AOTA 0.45	Codes Reporte	October 2012	XXX	0.45	NA	0.52	0.01	2628494	TRUE	Article no l/Yes	FALSE		survey exist	FALSE	Maintain	
97537	Community/work re	Physical Medicine and Re	January 2017	29	January 2024	HCPAC	APTA, AOTA 0.48	Physical Medic	April 2016	XXX	0.48	NA	0.46	0.01	14261	FALSE		FALSE		survey exist	FALSE	Increase	
97542	Wheelchair manage	Physical Medicine and Re	January 2017	29	January 2024	HCPAC	APTA, AOTA 0.48	High Volume C	April 2013	XXX	0.48	NA	0.46	0.01	85302	FALSE		FALSE		survey exist	FALSE	Increase	
97597	Debridement (eg, hi	Open Wound Debrideme	October 2018	23			AAFP, ACS, A 0.88	Site of Service	September 2007	000	0.77	0.22	2.18	0.06	745666	FALSE		TRUE	In January 2018, the RUC recommende	N/A	TRUE	Increase	
97598	Debridement (eg, hi	Open Wound Debrideme	October 2018	23			AAFP, ACS, A 0.50	Site of Service	September 2007	ZZZ	0.5	0.17	0.78	0.06	143440	FALSE		TRUE	In January 2018, the RUC recommende	N/A	TRUE	Increase	
97602	Removal of devitaliz	Physical Medicine and Re	April 2016	47			AAOS, ACS, A Maintain	Physical Medic	April 2016	XXX	0	0.00	0.00	0.00		FALSE		FALSE			TRUE	Maintain	
97605	Negative pressure w	Negative Pressure Woun	April 2016	47			AAOS, ACS, A 0.55	High Volume C	April 2013	XXX	0.55	0.17	0.71	0.01	45050	FALSE		FALSE			TRUE	Maintain	
97606	Negative pressure w	Negative Pressure Woun	April 2016	47			APMA, ACS, , 0.60	High Volume C	April 2013	XXX	0.6	0.18	0.91	0.01	16957	FALSE		FALSE			TRUE	Maintain	
97607	Negative pressure w	Negative Pressure Woun	April 2016	47			APMA, ACS, , 0.11	High Volume C	May 2013	XXX	0.41	0.17	10.48	0.07	8276	FALSE		FALSE			TRUE	Decrease	
97608	Negative pressure w	Negative Pressure Woun	April 2016	47			APMA, ACS, , 0.46	High Volume C	May 2013	XXX	0.46	0.19	10.44	0.10	1476	FALSE		FALSE			TRUE	Decrease	
97610	Low frequency, non-	Physical Medicine and Re	April 2016	47			Maintain	Physical Medic	April 2016	XXX	0.4	0.12	12.91	0.01	37545	FALSE		FALSE			TRUE	Maintain	
97755	Assistive technology	Physical Medicine and Re	April 2016	47			APTA, AOTA Remove from screen	High Volume C	February 2008	XXX	0.62	NA	0.51	0.02	3154	FALSE		FALSE			TRUE	Remove from Screen	
97760	Orthotic(s) manager	Orthotic Management an	January 2017	29			APTA, AOTA 0.50	Physical Medic	April 2016	XXX	0.5	NA	0.94	0.01	55538	FALSE		TRUE	In April 2016 the	September:81	yes	TRUE	Increase
97761	Prosthetic(s) traini	Orthotic Management an	January 2017	29			APTA 0.50	Physical Medic	April 2016	XXX	0.5	NA	0.74	0.01	4165	FALSE		TRUE	In April 2016 the	September:81	yes	TRUE	Increase
97762	Checkout for orthoti	Orthotic Management an	January 2017	29			APTA Deleted from CPT	Physical Medic	April 2016							FALSE	TRUE	In April 2016 the	September:81	yes	TRUE	Deleted from CPT	
97763	Orthotic(s)/prosthe	Orthotic Management an	January 2017	29			APTA, AOTA 0.48	Physical Medic	April 2016	XXX	0.48	NA	1.10	0.01	39975	FALSE		FALSE			TRUE	Increase	
97802	Medical nutrition th	Medical Nutrition Therap	April 2008	53			ADA, AGA, A 0.53	CMS Request - NA		XXX	0.53	0.42	0.55	0.01	195588	FALSE		FALSE			TRUE	Increase	
97803	Medical nutrition th	Medical Nutrition Therap	April 2008	53			ADA, AGA, A 0.45	CMS Request - NA		XXX	0.45	0.35	0.49	0.01	189626	FALSE		FALSE			TRUE	Increase	
97810	Acupuncture, 1 or m	Acupuncture/Electroacu	April 2023	09	April 2029	RAW	AAFP, AAPM Flag for re-review. 0.	Different Perf	September 2022	XXX	0.6	0.27	0.50	0.04	52629	FALSE		FALSE			FALSE		
97811	Acupuncture, 1 or m	Acupuncture/Electroacu	April 2023	09	April 2029	RAW	AAFP, AAPM Flag for re-review. 0.	Different Perf	September 2022	ZZZ	0.5	0.23	0.32	0.04	61711	FALSE		FALSE			FALSE		
97813	Acupuncture, 1 or m	Acupuncture/Electroacu	April 2023	09	April 2029	RAW	AAFP, AAPM Flag for re-review. 0.	Different Perf	September 2022	XXX	0.65	0.30	0.66	0.04	46894	FALSE		FALSE			FALSE		
97814	Acupuncture, 1 or m	Acupuncture/Electroacu	April 2023	09	April 2029	RAW	AAFP, AAPM Flag for re-review. 0.	Different Perf	September 2022	ZZZ	0.55	0.25	0.51	0.04	55554	FALSE		FALSE			FALSE		
98925	Osteopathic manipu	Osteopathic Manipulativ	February 2011	34			AOA 0.50	Harvard Value	February 2010	000	0.46	0.19	0.43	0.04	43697	FALSE		FALSE			TRUE	Increase	
98926	Osteopathic manipu	Osteopathic Manipulativ	February 2011	34			AOA 0.75	Harvard Value	October 2009	000	0.71	0.28	0.58	0.04	84547	FALSE		FALSE			TRUE	Increase	
98927	Osteopathic manipu	Osteopathic Manipulativ	February 2011	34			AOA 1.00	Harvard Value	October 2009	000	0.96	0.35	0.72	0.04	81029	FALSE		FALSE			TRUE	Increase	
98928	Osteopathic manipu	Osteopathic Manipulativ	February 2011	34			AOA 1.25	Harvard Value	February 2010	000	1.21	0.44	0.84	0.07	84113	FALSE		FALSE			TRUE	Increase	
98929	Osteopathic manipu	Osteopathic Manipulativ	February 2011	34			AOA 1.50	Harvard Value	February 2010	000	1.46	0.52	0.95	0.08	75926	FALSE		FALSE			TRUE	Increase	
98940	Chiropractic manipu	Chiropractic Manipulativ	October 2012	25			ACA 0.46	CMS High Expe	September 2011	000	0.46	0.18	0.35	0.01	4519636	FALSE		FALSE			TRUE	Increase	
98941	Chiropractic manipu	Chiropractic Manipulativ	October 2012	25			ACA 0.71	CMS High Expe	September 2011	000	0.71	0.28	0.46	0.01	12786088	FALSE		FALSE			TRUE	Increase	
98942	Chiropractic manipu	Chiropractic Manipulativ	October 2012	25			ACA 0.96	CMS High Expe	September 2011	000	0.96	0.38	0.56	0.01	939532	FALSE		FALSE			TRUE	Increase	
98943	Chiropractic manipu	Chiropractic Manipulativ	October 2012	25			ACA 0.46	CMS High Expe	September 2011	XXX	0.46	0.18	0.28	0.04		FALSE		FALSE			TRUE	Increase	
99143	Deleted from CPT	Moderate Sedation Servi	October 2015	14		RUC	AAP, AAOMS Deleted from CPT	Moderate Sed:	January 2014							FALSE		FALSE			TRUE	Deleted from CPT	
99144	Deleted from CPT	Moderate Sedation Servi	October 2015	14		RUC	AAP, AAOMS Deleted from CPT	Moderate Sed:	January 2014							FALSE		FALSE			TRUE	Deleted from CPT	
99148	Deleted from CPT	Moderate Sedation Servi	October 2015	14		RUC	AAP, AAOMS Deleted from CPT	Moderate Sed:	January 2014							FALSE		FALSE			TRUE	Deleted from CPT	
99149	Deleted from CPT	Moderate Sedation Servi	October 2015	14		RUC	AAP, AAOMS Deleted from CPT	Moderate Sed:	January 2014							FALSE		FALSE			TRUE	Deleted from CPT	
99150	Deleted from CPT	Moderate Sedation Servi	October 2015	14		RUC	AAP, AAOMS Deleted from CPT	Moderate Sed:	January 2014							FALSE		FALSE			TRUE	Deleted from CPT	
99151	Moderate sedation :	Moderate Sedation Servi	October 2015	14		RUC	AAP, AAOMS 0.50	Moderate Sed:	January 2014	XXX	0.5	0.18	1.26	0.04	4	FALSE		FALSE			TRUE	Maintain	
99152	Moderate sedation :	Moderate Sedation Servi	October 2015	14		RUC	AAP, AAOMS 0.25	Moderate Sed:	January 2014	XXX	0.25	0.08	1.21	0.04	1665477	FALSE		FALSE			TRUE	Maintain	
99155	Moderate sedation :	Moderate Sedation Servi	October 2015	14		RUC	AAP, AAOMS 1.90	Moderate Sed:	January 2014	XXX	1.9	0.34	NA	0.20	4	FALSE		FALSE			TRUE	Maintain	
99156	Moderate sedation :	Moderate Sedation Servi	October 2015	14		RUC	AAP, AAOMS 1.84	Moderate Sed:	January 2014	XXX	1.65	0.41	NA	0.18	7805	FALSE		FALSE			TRUE	Maintain	
99174	Instrument-based or	Instrument-Based Ocular	September 2014	09			AAP, AAO PE Only	CMS Request - NA		XXX	0	NA	0.17	0.01		FALSE	TRUE	CMS requested a	May 2014 24	Complete	TRUE	PE Only	
99177	Instrument-based or	Instrument-Based Ocular	September 2014	09			PE Only	CMS Request - May 2014		XXX	0	NA	0.13	0.01		FALSE	TRUE	May 2014 24	Complete	TRUE	PE Only		
99183	Physician or other q	Hyperbaric Oxygen Unde	January 2023	16	January 2024	RAW	AAFP, UHMS Refer to CPT. 2.11	CMS-Other - U	April 2013	XXX	2.11	0.77	0.77	0.26	316560	FALSE	TRUE	In January 2023, the RUC noted that CMS created C		TRUE	Decrease		
99281	Emergency departm	ED Visits	April 2018	29			AAP, ACEP 0.48	CMS Request - June 2017		XXX	0.25	0.06	NA	0.04	53497	FALSE		FALSE			TRUE	Increase	
99282	Emergency departm	ED Visits	April 2018	29			AAP, ACEP 0.93	CMS Request - June 2017		XXX	0.93	0.21	NA	0.10	286892	FALSE		FALSE			TRUE	Increase	
99283	Emergency departm	ED Visits	April 2018	29			AAP, ACEP 1.42	CMS Request - June 2017		XXX	1.6	0.35	NA	0.18	1962566	FALSE		FALSE			TRUE	Increase	
99284	Emergency departm	ED Visits	April 2018	29			AAP, ACEP 2.60	CMS Request - June 2017		XXX	2.74	0.57	NA	0.27	4022787	FALSE		FALSE			TRUE	Increase	
99285	Emergency departm	ED Visits	April 2018	29			AAP, ACEP 3.80	CMS Request - June 2017		XXX	4	0.79	NA	0.42	9200375	FALSE		FALSE			TRUE	Maintain	
99358	Prolonged evaluatio	Prolonged Services - Wit	October 2021	14			AAFP, AAHPM 1.80	CMS Request - November 2019		XXX	1.8	0.71	0.75	0.18	319221	FALSE	TRUE	In October 2020, February 2 11	complete	TRUE	Decrease		
99359	Prolonged evaluatio	Prolonged Services - Wit	October 2021	14			AAFP, AAHPM 0.75	CMS Request - November 2019		ZZZ	0.75	0.45	0.45	0.07	12035	FALSE	TRUE	In October 2020, February 2 11	complete	TRUE	Decrease		
99363	Anticoagulant mana	Home INR Monitoring	January 2017	19			Deleted from CPT	High Volume C	September 2016							FALSE	FALSE			September:08	yes	TRUE	Deleted from CPT
99364	Anticoagulant mana	Home INR Monitoring	January 2017	19			Deleted from CPT	High Volume C	September 2016							FALSE	FALSE			September:08	yes	TRUE	Deleted from CPT
99375	Supervision of a pati	Home Healthcare Supervi	April 2016	47			No Interest RUC recommende	CMS-Other - U	April 2016	XXX	1.73	0.67	1.16	0.10		FALSE	FALSE				TRUE	Remove from Screen	
99378	Supervision of a hos	Home Healthcare Supervi	April 2016	47			No Interest RUC recommende	CMS-Other - U	April 2016	XXX	1.73	0.67	1.16	0.10		FALSE	FALSE				TRUE	Remove from Screen	
99415	Prolonged clinical st	Prolonged Services - Cli	April 2021	15			AAHPM, AAF New PE Inputs	CMS Request - Final Rule for 20		ZZZ	0	NA	0.55	0.01	7814	FALSE	TRUE	In October 2020, February 2 08	complete	TRUE	PE Only		
99416	Prolonged clinical st	Prolonged Services - Cli	April 2021	15			AAHPM, AAF New PE Inputs	CMS Request - Final Rule for 20		ZZZ	0	NA	0.25	0.01	5743	FALSE	TRUE	In October 2020, February 2 08	complete	TRUE	PE Only		
99417	Prolonged outpatient	Prolonged Services - on t	January 2022	15			AAFP, AAHPM 0.61	CMS Request - November 2021		ZZZ	0.61	0.24	0.27	0.04	1	FALSE	FALSE			February 2 11	complete	TRUE	Maintain
99418	Prolonged inpatient	Prolonged Services - on t	January 2022	15			AAHPM, AAF 0.81	CMS Request - February 2021		ZZZ	0.81	0.31	NA	0.04		FALSE	FALSE			February 2 11	complete	TRUE	Increase
99457	Remote physiologic	RAW	September 2022	13	April 2024	RAW	AAFP, ACC, A Review action plan.	Different Perf	April 2022	XXX	0.61	0.24	0.79	0.04	929385	FALSE		FALSE			FALSE		
99459	Pelvic examination (	Pelvic Exam (PE Only)	January 2023	13			AAFP, ACOG, PE Inputs	Gender Equity	April 2022							FALSE	TRUE	In response to th	September:10	complete	TRUE	PE Only
99492	Initial psychiatric co	Psychiatric Collaborative	April 2023	15			AACAP, AAFP Maintain, remove fr	Work Neutralii	October 2019	XXX	1.88	0.74	2.45	0.12	10740	FALSE		FALSE			TRUE	Maintain	
99493	Subsequent psychia	Psychiatric Collaborative	April 2023	15			AACAP, AAFP Maintain, remove fr	Work Neutralii	October 2019	XXX	2.05	0.82	2.04	0.12	33086	FALSE		FALSE			TRUE	Maintain	

0421T	Transurethral water	RAW	September 2023	22	September 20	RUC		Refer to CPT	High Volume C	April 2023	XXX	0	0.00	0.00	0.00	1237	FALSE	TRUE	In April 2023, this	May 2024		FALSE			
0446T	Creation of subcutar	Insertion/ Removal of Im	January 2020	33			AAEC, ES	Contractor Price	CMS Request - November 2019	000	000	1.14	0.45	93.00	0.07	51	FALSE	FALSE	In the CY 2020 Fir	February 246	Renewed 5	TRUE	Contractor Price		
0447T	Removal of implant:	Insertion/ Removal of Im	January 2020	33			AAEC, ES	Contractor Price	CMS Request - November 2019	000	000	1.34	0.53	1.52	0.08	19	FALSE	TRUE	In the CY 2020 Fir	February 246	Renewed 5	TRUE	Contractor Price		
0448T	Removal of implant:	Insertion/ Removal of Im	January 2020	33			AAEC, ES	Contractor Price	CMS Request - November 2019	000	000	1.91	0.76	91.72	0.11	43	FALSE	TRUE	In the CY 2020 Fir	February 246	Renewed 5	TRUE	Contractor Price		
0449T	Insertion of aqueous	drainage device, without	January 2020	37				Maintain	High Volume C	October 2019	YYY	0	0.00	0.00	0.00	3088	FALSE	FALSE				TRUE	Maintain		
0474T	Insertion of anterior	segment aqueous draina	January 2020	37				Maintain	High Volume C	October 2019	XXX	0	0.00	0.00	0.00	1	FALSE	FALSE				TRUE	Maintain		
0507T	Near infrared dual ir	RAW	September 2021	13	April 2025	RAW	AAO, AOA	Review action plan	High Volume C	April 2022	XXX	0	NA	0.00	0.00	5605	FALSE	FALSE				FALSE			
0509T	Electroretinography	Electroretinography	January 2021	29	January 2024	RAW		Review action plan	Work Neutralii	October 2020	XXX	0.4	NA	1.83	0.02	17553	FALSE	FALSE				FALSE	Remove from Screen		
0598T	Noncontact real-tim	RAW	September 2023	22				Maintain	High Volume C	April 2023	YYY	0	0.00	0.00	0.00	5528	FALSE	FALSE				TRUE	Maintain		
0671T	Insertion of anterior	Cataract Removal with Dr	January 2021	16			AAO	Contractor Price	High Volume C	January 2021	YYY	0	0.00	0.00	0.00		FALSE	FALSE	October 2(	37	complete	TRUE	Contractor Price	
2X005	Hand, Wrist & Forearm	R	September 2023	04			AAOS, ASPS,	13.90	Codes Reporte	April 2022							FALSE	FALSE				TRUE	Decrease		
93X94	Transcranial Doppler	Stuc	September 2023	09			AAN, ACR, A'	0.81									FALSE	FALSE				TRUE	Decrease		
93X95	Transcranial Doppler	Stuc	September 2023	09			AAN, ACR, A'	0.73									FALSE	FALSE				TRUE	Decrease		
93X96	Transcranial Doppler	Stuc	September 2023	09			AAN, ACR, A'	0.85									FALSE	FALSE				TRUE	Decrease		
9X075	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		0.93	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Maintain		
9X076	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		1.60	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Maintain		
9X077	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		2.60	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Maintain		
9X078	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		3.50	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Maintain		
9X079	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		0.70	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Maintain		
9X080	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		1.30	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Maintain		
9X081	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		1.92	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Maintain		
9X082	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		2.60	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Decrease		
9X083	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		0.90	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Decrease		
9X084	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		1.55	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Decrease		
9X085	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		2.42	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Decrease		
9X086	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		3.20	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Decrease		
9X087	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		0.65	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Decrease		
9X088	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		1.20	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Decrease		
9X089	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		1.75	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Decrease		
9X090	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		2.60	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Decrease		
9X091	Telemedicine E/M	Servicr	September 2023	11	April 2029	RAW		0.30	CPT/RUC Teler	June 2022							FALSE	FALSE				TRUE	Increase		
G0008	Administration of in	Immunization Administra	April 2021	19			AAFP, AAP, #	0.17	CMS Request-I	July 2020	XXX	0	0.00	0.00	0.00		FALSE	FALSE				TRUE	Maintain		
G0009	Administration of pr	Immunization Administra	April 2021	19			AAFP, AAP, #	0.17	CMS Request-I	July 2020	XXX	0	0.00	0.00	0.00		FALSE	FALSE				TRUE	Maintain		
G0010	Administration of h	Immunization Administra	April 2021	19			AAFP, AAP, #	0.17	CMS Request-I	July 2020	XXX	0	0.00	0.00	0.00		FALSE	FALSE				TRUE	Maintain		
G0101	Cervical or vaginal	cancer screening; pelvic an	October 2016	35			ACOG	Remove from screen	Low Value-Hig	October 2010	XXX	0.45	0.30	0.65	0.07	838279	FALSE	FALSE				TRUE	Remove from Screen		
G0102	Prostate cancer scre	RAW	January 2017	30				Remove from screen	High Volume C	October 2016	XXX	0.18	0.07	0.50	0.01	16666	FALSE	FALSE				TRUE	Remove from Screen		
G0104	Colorectal cancer sc	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGE, /	0.84	MPC List	January 2014	000	0.84	0.70	4.64	0.11	2780	FALSE	FALSE	October 2(	16	Complete	TRUE	Decrease	
G0105	Colorectal cancer sc	Colonoscopy	September 2022	13			AGA, ASGE, /	3.36	MPC List / CM:	September 2011	000	3.26	1.74	6.51	0.42	257961	FALSE	FALSE				TRUE	Decrease		
G0108	Diabetes outpatient	Diabetes Management Tr	April 2017	41iv			AND	0.90	CMS-Other - U	April 2016	XXX	0.9	NA	0.68	0.04	155271	FALSE	FALSE				TRUE	Maintain		
G0109	Diabetes outpatient	Diabetes Management Tr	April 2017	41iv			AND	0.25	CMS-Other - U	April 2016	XXX	0.25	NA	0.20	0.01	36224	FALSE	FALSE				TRUE	Maintain		
G0121	Colorectal cancer sc	Colonoscopy	September 2022	13			AGA, ASGE, /	3.36	MPC List /CMS	September 2011	000	3.26	1.74	6.51	0.43	173331	FALSE	FALSE				TRUE	Decrease		
G0124	Screening cytopathc	Cytopathology Cervical/V	April 2018	26			CAP	0.42	CMS-Other - U	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 - U	April 2011	000	0.17	0.04	0.52	0.01	1094310	FALSE	FALSE				TRUE	Remove from Screen		
G0141	Screening cytopathc	Cytopathology Cervical/V	April 2018	26			CAP	0.42	CMS-Other - U	October 2017	XXX	0.26	0.41	0.41	0.01	2482	FALSE	FALSE				TRUE	Maintain		
G0166	External counterpult	External Counterpulsatio	October 2019	14			ACC	0.00 (PE Only)	CMS-Other - U	April 2016	XXX	0	NA	3.08	0.04	56720	FALSE	FALSE				TRUE	PE Only		
G0168	Wound closure utiliz	Skin Adhesives (PE Only)	April 2023	07			ACEP	New PE inputs. 0.45	CMS 000-Day	July 2016	000	0.31	0.07	3.35	0.06	34363	FALSE	FALSE				TRUE	Maintain		
G0179	Physician or allowed	Physician Recertification	April 2016	47			No Interest	RUC recommended t	CMS Fastest G	October 2008	XXX	0.45	NA	0.74	0.04	709965	FALSE	FALSE				TRUE	Remove from Screen		
G0180	Physician or allowed	Physician Recertification	April 2016	47			No Interest	RUC recommended t	CMS Fastest G	October 2008	XXX	0.67	NA	0.84	0.04	1039293	FALSE	FALSE				TRUE	Remove from Screen		
G0181	Physician or allowed	Home Healthcare Supervi	April 2016	47			No Interest	Recommend deletio	CMS Fastest G	October 2008	XXX	1.73	NA	1.24	0.11	394397	FALSE	FALSE				TRUE	Remove from Screen		
G0182	Physician supervisio	Home Healthcare Supervi	April 2016	47			No Interest	Recommend deletio	CMS-Other - U	April 2016	XXX	1.73	NA	1.26	0.11	32082	FALSE	FALSE				TRUE	Remove from Screen		
G0202	Screening mammogr	Mammography	January 2016	20			ACR	CMS Deleted for 201	CMS Fastest G	February 2008							FALSE	FALSE	TRUE	In the NPRM for	October 2(38	Complete	TRUE	Deleted from CPT
G0204	Diagnostic mammog	Mammography	January 2016	20			ACR	CMS Deleted for 201	CMS Fastest G	February 2008							FALSE	FALSE	TRUE	In the NPRM for	October 2(38	Complete	TRUE	Deleted from CPT
G0206	Therapeutic proced	Mammography	January 2016	20			ACR	CMS Deleted for 201	CMS Fastest G	February 2008							FALSE	FALSE	TRUE	In the NPRM for	October 2(38	Complete	TRUE	Deleted from CPT
G0237	Therapeutic proced	Respiratory Therapy	February 2009	38			ACCP/ATS	Remove from screen	CMS Fastest G	February 2008	XXX	0	NA	0.31	0.01	14173	FALSE	FALSE				TRUE	Remove from Screen		
G0238	Therapeutic proced	Respiratory Therapy	February 2009	38			ACCP/ATS	Remove from screen	CMS Fastest G	February 2008	XXX	0	NA	0.30	0.01	28603	FALSE	FALSE				TRUE	Remove from Screen		
G0248	Demonstration, prio	Home INR Monitoring	January 2017	19			ACC	Created Category I	cc High Volume C	January 2016	XXX	0	NA	2.87	0.04	20817	FALSE	FALSE	TRUE	In October 2015,	September08	yes	TRUE	Deleted from CPT	
G0249	Provision of test ma	Home INR Monitoring	January 2017	19			ACC	Created Category I	cc CMS Fastest G	February 2008	XXX	0	NA	2.00	0.01	1046142	FALSE	FALSE	TRUE	In October 2015,	September08	yes	TRUE	Deleted from CPT	
G0250	Physician review, int	Home INR Monitoring	January 2017	19			ACC	Created Category I	cc CMS Fastest G	February 2008	XXX	0.18	NA	0.07	0.01	146366	FALSE	FALSE	TRUE	In October 2015,	September08	yes	TRUE	Deleted from CPT	
G0268	Removal of impacte	Removal of Impacted Cer	April 2017	35			AAO-HNS	0.61	CMS Fastest G	October 2008	000	0.61	0.29	0.87	0.10	157400	FALSE	FALSE				TRUE	Maintain		
G0270	Medical nutrition th	Medical Nutrition Therap	January 2019	37			ADA	Maintain/Remove fr	CMS Fastest G	February 2008	XXX	0.45	0.35	0.49	0.01	76830	FALSE	FALSE				TRUE	Maintain		
G0277	Hyperbaric oxygen u	Hyperbaric Oxygen Unde	January 2023	16	January 2024	RAW	AAFP, UHMS	Refer to CPT. PE Inpt	High Volume C	April 2022	XXX	0	NA	5.06	0.02										

G0444	Annual depression s Annual Depression Scree	September 2023	16		AAFP, ACP, A	0.18	CMS-Other - U April 2016	XXX	0.18	0.08	0.36	0.01	2142759	FALSE	FALSE	TRUE	Maintain		
G0445	High intensity behav Behavioral Counseling/TF	September 2023	17	September 20 RAW	AAFP, ACP	0.45	High Volume C September 2022	XXX	0.45	0.18	0.30	0.04	1721	FALSE	FALSE	FALSE	Maintain		
G0446	Annual, face-to-face Behavioral Counseling/TF	September 2023	17	September 20 RAW	AAFP, ACP	0.45	CMS-Other - U October 2017	XXX	0.45	0.19	0.28	0.04	290059	FALSE	FALSE	FALSE	Maintain		
G0447	Face-to-face behavi Behavioral Counseling/TF	September 2023	17	September 20 RAW	AAFP, ACP	0.45	CMS-Other - U April 2016	XXX	0.45	0.19	0.27	0.04	289558	FALSE	FALSE	FALSE	Maintain		
G0452	Molecular pathology Molecular Pathology Inte	October 2019	13			0.93	CMS-Other - U October 2018	XXX	0.93	NA	0.51	0.03	166431	FALSE	FALSE	TRUE	Increase		
G0453	Continuous intraope RAW	October 2016	35				Remove from screen CMS-Other - U April 2016	XXX	0.6	0.30	NA	0.04	373272	FALSE	FALSE	TRUE	Remove from Screen		
G0456	Negative pressure w Negative Pressure Woun	January 2014	17				RUC recommended t CMS Request - November 2012							FALSE	TRUE	In January 2013, 1May 2013 28	Complete	TRUE	Deleted from CPT
G0457	Negative pressure w Negative Pressure Woun	January 2014	17				RUC recommended t CMS Request - November 2012							FALSE	TRUE	In January 2013, 1May 2013 28	complete	TRUE	Deleted from CPT
G0500	Moderate sedation services provided by the s	January 2021	29				Maintain CMS-Other - U October 2020	XXX	0.1	0.04	1.55	0.02	325088	FALSE	FALSE	TRUE	Remove from Screen		
G0506	Comprehensive assessment of and care plann	October 2021	20				Requested CMS Dele CMS-Other - U October 2020	ZZZ	0.87	0.37	0.90	0.06	94929	FALSE	FALSE	TRUE	Request CMS Delete		
G0516	Insertion of non-bio Skin Adhesives (PE Only)	April 2023	07		No Interest		New PE Inputs PE Skin Adhesi January 2023	000	1.82	0.93	4.01	0.11	7	FALSE	FALSE	TRUE	PE Only		
G0517	Removal of non-bio Skin Adhesives (PE Only)	April 2023	07		No Interest		New PE Inputs PE Skin Adhesi January 2023	000	2.1	1.03	4.36	0.12	2	FALSE	FALSE	TRUE	PE Only		
G0518	Removal with reinse Skin Adhesives (PE Only)	April 2023	07		No Interest		New PE Inputs PE Skin Adhesi January 2023	000	3.55	1.59	7.78	0.20		FALSE	FALSE	TRUE	PE Only		
G2010	Remote evaluation c RAW	September 2022	13		AADA, AAFP,		Requested CMS dele CMS-Other - U April 2022	XXX	0.18	0.08	0.17	0.01	7599	FALSE	TRUE	In April 2022, the February 2023	complete	TRUE	Request CMS Delete
G2012	Brief communicatio Telemedicine Evaluation	September 2023	11				Requested CMS dele CMS-Other - U April 2022	XXX	0.25	0.10	0.15	0.02	198513	FALSE	TRUE	In April 2022, the February 242	complete	TRUE	Request CMS Delete
G2066	Interrogation device Remote Interrogation De	January 2023	20		ACC, HRS		PE Inputs Contractor Pri April 2022	XXX	0	0.00	0.00	0.00	1090278	FALSE	FALSE	TRUE	PE Only		
G2252	Brief communicatio Telemedicine Evaluation	September 2023	11				Requested CMS Dele Added as part April 2023	XXX	0.5	0.21	0.25	0.04	4725	FALSE	FALSE	TRUE	Request CMS Delete		
G6001	Ultrasonic guidance Radiation Treatment Deli	September 2023	22	September 20 RUC	AADA, ASTRO		Refer to CPT CMS-Other - U October 2020	XXX	0.58	NA	4.78	0.03	151321	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6002	Stereoscopic x-ray g Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U October 2017	XXX	0.39	NA	1.81	0.03	968239	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6003	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U September 2023	XXX	0	NA	4.56	0.01	166	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6004	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U September 2023	XXX	0	NA	3.85	0.01	1355	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6005	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U September 2023	XXX	0	NA	3.86	0.01	869	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6006	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U September 2023	XXX	0	NA	3.84	0.01	120	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6007	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U September 2023	XXX	0	NA	7.11	0.01	338	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6008	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U September 2023	XXX	0	NA	5.31	0.02	332	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6009	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U September 2023	XXX	0	NA	5.29	0.02	66	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6010	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U September 2023	XXX	0	NA	5.26	0.02	63	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6011	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U September 2023	XXX	0	NA	7.09	0.02	6253	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6012	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U October 2020	XXX	0	NA	7.01	0.02	306208	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6013	Radiation treatment Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U October 2020	XXX	0	NA	7.03	0.02	162847	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6014	Radiation treatment Radiation Treatment Deli	October 2019	17	September 20 RUC			Refer to CPT. Remov CMS-Other - U January 2019	XXX	0	NA	6.99	0.02	11600	FALSE	TRUE	In October 2020, May 2024	FALSE	Remove from screen	
G6015	Intensity modulated Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U October 2020	XXX	0	NA	10.73	0.04	1129279	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6016	Compensator-based Radiation Treatment Deli	September 2023	22	September 20 RUC			Refer to CPT CMS-Other - U September 2023	XXX	0	NA	10.73	0.01	6770	FALSE	TRUE	In October 2020, May 2024	FALSE		
G6017	Intra-fraction localiz RAW	September 2022	13		ASTRO		Removed from scree Contractor Pri April 2022	YYY	0	0.00	0.00	0.00	90376	FALSE	FALSE	TRUE	Remove from Screen		
GPCX1	Visit complexity inh Visit Complexity E/M Add	January 2020	34				No recommendation CMS Request - November 2019							FALSE	FALSE	TRUE	N/A		
P3001	Screening papanicol Cytopathology Cervical/V	April 2018	26		CAP	0.42	CMS-Other - U October 2017	XXX	0.26	0.41	0.41	0.01	1217	FALSE	FALSE	TRUE	Maintain		
Q0091	Screening papanicol RAW	January 2019	37		No Specialty		RUC recommended t CMS-Other - U October 2018	XXX	0.37	0.15	0.90	0.02	463178	FALSE	FALSE	TRUE	Maintain		

RUC Referrals to CPT Editorial Panel - Outstanding 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	<u>Screen</u> High Volume Category III Codes 2022	<u>RUC Meeting</u> September 2022	<u>Specialty Society:</u> ACR, ASNR	<u>CPT Meeting</u> February 2024
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Background: In April 2022, the Relativity Assessment Workgroup identified this Category III code with 2020 Medicare utilization over 1,000. The Workgroup requested an action plan for September 2022. In September 2022, the specialty societies indicated and the RUC supports a submission of a coding application for CPT May 2023. The specialty societies submitted a coding application for May 2023, but it was subsequently withdrawn. The specialty societies should address the CPT Editorial Panel concerns and submit a new CCA for the September 2023 meeting. At the September 2023 CPT meeting, this issue was withdrawn as the Panel determined that the scope was too large and went beyond the RUC request. The specialty societies should revise and resubmit a CCA for February 2024.

0394T High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	<u>Screen</u> High Volume Category III Codes 2019	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2019, this service was identified via the high volume category III codes based on 2021 Medicare utilization data over 1,000. These services are identified to notify and get feedback from specialty societies whether a Category I code should be created. The Workgroup requests an action plan for September 2023. In September 2023, the Workgroup recommended that this service be referred to CPT May 2024 to create a Category I code.

0421T 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)	<u>Screen</u> High Volume Category III Codes 2023	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In April 2023, this service was identified via the high volume category III codes based on 2021 Medicare utilization data over 1,000. These services are identified to notify and get feedback from specialty societies whether a Category I code should be created. The Workgroup requests an action plan for September 2023. In September 2023, the Workgroup recommended that this service be referred to CPT May 2024 to create a Category I code.

37220 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	<u>Screen</u> High Volume Growth1 / PE Screen - High Cost Supplies	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

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	Screen High Volume Growth1 / PE Screen - High Cost Supplies	RUC Meeting April 2022	Specialty Society: SVS, ACS, SIR, ACR, ACC	CPT Meeting February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Screen High Volume Growth1	RUC Meeting April 2022	Specialty Society: SVS, ACS, SIR, ACR, ACC	CPT Meeting February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Screen High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	RUC Meeting April 2022	Specialty Society: SVS, ACS, SIR, ACR, ACC	CPT Meeting February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

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	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

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)	<u>Screen</u> High Volume Growth1	<u>RUC Meeting</u> April 2022	<u>Specialty Society:</u> SVS, ACS, SIR, ACR, ACC	<u>CPT Meeting</u> February 2024
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Background: In October 2018, 37225, 37227 and 37229 services were identified by the PE High Cost Supplies screen for services with non-facility Medicare utilization over 10,000, not reviewed in the last five years and include a supply item greater than \$500. The RUC requested an action plan for the January 2019 on how to address these services. The Workgroup reviewed the action plan for these services, noting that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing was appropriate. The Workgroup noted that CPT code 37229 was identified on the High Volume Growth screen at this meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	<u>Screen</u> CMS Fastest Growing / 010-Day Global Post-Operative Visits / Site of Service Anomaly - 2023 / Codes Reported Together 75% or More-Part6	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AUA	<u>CPT Meeting</u> May 2024
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Background: In April 2023, the RAW identified codes 38571 and 55866 as typically reported together 75% or more based on 2021 Medicare claims data. In September 2023, the RUC recommended that 38571 and 55866 be referred to CPT to develop a code bundling solution. (May 2024).

55700	Biopsy, prostate; needle or punch, single or multiple, any approach	<u>Screen</u> CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	<u>RUC Meeting</u> September 2022	<u>Specialty Society:</u> ACR, AUA	<u>CPT Meeting</u> February 2024
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Background: In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 55700 and 76872. In September 2022, the Workgroup referred this issue to CPT for revision of code descriptors and/or introductory language to clarify when to and when not to report CPT code 76872 (ultrasound, transrectal) as a diagnostic procedure when performed at the same time as CPT code 55700 (prostate biopsy).

55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	<u>Screen</u> New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AUA	<u>CPT Meeting</u> May 2024
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Background: In April 2023, the RAW identified codes 38571 and 55866 as typically reported together 75% or more based on 2021 Medicare claims data. In September 2023, the RUC recommended that 38571 and 55866 be referred to CPT to develop a code bundling solution. (May 2024).

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)	<u>Screen</u> Codes Reported Together 75% or More-Part5	<u>RUC Meeting</u> September 2022	<u>Specialty Society:</u> AANS, ACR, CNS	<u>CPT Meeting</u> February 2024
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Background: In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 61624/75894 and 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025. Postponed at CPT until February 2024 meeting.

65820	Goniotomy	<u>Screen</u> Codes Reported Together 75% or More-Part6	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> Feb 2024
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Background: In September 2023, the RUC referred cataract (66982 & 66984), goniotomy (65820), and canaloplasty (66174 & 66175) to CPT Editorial Panel to develop a code bundling solution.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

66174 Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	<u>Screen</u> New Technology/ New Service	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AAO	<u>CPT Meeting</u> Feb 2024
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Background: In April 2023, the RAW identified codes 65820 and 66984 as reported together 75% or more based on 2021 Medicare claims data. In September 2023, the RUC referred cataract (66982 & 66984), goniotomy (65820), and canaloplasty (66174 & 66175) to CPT Editorial Panel to develop a code bundling solution.

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	<u>Screen</u> High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AAO	<u>CPT Meeting</u> Feb 2024
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Background: In April 2023, the RAW identified codes 65820 and 66984 as reported together 75% or more based on 2021 Medicare claims data. In September 2023, the RUC referred cataract (66982 & 66984), goniotomy (65820), and canaloplasty (66174 & 66175) to CPT Editorial Panel to develop a code bundling solution.

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	<u>Screen</u> High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 / Codes Reported Together 75% or More-Part6	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AAO	<u>CPT Meeting</u> Feb 2024
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Background: In September 2023, the RUC referred cataract (66982 & 66984), goniotomy (65820), and canaloplasty (66174 & 66175) to CPT Editorial Panel to develop a code bundling solution.

70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<u>Screen</u> High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5	<u>RUC Meeting</u> September 2022	<u>Specialty Society:</u> ACR, ASNR	<u>CPT Meeting</u> February 2024
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Background: In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70496 and 70498. In September 2022, the Workgroup recommended to refer this 70496 and 70498 to the CPT Editorial Panel to create a code bundling solution for CPT 2025. At the September 2023 CPT meeting, this issue was withdrawn as the Panel determined that the scope was too large and went beyond the RUC request. The specialty societies should revise and resubmit a CCA for February 2024.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	<u>Screen</u> High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5	<u>RUC Meeting</u> September 2022	<u>Specialty Society:</u> ACR, ASNR	<u>CPT Meeting</u> February 2024
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Background: In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70496 and 70498. In September 2022, the Workgroup recommended to refer this 70496 and 70498 to the CPT Editorial Panel to create a code bundling solution for CPT 2025. At the September 2023 CPT meeting, this issue was withdrawn as the Panel determined that the scope was too large and went beyond the RUC request. The specialty societies should revise and resubmit a CCA for February 2024.

75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	<u>Screen</u> Codes Reported Together 75% or More-Part1	<u>RUC Meeting</u> September 2022	<u>Specialty Society:</u> AANS, ACR, CNS	<u>CPT Meeting</u> February 2024
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Background: In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 61624/75894 and 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025. Postponed at CPT until February 2024 meeting.

75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	<u>Screen</u> Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5	<u>RUC Meeting</u> September 2022	<u>Specialty Society:</u> AANS, ACR, CNS	<u>CPT Meeting</u> February 2024 February 2014 February 2015
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Background: In April 2022, the Workgroup identified codes 61624 and 75898 as performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The specialties recommended and the RUC agreed that a code bundling solution be created for CPT 2025. The RUC noted that CPT code 75898 has been bundled previously with other services but has not ever been surveyed itself. Postponed at CPT until February 2024 meeting.

76872	Ultrasound, transrectal;	<u>Screen</u> CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5	<u>RUC Meeting</u> September 2022	<u>Specialty Society:</u> ACOG, ACR, AUA	<u>CPT Meeting</u> February 2024
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Background: In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 55700 and 76872. In September 2022, the Workgroup referred this issue to CPT for revision of code descriptors and/or introductory language to clarify when to and when not to report CPT code 76872 (ultrasound, transrectal) as a diagnostic procedure when performed at the same time as CPT code 55700 (prostate biopsy).

RUC Referrals to CPT Editorial Panel - Outstanding Issues

77014 Computed tomography guidance for placement of radiation therapy fields	<u>Screen</u> CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> ASTRO, ACR	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

77385 Intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; simple	<u>Screen</u> Services with Stand-Alone PE Procedure Time	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> ACRO, ASTRO	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

77386 Intensity modulated radiation treatment delivery (imrt), includes guidance and tracking, when performed; complex	<u>Screen</u> Services with Stand-Alone PE Procedure Time	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> ACRO, ASTRO	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

77387 Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	<u>Screen</u> Services with Stand-Alone PE Procedure Time	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> ACRO, ASTRO	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

77402 Radiation treatment delivery, >=1 mev; simple

Screen

Services with Stand-Alone PE Procedure
Time

RUC Meeting

September 2023

Specialty Society:

ACRO, ASTRO

CPT Meeting

May 2024

Background: At the April 2013 RUC meeting, the specialty indicated that as clinical practice has evolved, several issues have arisen which require CPT clarification. The specialty intends to address a number of interrelated issues and revise the entire treatment delivery family. The RUC recommends CPT codes 77402-77417 were referred to the CPT Editorial Panel for review and address at the October 2013 and February 2014 meetings. In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

77407 Radiation treatment delivery, >=1 mev; intermediate

Screen

Services with Stand-Alone PE Procedure
Time

RUC Meeting

September 2023

Specialty Society:

ACRO, ASTRO

CPT Meeting

May 2024

Background: At the April 2013 RUC meeting, the specialty indicated that as clinical practice has evolved, several issues have arisen which require CPT clarification. The specialty intends to address a number of interrelated issues and revise the entire treatment delivery family. The RUC recommended CPT codes 77402-77417 be referred to the CPT Editorial Panel for review. The CPT Editorial Panel reviewed these services at the October 2013 CPT meeting. In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

77412 Radiation treatment delivery, >=1 mev; complex	<u>Screen</u> Services with Stand-Alone PE Procedure Time	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> ACRO, ASTRO	<u>CPT Meeting</u> May 2024
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Background: At the April 2013 RUC meeting, the specialty indicated that as clinical practice has evolved, several issues have arisen which require CPT clarification. The specialty intends to address a number of interrelated issues and revise the entire treatment delivery family. The RUC recommends CPT codes 77402-77417 be referred to the CPT Editorial Panel for review. The CPT Editorial Panel reviewed these services at the October 2013 meeting. In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

91120 Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)	<u>Screen</u> Codes Reported Together 75% or More-Part6	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In April 2023, the RAW identified codes 91120 and 91122 as reported together 75% or more based on 2021 Medicare claims data. The RUC noted that these services are reported together 95% of the time and a code bundling solution should be developed. Refer to CPT May 2024 to bundle.

91122 Anorectal manometry	<u>Screen</u> Codes Reported Together 75% or More-Part6	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In April 2023, the RAW identified codes 91120 and 91122 as reported together 75% or more based on 2021 Medicare claims data. The RUC noted that these services are reported together 95% of the time and a code bundling solution should be developed. Refer to CPT May 2024 to bundle.

92284 Diagnostic dark adaptation examination with interpretation and report	<u>Screen</u> Harvard Valued - Utilization over 30,000-Part5	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AAO, AOA (optometry), ASRS	<u>CPT Meeting</u> Feb 2024
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Background: In October 2020, CPT code 92284 was identified via the Harvard valued screen. This service was surveyed and reviewed by the RUC in April 2021. At that time, the RUC recommended that CPT code 92284 be referred to CPT to editorially revise and include the word "diagnostic" in the code descriptor. "Diagnostic dark adaptation examination with interpretation and report.", which occurred at the May 2021 CPT meeting (Tab EC-M). The RUC also indicated it reviewed the typical technology used to perform this service, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology. This was flagged for review in three years. In September 2023, the specialty societies indicated and the Workgroup recommends that this issue be referred to the CPT February 2024 meeting to create a Category III CPT code for screening dark adaptation testing, followed by a re-survey of diagnostic dark adaptation examination CPT 92284 and develop a CPT Assistant article with coding guidance on correct reporting of these two services.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

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	<u>Screen</u> Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AAFP, AAN, AANEM, ACNS, ACP	<u>CPT Meeting</u> May 2024
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Background: For code pair 95921/95922, the Relativity Assessment Workgroup acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) were requested to provide the following information regarding 95921 and 95922: What are the clinically appropriate scenarios for reporting each service? What is the description of service? What are the clinically appropriate scenarios when these services AAFP and ACP indicated that they do not have an explanation for the increased utilization as their physicians indicated that they do not typically perform these services. In 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. In April 2011, the RUC recommended this code be referred to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code, which was addressed at the February 2012 (Tab 17) CPT meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The RUC noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

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	<u>Screen</u> High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AAFP, AAN, AANEM, ACNS, ACP	<u>CPT Meeting</u> May 2024
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Background: For code pair 95921/95922, the Relativity Assessment Workgroup acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) were requested to provide the following information regarding 95921 and 95922: What are the clinically appropriate scenarios for reporting each service? What is the description of service? What are the clinically appropriate scenarios when these services AAFP and ACP indicated that they do not have an explanation for the increased utilization as their physicians indicated that they do not typically perform these services. In 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. In April 2011, the RUC recommended this code be referred to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code, which was addressed at the February 2012 (Tab 17) CPT meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The RUC noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

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	<u>Screen</u> Codes Reported Together 75% or More-Part1 / High Volume Growth6	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AAFP, AAN, AANEM, ACNS, ACP	<u>CPT Meeting</u> May 2024
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Background: In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

95924 Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	<u>Screen</u> Codes Reported Together 75% or More-Part1	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AAFP, AAN, AANEM, ACNS, ACP	<u>CPT Meeting</u> May 2024
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Background: CPT Feb 2012 the CPT Editorial Panel established two new codes with instructional guidelines to report autonomic function testing. In April 2012, The RUC determined that the survey results for 95924 was too low (26 responses). There was also confusion about what is described in 95924 which may have resulted in invalid physician time for this service. The RUC recommended an interim value for 95924. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

99183 Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	<u>Screen</u> CMS-Other - Utilization over 250,000	<u>RUC Meeting</u> January 2023	<u>Specialty Society:</u> AAFP, UHMS	<u>CPT Meeting</u>
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Background: In January 2023, the RUC noted that CMS created G0277 in 2015 to describe the direct practice expense inputs associated with CPT code 99183. In the Final Rule for 2015, CMS commented that CPT code 99183 is used for both professional attendance and supervision and the actual treatment delivery. Stakeholders pointed out that although CMS included the PE inputs for treatment delivery in CPT code 99183, the descriptor describes only attendance and supervision. CMS noted that under the Outpatient Prospective Payment System (OPPS), the treatment is reported using separate treatment code C1300 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval. Therefore, CMS created code G0277 to report the treatment delivery and to maintain consistency with the OPPS coding. CMS used a timed 30-minute code, which can be used across settings. To value G0277, CMS used the RUC recommended direct PE inputs for 99183 and adjusted them to align with the 30-minute treatment interval. The RUC recommends that CPT code 99183 be referred to CPT by the June 2023 deadline for the September 2023 CPT meeting, for revision to be time-based as well as modified to appropriately describe the treatment delivery, attendance and supervision. Then, subsequently, allow for the deletion of G0277.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

G0277 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	<u>Screen</u> High Volume Growth8	<u>RUC Meeting</u> January 2023	<u>Specialty Society:</u> AAFP, UHMS	<u>CPT Meeting</u>
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Background: In January 2023, the RUC noted that CMS created G0277 in 2015 to describe the direct practice expense inputs associated with CPT code 99183. In the Final Rule for 2015, CMS commented that CPT code 99183 is used for both professional attendance and supervision and the actual treatment delivery. Stakeholders pointed out that although CMS included the PE inputs for treatment delivery in CPT code 99183, the descriptor describes only attendance and supervision. CMS noted that under the Outpatient Prospective Payment System (OPPS), the treatment is reported using separate treatment code C1300 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval. Therefore, CMS created code G0277 to report the treatment delivery and to maintain consistency with the OPPS coding. CMS used a timed 30-minute code, which can be used across settings. To value G0277, CMS used the RUC recommended direct PE inputs for 99183 and adjusted them to align with the 30-minute treatment interval. The RUC recommends that CPT code 99183 be referred to CPT by the June 2023 deadline for the September 2023 CPT meeting, for revision to be time-based as well as modified to appropriately describe the treatment delivery, attendance and supervision. Then, subsequently, allow for the deletion of G0277.

G0396 Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	<u>Screen</u> CMS-Other - Utilization over 30,000	<u>RUC Meeting</u> January 2018	<u>Specialty Society:</u> AAFP, ASA, ASAM	<u>CPT Meeting</u> Time Uncertain
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Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services.

G6001 Ultrasonic guidance for placement of radiation therapy fields	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u> AADA, ASTRO	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

G6002 Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

G6003 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Screen CMS-Other - Utilization over 20,000 Part2	RUC Meeting September 2023	Specialty Society:	CPT Meeting May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Screen CMS-Other - Utilization over 20,000 Part2	RUC Meeting September 2023	Specialty Society:	CPT Meeting May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Screen CMS-Other - Utilization over 20,000 Part2	RUC Meeting September 2023	Specialty Society:	CPT Meeting May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	Screen CMS-Other - Utilization over 20,000 Part2	RUC Meeting September 2023	Specialty Society:	CPT Meeting May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

G6012 Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

G6013 Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

G6014 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	<u>Screen</u> CMS-Other - Utilization over 20,000 Part1	<u>RUC Meeting</u> October 2019	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

G6015 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

G6016 Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	<u>Screen</u> CMS-Other - Utilization over 20,000 Part2	<u>RUC Meeting</u> September 2023	<u>Specialty Society:</u>	<u>CPT Meeting</u> May 2024
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Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than \$200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	<u>Screen:</u> Negative IWPUT / Site of Service Anomaly - 2019	<u>RUC Meeting:</u> September 2023	<u>RUC Rec:</u> Refer to CPT Assistant. 3.45.	<u>Specialty Society:</u> AANS, AAOS, CNS, ISASS, NASS	<u>CPT Asst Status:</u>
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Background: A RUC member requested that the Relativity Assessment Workgroup review services with low or negative intra-service work per unit of time (IWPUT) as a possible screen. AMA Staff gathered 2016 estimated Medicare utilization over 10,000 for RUC reviewed codes and over 1,000 for Harvard valued and CMS/Other source codes with a negative IWPUT, which resulted in 23 services identified. The RUC recommended that all these codes be placed on the level of interest for action plans to review at the October 2017 meeting. The RUC recommended to survey this service for April 2018. In October 2019, this service was identified via the site of service anomaly screen with 2018e Medicare utilization over 5,000 and performed less than 50% of the time in the inpatient setting but includes inpatient hospital E/M services within the global period based on 2016-2018e Medicare data. Survey for January 2020. The RUC questioned the plan for education on the use of CPT code 22310. The specialty societies explained that this code is used for several different sites of service. By defining the vignette and educating their members, they will be able to better identify where to use the code whether its office, ER, or inpatient. The plan is for education internally within the specialty, but it was evident that a CPT Assistant article may be warranted in the future as the code becomes implemented more widely. The RUC recommends that the Relativity Assessment Workgroup review this service in three years to examine the site of service and ensure that education has been effective. In September 2023, the RAW reviewed the action plan for CPT code 22310 and recommended it be referred to CPT Assistant to clarify correct reporting of this service and to review after 3 years of additional data post CPT Assistant article are available.

51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	<u>Screen:</u> Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	<u>RUC Meeting:</u> September 2022	<u>RUC Rec:</u> Refer to CPT Assistant. 2.11	<u>Specialty Society:</u> AUA, ACOG	<u>CPT Asst Status:</u> Dec 2023
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Background: Deleted 51772 and 51795 and added three new codes to combine the services. Revised at the February 2009 CPT Meeting. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741 and 51728/51784. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the "pressure-flow" study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in certain circumstances or when indicated. Refer to CPT Assistant (51728/51784) to educate how EMG studies should only be used in certain circumstances.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

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	<u>Screen:</u> Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	<u>RUC Meeting:</u> September 2022	<u>RUC Rec:</u> Refer to CPT Assistant. 2.51	<u>Specialty Society:</u> AUA, ACOG	<u>CPT Asst Status:</u> Dec 2023
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Background: Deleted 51772 and 51795 and added three new codes to combine the services. Revised at the February 2009 CPT Meeting. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741 and 51728/51784. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in certain circumstances or when indicated. Additionally, to refer to CPT Assistant (51728/51784) to educate how EMG studies should only be used in certain circumstances.

51741	Complex uroflowmetry (eg, calibrated electronic equipment)	<u>Screen:</u> Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5	<u>RUC Meeting:</u> September 2022	<u>RUC Rec:</u> Refer to CPT Assistant. 0.17	<u>Specialty Society:</u> AUA	<u>CPT Asst Status:</u> Dec 2023
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Background: April 2010, the RUC recommended that the PE Subcommittee review the direct practice expense inputs for these service at the October 2010 meeting as the technology has changed. Oct 2010 reviewed PE. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in specific circumstances.

51784	Electromyography studies (emg) of anal or urethral sphincter, other than needle, any technique	<u>Screen:</u> Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5	<u>RUC Meeting:</u> September 2022	<u>RUC Rec:</u> Refer to CPT Assistant. 0.75.	<u>Specialty Society:</u> AUA	<u>CPT Asst Status:</u> Dec 2023
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Background: April 2010, the RUC recommended that the PE Subcommittee review the direct practice expense inputs for these service at the October 2010 meeting as the technology has changed. Oct 2010 reviewed PE. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of \$5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in specific circumstances.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	<u>Screen:</u>	<u>RUC Meeting:</u>	<u>RUC Rec:</u>	<u>Specialty Society:</u>	<u>CPT Asst Status:</u>
		Harvard-Valued Annual Allowed Charges Greater than \$10 million / Different Performing Specialty from Survey/ RUC recommendation process, not part of RAW screens / PE Skin Adhesives / Different Performing Specialty from Survey5	April 2023	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. In September 2023, the specialty societies indicated CPT code 64590 was revised at CPT and reviewed by the RUC for CPT 2024 and secondly the practice expense was again recently revised for the Dermabond issue for 2025. The Workgroup recommends that code 64590 be removed from this screen.

64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	<u>Screen:</u>	<u>RUC Meeting:</u>	<u>RUC Rec:</u>	<u>Specialty Society:</u>	<u>CPT Asst Status:</u>
		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.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

92284 Diagnostic dark adaptation examination with interpretation and report	<u>Screen:</u> Harvard Valued - Utilization over 30,000-Part5	<u>RUC Meeting:</u> September 2023	<u>RUC Rec:</u> Refer to CPT and CPT Assistant.	<u>Specialty Society:</u> AAO, AOA (optometry), ASRS	<u>CPT Asst Status:</u>
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Background: The Workgroup identified CPT code 92284 via the 2019e Medicare utilization over 30,000 screen. The Workgroup requests that the specialty societies submit an action plan addressing CPT code 92284 for January 2021. In January 2021, the RUC agreed with the specialty society that this service be surveyed for the April 2021 RUC meeting. The family of services should be identified on the level of interest (LOI). In April 2021, the RUC recommended that CPT code 92284 be referred to CPT to editorially revise and include the word "diagnostic" in the code descriptor. "Diagnostic dark adaptation examination with interpretation and report." The RUC also indicated it review the typical technology used to perform this service, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology. In September 2023, the specialty societies indicated and the Workgroup recommended that this issue be referred to the CPT February 2024 meeting to create a Category III CPT code for screening dark adaptation testing, followed by a re-survey of diagnostic dark adaptation examination CPT 92284 and develop a CPT Assistant article with coding guidance on correct reporting of these two services.

92523 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)	<u>Screen:</u> CMS Request/Speech Language Pathology Request/ High Volume Growth9	<u>RUC Meeting:</u> April 2023	<u>RUC Rec:</u> Refer to CPT Assistant. 3.36	<u>Specialty Society:</u> ASHA	<u>CPT Asst Status:</u>
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Background: October 2012 CPT deleted 92506 and created 4 new codes to more accurately describe and differentiate speech evaluation services. In April 2023, this service was identified via the high volume growth screen with 2021 Medicare utilization of 10,000 or more that increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for 92523 and noted that the specialty societies indicated that this service has not changed but is not being reported appropriately. The specialty society indicated it intends to educate its members on correct reporting via various channels. The RUC agreed with the specialty and recommends that CPT code 92523 be referred to CPT Assistant for re-education to report the most specific procedure code for the procedure provided. Specifically, for speech-language pathologists, to compare evaluation procedure CPT 92523 versus 96125 and for the Workgroup to review in 3 years.

**Physician Time from RUC Meeting:
September 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
25310	3-FAC Straightforward Patient	30	10	10	60	9A General Anes	25	0	0	3	1	0	0	0	0	0.5	0	0	0	263
25447	3-FAC Straightforward Patient	33	10	10	75	9A General Anes	25	0	0	3	1	0	0	0	0	0.5	0	0	0	281
26480	3-FAC Straightforward Patient	30	10	10	60	9A General Anes	25	0	0	3	1	0	0	0	0	0.5	0	0	0	263
76981	XXX Global Code	5	0	0	10	XXX Global Code	4	0	0	0	0	0	0	0	0	0	0	0	0	19
76982	XXX Global Code	5	0	0	10	XXX Global Code	5	0	0	0	0	0	0	0	0	0	0	0	0	20
76983	ZZZ Global Code	0	0	0	9	ZZZ Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	9
77012	XXX Global Code	15	0	0	35	XXX Global Code	5	0	0	0	0	0	0	0	0	0	0	0	0	55
90480	XXX Global Code	0	0	0	7	XXX Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	7
92132	XXX Global Code	1	0	0	6	XXX Global Code	1	0	0	0	0	0	0	0	0	0	0	0	0	8
92133	XXX Global Code	1	0	0	5	XXX Global Code	1	0	0	0	0	0	0	0	0	0	0	0	0	7
92134	XXX Global Code	1	0	0	5	XXX Global Code	1	0	0	0	0	0	0	0	0	0	0	0	0	7
93886	XXX Global Code	5	0	0	16	XXX Global Code	6	0	0	0	0	0	0	0	0	0	0	0	0	27
93888	XXX Global Code	5	0	0	15	XXX Global Code	5	0	0	0	0	0	0	0	0	0	0	0	0	25
93892	XXX Global Code	5	0	0	25	XXX Global Code	7	0	0	0	0	0	0	0	0	0	0	0	0	37
93893	XXX Global Code	6	0	0	24	XXX Global Code	8	0	0	0	0	0	0	0	0	0	0	0	0	38
96380	XXX Global Code	0	0	0	7	XXX Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	7
96381	XXX Global Code	0	0	0	7	XXX Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	7
96547	ZZZ Global Code	0	0	0	60	ZZZ Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	60
96548	ZZZ Global Code	0	0	0	30	ZZZ Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	30
2X005	3-FAC Straightforward Patient	33	10	10	90	9A General Anes	25	0	0	3	1	0	0	0	0	0.5	0	0	0	296
3X018	XXX Global Code	30	0	0	36	XXX Global Code	20	0	0	0	0	0	0	0	0	0	0	0	0	86
3X019	XXX Global Code	5	0	0	18	XXX Global Code	5	0	0	0	0	0	0	0	0	0	0	0	0	28
3X020	XXX Global Code	1	0	0	20	XXX Global Code	3	0	0	0	0	0	0	0	0	0	0	0	0	24
3X021	XXX Global Code	40	0	0	30	XXX Global Code	30	0	0	0	0	0	0	0	0	0	0	0	0	100
4X015	4-FAC Difficult Patient/Difficult	40	3	15	150	9B General Anes	30	0	0	2	1	0	2	1	0	1	0	0	0	442
4X016	4-FAC Difficult Patient/Difficult	40	3	15	195	9B General Anes	30	0	0	2	1	0	2	1	1	1	0	0	0	542
4X017	4-FAC Difficult Patient/Difficult	50	8	15	240	9B General Anes	30	0	0	3	1	0	1	2	2	0	1	0	0	717
4X018	4-FAC Difficult Patient/Difficult	50	15	15	310	9B General Anes	30	0	0	3	1	0	2	2	2	0	1	0	0	814
4X019	4-FAC Difficult Patient/Difficult	60	15	15	360	9B General Anes	40	0	0	2	2	0	1	2	5	0	1	0	0	1046
5X006	3-FAC Straightforward Patient	23	5	10	29	9B General Anes	15	0	0	0	0	0	0	0	0	0	0	0	0	82
5X007	3-FAC Straightforward Patient	40	5	10	120	9B General Anes	27	0	0	0	0	0	0	0	0	0	0	0	0	202
5X008	3-FAC Straightforward Patient	50	5	15	125	9B General Anes	27	0	0	0	0	0	0	0	0	0	0	0	0	222
93X94	ZZZ Global Code	0	0	0	15	ZZZ Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	15
93X95	ZZZ Global Code	0	0	0	15	ZZZ Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	15
93X96	ZZZ Global Code	0	0	0	20	ZZZ Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	20
9X059	XXX Global Code	1	0	0	10	XXX Global Code	2	0	0	0	0	0	0	0	0	0	0	0	0	13
9X075	XXX Global Code	5	0	0	15	XXX Global Code	5	0	0	0	0	0	0	0	0	0	0	0	0	25
9X076	XXX Global Code	6	0	0	25	XXX Global Code	5	0	0	0	0	0	0	0	0	0	0	0	0	36
9X077	XXX Global Code	10	0	0	38	XXX Global Code	10	0	0	0	0	0	0	0	0	0	0	0	0	58
9X078	XXX Global Code	15	0	0	50	XXX Global Code	15	0	0	0	0	0	0	0	0	0	0	0	0	80
9X079	XXX Global Code	3	0	0	10	XXX Global Code	3	0	0	0	0	0	0	0	0	0	0	0	0	16
9X080	XXX Global Code	5	0	0	20	XXX Global Code	5	0	0	0	0	0	0	0	0	0	0	0	0	30
9X081	XXX Global Code	7	0	0	30	XXX Global Code	7	0	0	0	0	0	0	0	0	0	0	0	0	44
9X082	XXX Global Code	10	0	0	40	XXX Global Code	10	0	0	0	0	0	0	0	0	0	0	0	0	60
9X083	XXX Global Code	5	0	0	15	XXX Global Code	5	0	0	0	0	0	0	0	0	0	0	0	0	25
9X084	XXX Global Code	5	0	0	25	XXX Global Code	5	0	0	0	0	0	0	0	0	0	0	0	0	35
9X085	XXX Global Code	10	0	0	31	XXX Global Code	10	0	0	0	0	0	0	0	0	0	0	0	0	51
9X086	XXX Global Code	12	0	0	48	XXX Global Code	10	0	0	0	0	0	0	0	0	0	0	0	0	70
9X087	XXX Global Code	3	0	0	10	XXX Global Code	2	0	0	0	0	0	0	0	0	0	0	0	0	15
9X088	XXX Global Code	5	0	0	20	XXX Global Code	5	0	0	0	0	0	0	0	0	0	0	0	0	30
9X089	XXX Global Code	7	0	0	28	XXX Global Code	6	0	0	0	0	0	0	0	0	0	0	0	0	41
9X090	XXX Global Code	10	0	0	40	XXX Global Code	10	0	0	0	0	0	0	0	0	0	0	0	0	60
9X091	XXX Global Code	2	0	0	10	XXX Global Code	2	0	0	0	0	0	0	0	0	0	0	0	0	14
G0442	XXX Global Code	0	0	0	5	XXX Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	5
G0443	XXX Global Code	0	0	0	10	XXX Global Code	4	0	0	0	0	0	0	0	0	0	0	0	0	14

**Physician Time from RUC Meeting:
September 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	
G0444	XXX Global Code	0	0	0	5	XXX Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
G0445	XXX Global Code	0	0	0	30	XXX Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30
G0446	XXX Global Code	0	0	0	15	XXX Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15
G0447	XXX Global Code	0	0	0	15	XXX Global Code	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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
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Notes:

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice

Detailed Description of Facility Based Post-Service Time Packages (Minutes)

	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
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25310	25310
25447	25447
26480	26480
33274	33274
33275	33275
76981	76981
76982	76982
76983	76983
77012	77012
90480	90460
92132	92132
92133	92133
92134	92134
93886	93886
93888	93888
93892	93892
93893	93893
96380	90460
96381	90471
96547	49204
96548	49204
2X005	25447
3X018	36512
3X019	36512
3X020	36512
3X021	38241
4X015	49203
4X016	49204
4X017	49205
4X018	49205
4X019	49205
5X006	55700
5X007	75731
5X008	50695
93X94	93890
93X95	93892
93X96	93893
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
G0442	G0442
G0443	G0443
G0444	G0444
G0445	G0445
G0446	G0446
G0447	G0447

CPT Code	RBCS_ID (excluding 6th digit major/minor procedure indicator)	RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc
25310	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
25447	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
26480	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
33274	PPC18	P	Procedure	PC	Cardiovascular	18	Pacemaker Insertion or Repair
33275	PPC25	P	Procedure	PC	Cardiovascular	25	Pacemaker Removal
76981	IIU0	I	Imaging	IU	Ultrasound	0	No RBCS Family
76982	IIU0	I	Imaging	IU	Ultrasound	0	No RBCS Family
76983	IIU0	I	Imaging	IU	Ultrasound	0	No RBCS Family
77012	IIC0	I	Imaging	IC	CT Scan	0	No RBCS Family
90480	RRI11	R	Treatment	RI	Injections and infusions (nononcologic)	11	Vaccine - Toxoids
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
93886	IIU0	I	Imaging	IU	Ultrasound	0	No RBCS Family
93888	IIU0	I	Imaging	IU	Ultrasound	0	No RBCS Family
93892	IIU0	I	Imaging	IU	Ultrasound	0	No RBCS Family
93893	IIU0	I	Imaging	IU	Ultrasound	0	No RBCS Family
96380	TRI4	T	Treatment	RI	Injections and infusions (nononcologic)	4	Injection - Monoclonal Antibodies
96381	TRI4	T	Treatment	RI	Injections and infusions (nononcologic)	4	Injection - Monoclonal Antibodies
96547	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
96548	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
2X005	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
3X018	RRI8	R	Treatment	RI	Injections and infusions (nononcologic)	8	Injection - Immune Globulin
3X019	RRI8	R	Treatment	RI	Injections and infusions (nononcologic)	8	Injection - Immune Globulin
3X020	RRI8	R	Treatment	RI	Injections and infusions (nononcologic)	8	Injection - Immune Globulin
3X021	RRI8	R	Treatment	RI	Injections and infusions (nononcologic)	8	Injection - Immune Globulin
4X015	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
4X016	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
4X017	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
4X018	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
4X019	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
5X006	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
5X007	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
5X008	PPO0	P	Procedure	PO	Other organ systems	0	No RBCS Family
93X94	IIU0	I	Imaging	IU	Ultrasound	0	No RBCS Family
93X95	IIU0	I	Imaging	IU	Ultrasound	0	No RBCS Family
93X96	IIU0	I	Imaging	IU	Ultrasound	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
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

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
25310		6,429	25310	1,510	0.235	8.08	9.50	4 Hand, Wrist, & Fore	14,345	12,201
25310		6,429	Savings (bundled into 2X005)	4,918	0.765	4.04	0.00	4 Hand, Wrist, & Fore	0	19,869
25312		291	25312	291	1.000	9.82	9.82	4 Hand, Wrist, & Fore	2,858	2,858
25447		19,236	25447	6,290	0.327	11.14	11.14	4 Hand, Wrist, & Fore	70,071	70,071
25447		19,236	2X005	12,946	0.673	11.14	13.90	4 Hand, Wrist, & Fore	179,949	144,218
26480		10,266	26480	1,376	0.134	6.90	9.50	4 Hand, Wrist, & Fore	13,069	9,492
26480		10,266	Savings (bundled into 2X005)	8,890	0.866	3.45	0.00	4 Hand, Wrist, & Fore	0	30,672
26483		501	26483	501	1.000	8.48	8.48	4 Hand, Wrist, & Fore	4,248	4,248
0537T	D	0	3X018	0	1.000	0.00	1.94	05 CAR-T Therapy Se	0	0
0538T	D	0	3X019	0	1.000	0.00	0.79	05 CAR-T Therapy Se	0	0
0539T	D	0	3X020	0	1.000	0.00	0.80	05 CAR-T Therapy Se	0	0
0540T	D	241	3X021	241	1.000	0.00	3.00	05 CAR-T Therapy Se	723	0
49203	D	1,816	4X015	726	0.400	20.13	22.00	06 Intra-Abdominal Tu	15,981	14,622
49203	D	1,816	4X016	817	0.450	20.13	28.65	06 Intra-Abdominal Tu	23,413	16,450
49204	D	859	4X016	438	0.510	26.13	28.65	06 Intra-Abdominal Tu	12,551	11,447
49203	D	1,816	4X017	145	0.080	20.13	34.00	06 Intra-Abdominal Tu	4,940	2,924
49204	D	859	4X017	301	0.350	26.13	34.00	06 Intra-Abdominal Tu	10,222	7,856
49205	D	1,433	4X017	573	0.400	30.13	34.00	06 Intra-Abdominal Tu	19,489	17,271
49203	D	1,816	4X018	73	0.040	20.13	45.00	06 Intra-Abdominal Tu	3,269	1,462
49204	D	859	4X018	86	0.100	26.13	45.00	06 Intra-Abdominal Tu	3,866	2,245
49205	D	1,433	4X018	645	0.450	30.13	45.00	06 Intra-Abdominal Tu	29,018	19,429
49203	D	1,816	4X019	54	0.030	20.13	55.00	06 Intra-Abdominal Tu	2,996	1,097
49204	D	859	4X019	34	0.040	26.13	55.00	06 Intra-Abdominal Tu	1,890	898
49205	D	1,433	4X019	215	0.150	30.13	55.00	06 Intra-Abdominal Tu	11,822	6,476
58957	D	318	4X015	318	1.000	26.22	22.00	06 Intra-Abdominal Tu	6,996	8,338
55899		6,426	5X006	1,092	0.170	0.00	4.50	07 MRI-Monitored Tra	4,914	0
55899		6,426	5X007	342	0.053	0.00	9.80	07 MRI-Monitored Tra	3,352	0
53899		945	5X007	750	0.794	0.00	9.80	07 MRI-Monitored Tra	7,350	0
53899		945	53899	195	0.206	0.00	0.00	07 MRI-Monitored Tra	0	0
58999		468	5X008	92	0.197	0.00	11.50	07 MRI-Monitored Tra	1,058	0
55899		6,426	5X008	100	0.016	0.00	11.50	07 MRI-Monitored Tra	1,150	0
55899		6,426	55899	4,892	0.761	0.00	0.00	07 MRI-Monitored Tra	0	0
77022		326	Savings (bundled into 5X007 and 5X008)	247	0.758	4.24	0.00	07 MRI-Monitored Tra	0	1,047
77022		326	77022	79	0.242	4.24	0.00	07 MRI-Monitored Tra	0	335
92132		43,316	92132	43,316	1.000	0.30	0.29	08 Optical Coherence	12,562	12,995
92133		2,628,575	92133	2,628,575	1.000	0.40	0.31	08 Optical Coherence	814,858	1,051,430
92134		7,384,135	92134	7,014,928	0.950	0.45	0.32	08 Optical Coherence	2,244,777	3,156,718

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
92134		7,384,135	9X059	369,207	0.050	0.45	0.64	08 Optical Coherence	236,292	166,143
93886		88,929	93886	88,929	1.000	0.91	0.91	9 Transcranial Dopple	80,925	80,925
93888		8,637	93888	8,637	1.000	0.50	0.73	9 Transcranial Dopple	6,305	4,319
93892		47,422	93892	2,845	0.060	1.15	1.15	9 Transcranial Dopple	3,272	3,272
93893		2,023	93893	890	0.440	1.15	1.15	9 Transcranial Dopple	1,024	1,024
93890	D	45,280	93X94	45,280	1.000	1.00	0.81	9 Transcranial Dopple	36,677	45,280
93892		47,422	93X95	44,577	0.940	1.15	0.73	9 Transcranial Dopple	32,541	51,264
93893		2,023	93X96	1,133	0.560	1.15	0.85	9 Transcranial Dopple	963	1,303
96547		0	96547	250	1.000	0.00	6.53	10 Hyperthermic Intrap	0	0
96548		0	96548	150	1.000	0.00	3.00	10 Hyperthermic Intrap	0	0
99202-95		71,013	9X075	71,013	1.000	0.93	0.93	11 Telemedicine Evalu	66,042	66,042
99203-95		241,299	9X076	241,299	1.000	1.60	1.60	11 Telemedicine Evalu	386,078	386,078
99204-95		330,400	9X077	330,400	1.000	2.60	2.60	11 Telemedicine Evalu	859,040	859,040
99205-95		160,335	9X078	160,335	1.000	3.50	3.50	11 Telemedicine Evalu	561,173	561,173
99211-95		70,769	9X091	70,769	1.000	0.18	0.30	11 Telemedicine Evalu	21,231	12,738
99212-95		746,296	9X079	746,296	1.000	0.70	0.70	11 Telemedicine Evalu	522,407	522,407
99213-95		6,569,884	9X080	6,569,884	1.000	1.30	1.30	11 Telemedicine Evalu	8,540,849	8,540,849
99214-95		7,724,123	9X081	7,724,123	1.000	1.92	1.92	11 Telemedicine Evalu	14,830,316	14,830,316
99215-95		1,027,175	9X082	1,027,175	1.000	2.80	2.60	11 Telemedicine Evalu	2,670,654	2,876,089
99441	D	1,161,238	9X091	1,161,238	1.000	0.70	0.30	11 Telemedicine Evalu	348,371	812,867
99442	D	2,977,502	9X083	258,704	0.087	1.30	0.90	11 Telemedicine Evalu	232,834	336,315
99443	D	2,129,707	9X084	75,449	0.035	1.92	1.55	11 Telemedicine Evalu	116,946	144,862
99443	D	2,129,707	9X085	0	0.000	1.92	2.42	11 Telemedicine Evalu	0	0
99443	D	2,129,707	9X086	0	0.000	1.92	3.20	11 Telemedicine Evalu	0	0
99442	D	2,977,502	9X087	1,359,399	0.457	1.30	0.65	11 Telemedicine Evalu	883,609	1,767,219
99442	D	2,977,502	9X088	1,359,399	0.457	1.30	1.20	11 Telemedicine Evalu	1,631,279	1,767,219
99443	D	2,129,707	9X089	2,054,258	0.965	1.92	1.75	11 Telemedicine Evalu	3,594,952	3,944,175
99443	D	2,129,707	9X090	0	0.000	1.92	2.60	11 Telemedicine Evalu	0	0
G2012	D	198,513	9X091	198,513	1.000	0.25	0.30	11 Telemedicine Evalu	59,554	49,628
G2252	D	4,725	9X083	2,362	0.500	0.50	0.90	11 Telemedicine Evalu	2,126	1,181
G2252	D	4,725	9X087	2,363	0.500	0.50	0.65	11 Telemedicine Evalu	1,536	1,182
33274		12,054	33274	12,054	1.000	7.80	7.80	12 Transcatheter Inse	94,021	94,021
33275		47	33275	47	1.000	8.59	8.59	12 Transcatheter Inse	404	404
76981		21,527	76981	21,527	1.000	0.59	0.59	13 Ultrasound Elastog	12,701	12,701
76982		3,583	76982	3,583	1.000	0.59	0.59	13 Ultrasound Elastog	2,114	2,114
76983		544	76983	544	1.000	0.50	0.47	13 Ultrasound Elastog	256	272
77012		137,969	77012	137,969	1.000	1.50	1.50	14 CT Guidance Need	206,954	206,954
G0442		815,675	G0442	815,675	1.000	0.18	0.18	15 Annual Alcohol Scr	146,822	146,822

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
G0443		2,218	G0443	2,218	1.000	0.45	0.60	15 Annual Alcohol Scr	1,331	998
G0444		2,142,759	G0444	2,142,759	1.000	0.18	0.18	16 Annual Depression	385,697	385,697
G0445		1,721	G0445	1,721	1.000	0.45	0.45	17 Behavioral Counse	774	774
G0446		290,059	G0446	290,059	1.000	0.45	0.45	17 Behavioral Counse	130,527	130,527
G0447		289,558	G0447	289,558	1.000	0.45	0.45	17 Behavioral Counse	130,301	130,301

40,360,630 43,571,161

Total Source RVUs	43,571,161
Total New/Revised RVUs	40,360,630
RVU Difference	3,210,531
CF	33.8872
CF Redistribution	108,795,915

New Technology/New Services List

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>CPT Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; first dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; second dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; third dose	Aug 2021	Pfizer-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	Oct 2021	Pfizer-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; first dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; second dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose	Aug 2021	Moderna-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 ml dosage; first dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 ml dosage; second dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 ml dosage; single dose	Jan 2021	Janssen-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; first dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; second dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; third dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; booster dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	Oct 2021	Moderna Booster-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; booster dose	Jun 2022	Pfizer-BioNTech Tris-Sucrose Age 5-11, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

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0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>

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0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.5 ml dosage, booster dose	Mar 2022	Moderna Booster-SARS-CoV-2-IA- Full Dose	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 ml dosage, adjuvant as03 emulsion, booster dose	Jun 2022	Sanofi-GSK, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; first dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; second dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>

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0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	<input checked="" type="checkbox"/>
10011	Fine needle aspiration biopsy, including mr guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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10012	Fine needle aspiration biopsy, including mr guidance; each additional lesion (list separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (list separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>

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15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024		<input type="checkbox"/>
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (iort) concurrent with partial mastectomy (list separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024		<input type="checkbox"/>
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024		<input type="checkbox"/>
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20703	Removal of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>

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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)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20705	Removal of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024		<input type="checkbox"/>
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	<input checked="" type="checkbox"/>
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (list separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		<input type="checkbox"/>
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		<input type="checkbox"/>
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		<input type="checkbox"/>
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Apr 2022	Total Disc Arthroplasty	04	CPT 2024	April 2028		<input type="checkbox"/>
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	<input checked="" type="checkbox"/>
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	<input checked="" type="checkbox"/>
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	Jan 2023	Dorsal Sacroiliac Joint Arthrodesis	04	CPT 2024	April 2028		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>CPT Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	<input checked="" type="checkbox"/>
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove from list, was only identified with 27279 and that code has been resurveyed April 2018.	<input checked="" type="checkbox"/>
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>CPT Tab</i>	<i>Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>CPT Tab</i>	<i>Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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.	☑

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29583	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	<input checked="" type="checkbox"/>
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	January 2022	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). In October 2018, RUC recommended to review again after 3 more years of data (2022). In January 2022, the Workgroup reviewed CPT code 29584 and agreed with the specialty society that the volume of this service is low and continues to decrease. The Workgroup recommends that CPT code 29584 be maintained and removed from the CPT Assistant Analysis screen and New Technology list.	<input checked="" type="checkbox"/>

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29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	<input checked="" type="checkbox"/>
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		<input type="checkbox"/>
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		<input type="checkbox"/>
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	<input checked="" type="checkbox"/>
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	<input checked="" type="checkbox"/>
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	<input checked="" type="checkbox"/>
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (list separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

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31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (srs/sbrt), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑

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33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		<input type="checkbox"/>
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (list separately in addition to code for primary procedure)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		<input type="checkbox"/>
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		<input type="checkbox"/>
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>

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33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>

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33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>

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33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	April 2024	Review in two years (April 2023); new FDA indication recently released, suggesting this service is still changing. The RAW reviewed in April 2023 and indicated the specialties should survey in April 2024, to allow for the technology to stabilize a bit more prior to survey.	<input type="checkbox"/>
33361	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>

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33362	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33363	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33364	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>

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33365	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2024	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.	<input type="checkbox"/>
33367	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>

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33368	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>
33369	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	<input checked="" type="checkbox"/>
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (list separately in addition to code for primary procedure)	Jan 2021	Percutaneous Cerebral Embolic Protection	07	CPT 2022	April 2026		<input type="checkbox"/>

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33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (ross procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	<input type="checkbox"/>

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33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	<input type="checkbox"/>
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (ross-konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	April 2023	Review in 3 years (April 2023); pediatric procedure with some CMS utilization. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Jan 2021	Harvest of Upper Extremity Artery, Endoscopic and Open	09	CPT 2022	April 2026		<input type="checkbox"/>
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>

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33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, norwood, bidirectional glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	<input checked="" type="checkbox"/>
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, david procedure, yacoub procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (list separately in addition to code for primary procedure)	Oct 2018	Aortic Graft Procedures	06	CPT 2020	April 2024		<input type="checkbox"/>
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>

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33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (list separately in addition to code for primary procedure)	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		<input type="checkbox"/>
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (list separately in addition to code for primary procedure)	Jan 2017	Artificial Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33946	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33947	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33948	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33949	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33951	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33952	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33953	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33954	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33955	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33956	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33957	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33958	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33959	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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33962	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

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33985	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33986	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ecmo/ecls (list separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		<input type="checkbox"/>
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		<input type="checkbox"/>
34806	Code Deleted CPT 2008	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>

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36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>

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36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	<input type="checkbox"/>
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		<input type="checkbox"/>
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		<input type="checkbox"/>
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (list separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
3X018		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		<input type="checkbox"/>

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3X019		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		<input type="checkbox"/>
3X020		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		<input type="checkbox"/>
3X021		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		<input type="checkbox"/>
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatascopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	<input checked="" type="checkbox"/>
43279	Laparoscopy, surgical, esophagomyotomy (heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately.	<input type="checkbox"/>

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43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately.	<input type="checkbox"/>
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		<input type="checkbox"/>
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		<input type="checkbox"/>
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [poem])	Oct 2020	Per-Oral Endoscopic Myotomy (POEM)	07	CPT 2022	April 2026		<input type="checkbox"/>
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	<input checked="" type="checkbox"/>

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43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In Octobre 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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46601	Anoscopy; diagnostic, with high-resolution magnification (hra) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
46607	Anoscopy; with high-resolution magnification (hra) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	April 2024		<input type="checkbox"/>

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47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

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49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	Jan 2023	Cystourethroscopy with Urethral Therapeutic Drug Delivery	08	CPT 2024	April 2028		<input type="checkbox"/>
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	<input checked="" type="checkbox"/>
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	<input checked="" type="checkbox"/>
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	<input checked="" type="checkbox"/>
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	April 2022	In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	Oct 2019	Transrectal High Intensity Focused US Prostate Ablation	06	CPT 2021	April 2025		<input type="checkbox"/>
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (list separately in addition to code for primary procedure)	Jan 2020	Computer-Aided Mapping of Cervix Uteri	14	CPT 2021	April 2025		<input type="checkbox"/>
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>

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58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	<input checked="" type="checkbox"/>
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2023	Transcervical RF Ablation of Uterine Fibroids	09	CPT 2024	April 2028		<input type="checkbox"/>
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
5X006		Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		<input type="checkbox"/>
5X007		Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		<input type="checkbox"/>
5X008		Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		<input type="checkbox"/>
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>

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61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (list separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	<input checked="" type="checkbox"/>
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		<input type="checkbox"/>
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		<input type="checkbox"/>

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61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	<input type="checkbox"/>
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	<input type="checkbox"/>

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61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	<input type="checkbox"/>
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024		<input type="checkbox"/>
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024		<input type="checkbox"/>
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy	08	CPT 2020	April 2024		<input type="checkbox"/>
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	<input type="checkbox"/>

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64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	<input type="checkbox"/>
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	<input type="checkbox"/>
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy	08	CPT 2020	April 2024		<input type="checkbox"/>
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		<input type="checkbox"/>
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		<input type="checkbox"/>
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2024		<input type="checkbox"/>

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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	Intrastromal 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	☑

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66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>

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66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		<input type="checkbox"/>

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67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Jan 2023	Suprachoroidal Injection	10	CPT 2024	April 2028	There is currently only one FDA-approved medication for this procedure, triamcinolone acetonide, and it is approved for only one indication: macular edema associated with uveitis. The relevant HCPCS code is J-3299. Medicare claims volume for this indication is expected to be low. However, if other drugs for more common indications obtain FDA approval, claims volume may grow substantially. Thus, CPT code 6X000 will be placed on the New Technology list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. The RUC recommended that if there are new drugs that have an associated J-code that these also be considered by the Relativity Assessment Workgroup as part of the New Technology screen.	<input type="checkbox"/>
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Jan 2021	Lacrimal Canaliculus Drug Eluting Implant Insertion	17	CPT 2022	April 2026		<input type="checkbox"/>
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		<input type="checkbox"/>
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		<input type="checkbox"/>
6X004		Apr 2023	Iris Procedures	04	CPT 2025	April 2029		<input type="checkbox"/>
70554	Magnetic resonance imaging, brain, functional mri; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
70555	Magnetic resonance imaging, brain, functional mri; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Oct 2019	Screening CT of Thorax	07	CPT 2021	April 2025		<input type="checkbox"/>
74261	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
74262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	<input checked="" type="checkbox"/>
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	<input checked="" type="checkbox"/>

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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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3d image postprocessing, assessment of left ventricular [lv] cardiac function, right ventricular [rv] structure and function and evaluation of vascular structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Jan 2023	Fractional Flow Reserve with CT	11	CPT 2024	April 2028		<input type="checkbox"/>
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	<input type="checkbox"/>

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							structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	<input type="checkbox"/>

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							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		<input type="checkbox"/>

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76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (list separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	<input checked="" type="checkbox"/>
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	<input checked="" type="checkbox"/>
76983	Ultrasound, elastography; each additional target lesion (list separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	<input checked="" type="checkbox"/>
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		<input type="checkbox"/>
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	<input type="checkbox"/>

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77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	<input type="checkbox"/>
77063	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 and use codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	<input type="checkbox"/>

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77089	Trabecular bone score (tbs), structural condition of the bone microarchitecture; using dual x-ray absorptiometry (dxa) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		<input type="checkbox"/>
77090	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		<input type="checkbox"/>
77091	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical calculation only	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		<input type="checkbox"/>
77092	Trabecular bone score (tbs), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		<input type="checkbox"/>
77293	Respiratory motion management simulation (list separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation B Therapy		CPT 2007	September 2010	Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>

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77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	F Stereotactic Body Radiation B & 3CPT 2007 Therapy			September 2010/	Survey (work) and PE review (Feb 2011). Practice expense review (Feb 2011).	<input checked="" type="checkbox"/>
77520	Proton treatment delivery; simple, without compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>
77522	Proton treatment delivery; simple, with compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>
77523	Proton treatment delivery; intermediate	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>
77525	Proton treatment delivery; complex	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		<input type="checkbox"/>

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78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	<input checked="" type="checkbox"/>

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							<p>effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years</p>	

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after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.

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78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	<input checked="" type="checkbox"/>

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							<p>effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years</p>	

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							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78429	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78430	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78431	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>

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78432	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78433	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78434	Absolute quantitation of myocardial blood flow (aqmbf), positron emission tomography (pet), rest and pharmacologic stress (list separately in addition to code for primary procedure)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78459	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78491	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78492	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024		<input type="checkbox"/>
78811	Positron emission tomography (pet) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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78812	Positron emission tomography (pet) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78813	Positron emission tomography (pet) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78814	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78815	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78816	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		<input type="checkbox"/>

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78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		<input type="checkbox"/>
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		<input type="checkbox"/>
78835	Radiopharmaceutical quantification measurement(s) single area (list separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024		<input type="checkbox"/>
81161	Dmd (dystrophin) (eg, duchenne/becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81201	Apc (adenomatous polyposis coli) (eg, familial adenomatous polyposis [fap], attenuated fap) gene analysis; full gene sequence	Apr 2012	Molecular Pathology- Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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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.	☑
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.	☑

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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.	☑
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.	☑

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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 Irea deletion, I858r, t790m, g719a, g719s, I861q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (itd) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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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, hbt disease), gene analysis; common deletions or variant (eg, southeast asian, thai, filipino, mediterranean, alpha3.7, alpha4.2, alpha20.5, constant spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81262	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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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.	☑
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.	☑

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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.	☑
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 (mutl 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.	☑

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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.	☑
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.	☑

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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.	☑
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.	☑

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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.	☑
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.	☑

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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.	☑
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.	☑

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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, -dpg1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81379	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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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.	<input checked="" type="checkbox"/>
81382	Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpg1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>
81383	Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis) acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), k304e variant ace (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant agr1 (angiotensin ii receptor, type 1) (eg, essential hypertension), 1166a>c variant bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), y438n variant ccr5 (chemokine c-c motif receptor 5) (eg, hiv resistance), 32-bp deletion mutation/794 825del32 deletion clrn1 (clarin 1) (eg, usher syndrome, type 3), n48k variant f2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199g>a variant f5 (coagulation factor v) (eg, hereditary hypercoagulability), hr2 variant f7 (coagulation factor vii [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), r353q variant f13b (coagulation factor xiii, b polypeptide) (eg, hereditary hypercoagulability), v34l variant fgb (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455g>a variant fgfr1 (fibroblast growth factor receptor 1) (eg, pfeiffer syndrome type 1, craniosynostosis), p252r variant fgfr3 (fibroblast growth factor receptor 3) (eg, muenke syndrome), p250r variant fktn (fukutin) (eg, fukuyama congenital muscular dystrophy), retrotransposon insertion variant gne (glucosamine [udp-n-acetyl]-2-epimerase/n-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), m712t variant ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), a282v variant lct (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 c>t variant neb (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant pcdh15 (protocadherin-related 15) (eg, usher syndrome type 1f), r245x variant serpine1 (serpine peptidase	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	inhibitor clade e, member 1, plasminogen activator inhibitor -1, pai-1) (eg, thrombophilia), 4g variant shoc2 (soc-2 suppressor of clear homolog) (eg, noonan-like syndrome with loose anagen hair), s2g variant sry (sex determining region y) (eg, 46,xx testicular disorder of sex development, gonadal dysgenesis), gene analysis tor1a (torsin family 1, member a [torsin a]) (eg, early-onset primary dystonia [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.	<input checked="" type="checkbox"/>

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	quantitative, if performed ewsr1/fli1 (t(11;22)) (eg, ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ewsr1/wt1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed f11 (coagulation factor xi) (eg, coagulation disorder), common variants (eg, e117x [type ii], f283l [type iii], ivs14del14, and ivs14+1g>a [type i]) fgfr3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138g>a, 1138g>c, 1620c>a, 1620c>g) fip111/pdgfra (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed flg (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, r501x, 2282del4, r2447x, s3247x, 3702delg) foxo1/pax3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed foxo1/pax7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed fus/ddit3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed galc (galactosylceramidase) (eg, krabbe disease), common variants (eg, c.857g>a, 30-kb deletion) galt (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, q188r, s135l, k285n, t138m, l195p, y209c, ivs2-2a>g, p171s, del5kb, n314d, l218l/n314d) h19 (imprinted maternally expressed transcript [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis igh@/bcl2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [mbr] or minor cluster region [mcr]), qualitative or quantitative (when both mbr and mcr breakpoints are performed, use 81278) kcnq1ot1 (kcnq1 overlapping transcript 1 [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis linc00518 (long intergenic non-protein coding rna 518) (eg, melanoma), expression							

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	analysis Irrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), common variants (eg, r1441g, g2019s, i2020t) med12 (mediator complex subunit 12) (eg, fg syndrome type 1, lujan syndrome), common variants (eg, r961w, n1007s) meg3/dlk1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [drosophila]) (eg, intrauterine growth retardation), methylation analysis ml/aff1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed ml/mlt3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed mt-atp6 (mitochondrially encoded atp synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [narp], leigh syndrome), common variants (eg, m.8993t>g, m.8993t>c) mt-nd4, mt-nd6 (mitochondrially encoded nadh dehydrogenase 4, mitochondrially encoded nadh dehydrogenase 6) (eg, leber hereditary optic neuropathy [lhon]), common variants (eg, m.11778g>a, m.3460g>a, m.14484t>c) mt-nd5 (mitochondrially encoded trna leucine 1 [uua/g], mitochondrially encoded nadh dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [melas]), common variants (eg, m.3243a>g, m.3271t>c, m.3252a>g, m.13513g>a) mt-rnr1 (mitochondrially encoded 12s rna) (eg, nonsyndromic hearing loss), common variants (eg, m.1555a>g, m.1494c>t) mt-tk (mitochondrially encoded trna lysine) (eg, myoclonic epilepsy with ragged-red fibers [merrf]), common variants (eg, m.8344a>g, m.8356t>c) mt-tl1 (mitochondrially encoded trna leucine 1 [uua/g]) (eg, diabetes and hearing loss), common variants (eg, m.3243a>g, m.14709 t>c) mt-tl1 mt-ts1, mt-rnr1 (mitochondrially encoded trna serine 1 [ucn], mitochondrially encoded 12s rna) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445a>g, m.1555a>g) mutyh (muty homolog [e. coli]) (eg, myh-associated polyposis), common variants (eg,							

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	y165c, g382d) nod2 (nucleotide-binding oligomerization domain containing 2) (eg, crohn's disease, blau syndrome), common variants (eg, snp 8, snp 12, snp 13) npm1/alk (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis pax8/pparg (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis prame (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis prss1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, n29i, a16v, r122h) pygm (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type v, mcardle disease), common variants (eg, r50x, g205s) runx1/runx1t1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed ss18/ssx1 (t(x;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed ss18/ssx2 (t(x;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed vwf (von willebrand factor) (eg, von willebrand disease type 2n), common variants (eg, t791m, r816w, r854q)							

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81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and t-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [loh], uniparental disomy [upd]) chromosome 1p-/19q- (eg, glial tumors), deletion analysis chromosome 18q- (eg, d18s55, d18s58, d18s61, d18s64, and d18s69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) col1a1/pdgfb (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed cyp21a2 (cytochrome p450, family 21, subfamily a, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, ivs2-13g, p30l, i172n, exon 6 mutation cluster [i235n, v236e, m238k], v281l, l307ffsx6, q318x, r356w, p453s, g110vfsx21, 30-kb deletion variant) esr1/pgr (receptor 1/progesterone receptor) ratio (eg, breast cancer) mefv (mediterranean fever) (eg, familial mediterranean fever), common variants (eg, e148q, p369s, f479l, m680i, i692del, m694v, m694i, k695r, v726a, a744s, r761h) trd@ (t cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population uniparental disomy (upd) (eg, russell-silver syndrome, prader-willi/angelman syndrome), short tandem repeat (str) analysis	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ang (angiogenin, ribonuclease, mase a family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence arx (aristaless-related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), duplication/deletion analysis cel (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [mody]), targeted sequence analysis of exon 11 (eg, c.1785delc, c.1686delt) cttnb1 (catenin [cadherin-associated protein], beta 1, 88kda) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) daz/sry (deleted in azoospermia and sex determining region y) (eg, male infertility), common deletions (eg, azfa, azfb, azfc, azfd) dnmt3a (dna [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) epcam (epithelial cell adhesion molecule) (eg, lynch syndrome), duplication/deletion analysis f8 (coagulation factor viii) (eg, hemophilia a), inversion analysis, intron 1 and intron 22a f12 (coagulation factor xii [hageman factor]) (eg, angioedema, hereditary, type iii; factor xii deficiency), targeted sequence analysis of exon 9 fgfr3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (for targeted sequence analysis of multiple fgfr3 exons, use 81404) gjb1 (gap junction protein, beta 1) (eg, charcot-marie-tooth x-linked), full gene sequence gnaq (guanine nucleotide-binding protein g[q] subunit alpha) (eg, uveal melanoma), common variants (eg, r183, q209) human erythrocyte antigen gene analyses (eg, slc14a1 [kidd blood group], bcam [lutheran blood group], icam4 [landsteiner-wiener blood group], slc4a1 [diego blood group], aqp1 [colton blood group], ermap [scianna blood group], rhce [rh blood group, ccee antigens], kel [kell blood group], darc [duffy blood	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	group], gypa, gypb, gype [mns blood group], art4 [dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants hras (v-ha-ras harvey rat sarcoma viral oncogene homolog) (eg, costello syndrome), exon 2 sequence kcnc3 (potassium voltage-gated channel, shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) kcnj2 (potassium inwardly-rectifying channel, subfamily j, member 2) (eg, andersen-tawil syndrome), full gene sequence kcnj11 (potassium inwardly-rectifying channel, subfamily j, member 11) (eg, familial hyperinsulinism), full gene sequence killer cell immunoglobulin-like receptor (kir) gene family (eg, hematopoietic stem cell transplantation), genotyping of kir family genes known familial variant not otherwise specified, for gene listed in tier 1 or tier 2, or identified during a genomic sequencing procedure, dna sequence analysis, each variant exon (for a known familial variant that is considered a common variant, use specific common variant tier 1 or tier 2 code) mc4r (melanocortin 4 receptor) (eg, obesity), full gene sequence mica (mhc class i polypeptide-related sequence a) (eg, solid organ transplantation), common variants (eg, *001, *002) mt-rnr1 (mitochondrially encoded 12s rna) (eg, nonsyndromic hearing loss), full gene sequence mt-ts1 (mitochondrially encoded trna serine 1) (eg, nonsyndromic hearing loss), full gene sequence ndp (norrie disease [pseudoglioma]) (eg, norrie disease), duplication/deletion analysis nhlrc1 (nhl repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence phox2b (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis pln (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence rhd (rh blood group, d antigen) (eg, hemolytic disease of the fetus and newborn, rh maternal/fetal compatibility), deletion analysis							

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	(eg, exons 4, 5, and 7, pseudogene) rhd (rh blood group, d antigen) (eg, hemolytic disease of the fetus and newborn, rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal dna in maternal blood (for human erythrocyte gene analysis of rhd, use a separate unit of 81403) sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), duplication/deletion analysis twist1 (twist homolog 1 [drosophila]) (eg, saethre-chotzen syndrome), duplication/deletion analysis uba1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, x-linked), targeted sequence analysis (eg, exon 15) vhl (von hippel-lindau tumor suppressor) (eg, von hippel-lindau familial cancer syndrome), deletion/duplication analysis vwf (von willebrand factor) (eg, von willebrand disease types 2a, 2b, 2m), targeted sequence analysis (eg, exon 28)							

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81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by southern blot analysis) acads (acyl-coa dehydrogenase, c-2 to c-3 short chain) (eg, short chain acyl-coa dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) aqp2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence arx (aristaless related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), full gene sequence avpr2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence bbs10 (bardet-biedl syndrome 10) (eg, bardet-biedl syndrome), full gene sequence btd (biotinidase) (eg, biotinidase deficiency), full gene sequence c10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial dna depletion syndrome), full gene sequence cav3 (caveolin 3) (eg, cav3-related distal myopathy, limb-girdle muscular dystrophy type 1c), full gene sequence cd40lg (cd40 ligand) (eg, x-linked hyper igm syndrome), full gene sequence cdkn2a (cyclin-dependent kinase inhibitor 2a) (eg, cdkn2a-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence clrn1 (clarin 1) (eg, usher syndrome, type 3), full gene sequence cox6b1 (cytochrome c oxidase subunit vib polypeptide 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpt2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase ii deficiency), full gene sequence crx (cone-rod homeobox) (eg, cone-rod dystrophy 2, leber congenital amaurosis), full gene sequence cyp1b1 (cytochrome p450, family 1, subfamily b, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence egr2 (early growth response 2) (eg, charcot-marie-tooth), full gene sequence emd (emerin) (eg, emery-dreifuss	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	muscular dystrophy), duplication/deletion analysis epm2a (epilepsy, progressive myoclonus type 2a, lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence fgf23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence fgfr2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, apert syndrome, crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) fgfr3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) fh11 (four and a half lim domains 1) (eg, emery-dreifuss muscular dystrophy), full gene sequence fkrp (fukutin related protein) (eg, congenital muscular dystrophy type 1c [mdc1c], limb-girdle muscular dystrophy [lgmd] type 2i), full gene sequence foxg1 (forkhead box g1) (eg, rett syndrome), full gene sequence fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4a and 4b haplotypes) gh1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence gp1bb (glycoprotein ib [platelet], beta polypeptide) (eg, bernard-soulier syndrome type b), full gene sequence (for common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) hnf1b (hnf1 homeobox b) (eg, maturity-onset diabetes of the young [mody]), duplication/deletion analysis hras (v-ha-ras harvey rat sarcoma viral oncogene homolog) (eg, costello syndrome), full gene sequence hsd3b2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type ii deficiency), full gene sequence hsd11b2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence hspb1 (heat shock 27kda protein 1) (eg, charcot-marie-tooth disease),							

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	full gene sequence ins (insulin) (eg, diabetes mellitus), full gene sequence kcnj1 (potassium inwardly-rectifying channel, subfamily j, member 1) (eg, bartter syndrome), full gene sequence kcnj10 (potassium inwardly-rectifying channel, subfamily j, member 10) (eg, sesame syndrome, east syndrome, sensorineural hearing loss), full gene sequence lita1 (lipopolysaccharide-induced tnf factor) (eg, charcot-marie-tooth), full gene sequence mefv (mediterranean fever) (eg, familial mediterranean fever), full gene sequence men1 (multiple endocrine neoplasia i) (eg, multiple endocrine neoplasia type 1, wermer syndrome), duplication/deletion analysis mmachc (methylmalonic aciduria [cobalamin deficiency] cblc type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence mpv17 (mpv17 mitochondrial inner membrane protein) (eg, mitochondrial dna depletion syndrome), duplication/deletion analysis ndp (norrie disease [pseudoglioma]) (eg, norrie disease), full gene sequence ndufa1 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kda) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufaf2 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufs4 (nadh dehydrogenase [ubiquinone] fe-s protein 4, 18kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nipa1 (non-imprinted in prader-willi/angelman syndrome 1) (eg, spastic paraplegia), full gene sequence nlgn4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), duplication/deletion analysis npc2 (niemann-pick disease, type c2 [epididymal secretory protein e1]) (eg, niemann-pick disease type c2), full gene sequence nr0b1 (nuclear receptor subfamily 0, group b, member 1) (eg, congenital adrenal hypoplasia), full gene sequence pdx1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the							

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	<p>young [mody]), full gene sequence phox2b (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence plp1 (proteolipid protein 1) (eg, pelizaeus-merzbacher disease, spastic paraplegia), duplication/deletion analysis pqbp1 (polyglutamine binding protein 1) (eg, renpenning syndrome), duplication/deletion analysis prnp (prion protein) (eg, genetic prion disease), full gene sequence prop1 (prop paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence prph2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence prss1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence raf1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, leopard syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) ret (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2b and familial medullary thyroid carcinoma), common variants (eg, m918t, 2647_2648delinstt, a883f) rho (rhodopsin) (eg, retinitis pigmentosa), full gene sequence rp1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence scn1b (sodium channel, voltage-gated, type i, beta) (eg, brugada syndrome), full gene sequence sco2 (sco cytochrome oxidase deficient homolog 2 [sco1]) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis sdhd (succinate dehydrogenase complex, subunit d, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence sgcg (sarcoglycan, gamma [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), full gene sequence slc16a2 (solute carrier family 16, member 2</p>							

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	[thyroid hormone transporter] (eg, specific thyroid hormone cell transporter deficiency, allan-herndon-dudley syndrome), duplication/deletion analysis slc25a20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis slc25a4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence sod1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence spink1 (serine peptidase inhibitor, kazal type 1) (eg, hereditary pancreatitis), full gene sequence stk11 (serine/threonine kinase 11) (eg, peutz-jeghers syndrome), duplication/deletion analysis taco1 (translational activator of mitochondrial encoded cytochrome c oxidase i) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence thap1 (thap domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence tor1a (torsin family 1, member a [torsin a]) (eg, torsion dystonia), full gene sequence tpa (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence ttr (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence twist1 (twist homolog 1 [drosophila]) (eg, saethre-chotzen syndrome), full gene sequence tyr (tyrosinase [oculocutaneous albinism ia]) (eg, oculocutaneous albinism ia), full gene sequence ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, hereditary unconjugated hyperbilirubinemia [crigler-najjar syndrome]) full gene sequence ush1g (usher syndrome 1g [autosomal recessive]) (eg, usher syndrome, type 1), full gene sequence vhl (von hippel-lindau tumor suppressor) (eg, von hippel-lindau familial cancer syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease type 1c), targeted sequence analysis (eg, exons 26, 27, 37) zeb2 (zinc finger e-box binding homeobox 2) (eg, mowat-wilson syndrome), duplication/deletion							

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	analysis znf41 (zinc finger protein 41) (eg, x-linked mental retardation 89), full gene sequence							

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81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) abcd1 (atp-binding cassette, sub-family d [ald], member 1) (eg, adrenoleukodystrophy), full gene sequence acads (acyl-coa dehydrogenase, c-2 to c-3 short chain) (eg, short chain acyl-coa dehydrogenase deficiency), full gene sequence acta2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence actc1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ankrd1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence aptx (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence arsa (arylsulfatase a) (eg, arylsulfatase a deficiency), full gene sequence bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), full gene sequence bcs1l (bcs1-like [s. cerevisiae]) (eg, leigh syndrome, mitochondrial complex iii deficiency, gracile syndrome), full gene sequence bmp2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis casq2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence casr (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence cdkl5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis chrna4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence chrb2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence cox10 (cox10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cox15 (cox15 homolog, cytochrome c	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpox (coproporphyrinogen oxidase) (eg, hereditary coproporphyrinuria), full gene sequence ctrc (chymotrypsin c) (eg, hereditary pancreatitis), full gene sequence cyp11b1 (cytochrome p450, family 11, subfamily b, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence cyp17a1 (cytochrome p450, family 17, subfamily a, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence cyp21a2 (cytochrome p450, family 21, subfamily a, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosomal abnormalities (when performing cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, 81349) (do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (do not report 88271 when performing cytogenomic microarray analysis) dbt (dihydrolipoamide branched chain transacylase e2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis dcx (doublecortin) (eg, x-linked lissencephaly), full gene sequence des (desmin) (eg, myofibrillar myopathy), full gene sequence dfnb59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence dguok (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial dna depletion syndrome), full gene sequence dhcr7 (7-dehydrocholesterol reductase) (eg, smith-lemli-opitz syndrome), full gene sequence eif2b2 (eukaryotic translation initiation factor 2b, subunit 2 beta, 39kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence emd (emerin) (eg, emery-							

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	dreifuss muscular dystrophy), full gene sequence eng (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis eya1 (eyes absent homolog 1 [drosophila]) (eg, branchio-oto-renal [bor] spectrum disorders), duplication/deletion analysis fgfr1 (fibroblast growth factor receptor 1) (eg, kallmann syndrome 2), full gene sequence fh (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence fkt1 (fukutin) (eg, limb-girdle muscular dystrophy [lgmd] type 2m or 2l), full gene sequence ftsj1 (ftsj rna methyltransferase homolog 1 [e. coli]) (eg, x-linked mental retardation 9), duplication/deletion analysis gabrg2 (gamma-aminobutyric acid [gaba] a receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence gch1 (gtp cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence gdap1 (ganglioside-induced differentiation-associated protein 1) (eg, charcot-marie-tooth disease), full gene sequence gfap (glial fibrillary acidic protein) (eg, alexander disease), full gene sequence ghr (growth hormone receptor) (eg, laron syndrome), full gene sequence ghrr (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence gla (galactosidase, alpha) (eg, fabry disease), full gene sequence hnf1a (hnf1 homeobox a) (eg, maturity-onset diabetes of the young [mody]), full gene sequence hnf1b (hnf1 homeobox b) (eg, maturity-onset diabetes of the young [mody]), full gene sequence htra1 (htra serine peptidase 1) (eg, macular degeneration), full gene sequence ids (iduronate 2-sulfatase) (eg, mucopolysaccharidosis, type ii), full gene sequence il2rg (interleukin 2 receptor, gamma) (eg, x-linked severe combined immunodeficiency), full gene sequence ispd (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, walker-warburg syndrome), full gene sequence kras (kirsten rat sarcoma viral oncogene homolog) (eg, noonan							

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	<p>syndrome), full gene sequence lamp2 (lysosomal-associated membrane protein 2) (eg, danon disease), full gene sequence ldlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis men1 (multiple endocrine neoplasia i) (eg, multiple endocrine neoplasia type 1, wermer syndrome), full gene sequence mmaa (methylmalonic aciduria [cobalamine deficiency] type a) (eg, mmaa-related methylmalonic acidemia), full gene sequence mmab (methylmalonic aciduria [cobalamine deficiency] type b) (eg, mmaa-related methylmalonic acidemia), full gene sequence mpi (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence mpv17 (mpv17 mitochondrial inner membrane protein) (eg, mitochondrial dna depletion syndrome), full gene sequence mpz (myelin protein zero) (eg, charcot-marie-tooth), full gene sequence mtm1 (myotubularin 1) (eg, x-linked centronuclear myopathy), duplication/deletion analysis myl2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence myl3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence myot (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence ndufs7 (nadh dehydrogenase [ubiquinone] fe-s protein 7, 20kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufs8 (nadh dehydrogenase [ubiquinone] fe-s protein 8, 23kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufv1 (nadh dehydrogenase [ubiquinone] flavoprotein 1, 51kda) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nefl (neurofilament, light polypeptide) (eg, charcot-marie-tooth), full gene sequence nf2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis nlgn3</p>							

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	(neuroligin 3) (eg, autism spectrum disorders), full gene sequence nlg4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), full gene sequence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert syndrome), deletion analysis, and duplication analysis, if performed nphs2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence nsd1 (nuclear receptor binding set domain protein 1) (eg, sotos syndrome), duplication/deletion analysis otc (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence pafah1b1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kda]) (eg, lissencephaly, miller-dieker syndrome), duplication/deletion analysis park2 (parkinson protein 2, e3 ubiquitin protein ligase [parkin]) (eg, parkinson disease), duplication/deletion analysis pcca (propionyl coa carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis pcdh19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence pdha1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis pdhb (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence pink1 (pten induced putative kinase 1) (eg, parkinson disease), full gene sequence pklr (pyruvate kinase, liver and rbc) (eg, pyruvate kinase deficiency), full gene sequence plp1 (proteolipid protein 1) (eg, pelizaeus-merzbacher disease, spastic paraplegia), full gene sequence pou1f1 (pou class 1 homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence prx (periaxin) (eg, charcot-marie-tooth disease), full gene sequence pqbp1 (polyglutamine binding protein 1) (eg, renpenning syndrome), full gene sequence psen1 (presenilin 1) (eg, alzheimer disease), full gene sequence rab7a (rab7a, member ras oncogene family) (eg, charcot-marie-tooth disease), full gene sequence rai1 (retinoic acid induced 1) (eg, smith-magenis syndrome), full							

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	gene sequence reep1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence ret (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2a and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) rps19 (ribosomal protein s19) (eg, diamond-blackfan anemia), full gene sequence rrm2b (ribonucleotide reductase m2 b [tp53 inducible]) (eg, mitochondrial dna depletion), full gene sequence sco1 (sco cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhb (succinate dehydrogenase complex, subunit b, iron sulfur) (eg, hereditary paraganglioma), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence sgca (sarcoglycan, alpha [50kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgcb (sarcoglycan, beta [43kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgcd (sarcoglycan, delta [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgce (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis sgcg (sarcoglycan, gamma [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence shoc2 (soc-2 suppressor of clear homolog) (eg, noonan-like syndrome with loose anagen hair), full gene sequence shox (short stature homeobox) (eg, langer mesomelic dysplasia), full gene sequence sil1 (sil1 homolog, endoplasmic reticulum chaperone [s. cerevisiae]) (eg, ataxia), full gene sequence slc2a1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [glut 1] deficiency syndrome), full gene sequence slc16a2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter							

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	<p>deficiency, allan-herndon-dudley syndrome), full gene sequence slc22a5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence slc25a20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence smad4 (smad family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis spast (spastin) (eg, spastic paraplegia), duplication/deletion analysis spg7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis spred1 (sprouty-related, evh1 domain containing 1) (eg, legius syndrome), full gene sequence stat3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-ige syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) stk11 (serine/threonine kinase 11) (eg, peutz-jeghers syndrome), full gene sequence surf1 (surfeit 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence tarbdp (tar dna binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence tbx5 (t-box 5) (eg, holt-oram syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), duplication/deletion analysis tgfb1 (transforming growth factor, beta receptor 1) (eg, marfan syndrome), full gene sequence tgfb2 (transforming growth factor, beta receptor 2) (eg, marfan syndrome), full gene sequence thrb (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons tk2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial dna depletion syndrome), full gene sequence tnnc1 (troponin c type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence tnni3</p>							

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	(troponin i, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tpm1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis 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							

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81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) acadvl (acyl-coa dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence actn4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence afg3l2 (afg3 atpase family gene 3-like 2 [s. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence aire (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence aldh7a1 (aldehyde dehydrogenase 7 family, member a1) (eg, pyridoxine-dependent epilepsy), full gene sequence ano5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence anos1 (anosmin-1) (eg, kallmann syndrome 1), full gene sequence app (amyloid beta [a4] precursor protein) (eg, alzheimer disease), full gene sequence ass1 (argininosuccinate synthase 1) (eg, citrullinemia type i), full gene sequence at11 (atlastin gtpase 1) (eg, spastic paraplegia), full gene sequence atp1a2 (atpase, na+/k+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence atp7b (atpase, cu++ transporting, beta polypeptide) (eg, wilson disease), full gene sequence bbs1 (bardet-biedl syndrome 1) (eg, bardet-biedl syndrome), full gene sequence bbs2 (bardet-biedl syndrome 2) (eg, bardet-biedl syndrome), full gene sequence bckdhd (branched-chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease, type 1b), full gene sequence best1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence bmp2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence braf (b-raf proto-oncogene, serine/threonine kinase) (eg, noonan syndrome), full gene sequence bscl2 (berardinelli-seip congenital lipodystrophy 2 [seipin]) (eg, berardinelli-seip congenital lipodystrophy), full	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	gene sequence btk (bruton agammaglobulinemia tyrosine kinase) (eg, x-linked agammaglobulinemia), full gene sequence cacnb2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, brugada syndrome), full gene sequence capn3 (calpain 3) (eg, limb-girdle muscular dystrophy [lgmd] type 2a, calpainopathy), full gene sequence cbs (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence cdh1 (cadherin 1, type 1, e-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence cdkl5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence clcn1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence clcnkb (chloride channel, voltage-sensitive kb) (eg, bartter syndrome 3 and 4b), full gene sequence cntnap2 (contactin-associated protein-like 2) (eg, pitt-hopkins-like syndrome 1), full gene sequence col6a2 (collagen, type vi, alpha 2) (eg, collagen type vi-related disorders), duplication/deletion analysis cpt1a (carnitine palmitoyltransferase 1a [liver]) (eg, carnitine palmitoyltransferase 1a [cpt1a] deficiency), full gene sequence crb1 (crumbs homolog 1 [drosophila]) (eg, leber congenital amaurosis), full gene sequence crebbp (creb binding protein) (eg, rubinstein-taybi syndrome), duplication/deletion analysis dbt (dihydrolipoamide branched chain transacylase e2) (eg, maple syrup urine disease, type 2), full gene sequence dlat (dihydrolipoamide s-acetyltransferase) (eg, pyruvate dehydrogenase e2 deficiency), full gene sequence did (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type iii), full gene sequence dsc2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence dsg2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence dsp (desmoplakin) (eg, arrhythmogenic right							

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	ventricular dysplasia/cardiomyopathy 8), full gene sequence efhc1 (ef-hand domain [c-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence eif2b3 (eukaryotic translation initiation factor 2b, subunit 3 gamma, 58kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence eif2b4 (eukaryotic translation initiation factor 2b, subunit 4 delta, 67kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence eif2b5 (eukaryotic translation initiation factor 2b, subunit 5 epsilon, 82kda) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence eng (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence eya1 (eyes absent homolog 1 [drosophila]) (eg, branchio-oto-renal [bor] spectrum disorders), full gene sequence f8 (coagulation factor viii) (eg, hemophilia a), duplication/deletion analysis fah (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence fastkd2 (fast kinase domains 2) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence fig4 (fig4 homolog, sac1 lipid phosphatase domain containing [s. cerevisiae]) (eg, charcot-marie-tooth disease), full gene sequence ftsj1 (ftsj rna methyltransferase homolog 1 [e. coli]) (eg, x-linked mental retardation 9), full gene sequence fus (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence gaa (glucosidase, alpha; acid) (eg, glycogen storage disease type ii [pompe disease]), full gene sequence galc (galactosylceramidase) (eg, krabbe disease), full gene sequence galt (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence gars (glycyl-trna synthetase) (eg, charcot-marie-tooth disease), full gene sequence gcdh (glutaryl-coa dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence gck (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [mody]), full gene sequence glud1 (glutamate dehydrogenase 1) (eg, familial							

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	hyperinsulinism), full gene sequence gne (glucosamine [udp-n-acetyl]-2-epimerase/n-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), full gene sequence grn (granulin) (eg, frontotemporal dementia), full gene sequence hadha (hydroxyacyl-coa dehydrogenase/3-ketoacyl-coa thiolase/enoyl-coa hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence hadhb (hydroxyacyl-coa dehydrogenase/3-ketoacyl-coa thiolase/enoyl-coa hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence hexa (hexosaminidase a, alpha polypeptide) (eg, tay-sachs disease), full gene sequence hlcs (hlcs holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence hmbs (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence hnf4a (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [mody]), full gene sequence idua (iduronidase, alpha-l-) (eg, mucopolysaccharidosis type i), full gene sequence inf2 (inverted formin, fh2 and wh2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), duplication/deletion analysis jup (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence kcnh2 (potassium voltage-gated channel, subfamily h [eag-related], member 2) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq1 (potassium voltage-gated channel, kqt-like subfamily, member 1) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq2 (potassium voltage-gated channel, kqt-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence ldb3 (lim domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene							

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	<p>sequence ldlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence lepr (leptin receptor) (eg, obesity with hypogonadism), full gene sequence lhcg (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence lmna (lamin a/c) (eg, emery-dreifuss muscular dystrophy [edmd1, 2 and 3] limb-girdle muscular dystrophy [lgmd] type 1b, dilated cardiomyopathy [cmd1a], familial partial lipodystrophy [fpld2]), full gene sequence lrp5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence map2k1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence map2k2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence mapt (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence mccc1 (methylcrotonoyl-coa carboxylase 1 [alpha]) (eg, 3-methylcrotonoyl-coa carboxylase deficiency), full gene sequence mccc2 (methylcrotonoyl-coa carboxylase 2 [beta]) (eg, 3-methylcrotonoyl carboxylase deficiency), full gene sequence mfn2 (mitofusin 2) (eg, charcot-marie-tooth disease), full gene sequence mtm1 (myotubularin 1) (eg, x-linked centronuclear myopathy), full gene sequence mut (methylmalonyl coa mutase) (eg, methylmalonic acidemia), full gene sequence mutyh (muty homolog [e. coli]) (eg, myh-associated polyposis), full gene sequence ndufs1 (nadh dehydrogenase [ubiquinone] fe-s protein 1, 75kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nf2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence notch3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [cadasil]), targeted sequence analysis (eg, exons 1-23) npc1 (niemann-pick disease, type c1) (eg, niemann-pick disease), full gene sequence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert</p>							

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	<p>syndrome), full gene sequence nsd1 (nuclear receptor binding set domain protein 1) (eg, sotos syndrome), full gene sequence opa1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis optn (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence pafah1b1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kda]) (eg, lissencephaly, miller-dieker syndrome), full gene sequence pah (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence park2 (parkinson protein 2, e3 ubiquitin protein ligase [parkin]) (eg, parkinson disease), full gene sequence pax2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence pc (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence pcca (propionyl coa carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence pccb (propionyl coa carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence pcdh15 (protocadherin-related 15) (eg, usher syndrome type 1f), duplication/deletion analysis pcsk9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence pdha1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence pdhx (pyruvate dehydrogenase complex, component x) (eg, lactic acidosis), full gene sequence phex (phosphate-regulating endopeptidase homolog, x-linked) (eg, hypophosphatemic rickets), full gene sequence pkd2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence pkp2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence pnkd (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence polg (polymerase [dna directed], gamma) (eg, alpers-huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence pomgnt1 (protein o-linked mannose beta1,2-n acetylglucosaminyltransferase) (eg, muscle-eye-</p>							

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	brain disease, walker-warburg syndrome), full gene sequence pomt1 (protein-o-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [lgmd] type 2k, walker-warburg syndrome), full gene sequence pomt2 (protein-o-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [lgmd] type 2n, walker-warburg syndrome), full gene sequence ppox (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence prkag2 (protein kinase, amp-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with wolff-parkinson-white syndrome, lethal congenital glycogen storage disease of heart), full gene sequence prkcg (protein kinase c, gamma) (eg, spinocerebellar ataxia), full gene sequence psen2 (presenilin 2 [alzheimer disease 4]) (eg, alzheimer disease), full gene sequence ptpn11 (protein tyrosine phosphatase, non-receptor type 11) (eg, noonan syndrome, leopard syndrome), full gene sequence pygm (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type v, mcardle disease), full gene sequence raf1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, leopard syndrome), full gene sequence ret (ret proto-oncogene) (eg, hirschsprung disease), full gene sequence rpe65 (retinal pigment epithelium-specific protein 65kda) (eg, retinitis pigmentosa, leber congenital amaurosis), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations scn4a (sodium channel, voltage-gated, type iv, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence scnn1a (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence scnn1b (sodium channel, nonvoltage-gated 1, beta) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence scnn1g (sodium channel, nonvoltage-gated 1, gamma) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence							

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	sdha (succinate dehydrogenase complex, subunit a, flavoprotein [fp]) (eg, leigh syndrome, mitochondrial complex ii deficiency), full gene sequence setx (senataxin) (eg, ataxia), full gene sequence sgce (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence sh3tc2 (sh3 domain and tetratricopeptide repeats 2) (eg, charcot-marie-tooth disease), full gene sequence slc9a6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, christianson syndrome), full gene sequence slc26a4 (solute carrier family 26, member 4) (eg, pendred syndrome), full gene sequence slc37a4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type ib), full gene sequence smad4 (smad family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence sos1 (son of sevenless homolog 1) (eg, noonan syndrome, gingival fibromatosis), full gene sequence spast (spastin) (eg, spastic paraplegia), full gene sequence spg7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence stxbp1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence taz (tafazzin) (eg, methylglutaconic aciduria type 2, barth syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), full gene sequence th (tyrosine hydroxylase) (eg, segawa syndrome), full gene sequence tmem43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence tnnt2 (troponin t, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence trpc6 (transient receptor potential cation channel, subfamily c, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence tsc2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis ube3a (ubiquitin protein ligase e3a) (eg, angelman syndrome), full							

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	gene sequence umod (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence vwf (von willebrand factor) (von willebrand disease type 2a), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) was (wiskott-aldrich syndrome [eczema-thrombocytopenia]) (eg, wiskott-aldrich syndrome), full gene sequence							

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81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), full gene sequence agl (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type iii), full gene sequence ahi1 (abelson helper integration site 1) (eg, joubert syndrome), full gene sequence apob (apolipoprotein b) (eg, familial hypercholesterolemia type b) full gene sequence aspm (asp [abnormal spindle] homolog, microcephaly associated [drosophila]) (eg, primary microcephaly), full gene sequence chd7 (chromodomain helicase dna binding protein 7) (eg, charge syndrome), full gene sequence col4a4 (collagen, type iv, alpha 4) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), duplication/deletion analysis col6a1 (collagen, type vi, alpha 1) (eg, collagen type vi-related disorders), full gene sequence col6a2 (collagen, type vi, alpha 2) (eg, collagen type vi-related disorders), full gene sequence col6a3 (collagen, type vi, alpha 3) (eg, collagen type vi-related disorders), full gene sequence crebbp (creb binding protein) (eg, rubinstein-taybi syndrome), full gene sequence f8 (coagulation factor viii) (eg, hemophilia a), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), full gene sequence kdm5c (lysine [k]-specific demethylase 5c) (eg, x-linked mental retardation), full gene sequence kiaa0196 (kiaa0196) (eg, spastic paraplegia), full gene sequence l1cam (l1 cell adhesion molecule) (eg, masa syndrome, x-linked hydrocephaly), full gene sequence lamb2 (laminin, beta 2 [laminin s]) (eg, pierson syndrome), full gene sequence mybpc3 (myosin binding protein c, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence myh6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	gene sequence myh7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, liang distal myopathy), full gene sequence myo7a (myosin viia) (eg, usher syndrome, type 1), full gene sequence notch1 (notch 1) (eg, aortic valve disease), full gene sequence nphs1 (nephrosis 1, congenital, finnish type [nephrin]) (eg, congenital finnish nephrosis), full gene sequence opa1 (optic atrophy 1) (eg, optic atrophy), full gene sequence pcdh15 (protocadherin-related 15) (eg, usher syndrome, type 1), full gene sequence pkd1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence plce1 (phospholipase c, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence scn1a (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence scn5a (sodium channel, voltage-gated, type v, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence slc12a1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, bartter syndrome), full gene sequence slc12a3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, gitelman syndrome), full gene sequence spg11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence sptbn2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence tmem67 (transmembrane protein 67) (eg, joubert syndrome), full gene sequence tsc2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence ush1c (usher syndrome 1c [autosomal recessive, severe]) (eg, usher syndrome, type 1), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), duplication/deletion analysis wdr62 (wd repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

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81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) abca4 (atp-binding cassette, sub-family a [abc1], member 4) (eg, stargardt disease, age-related macular degeneration), full gene sequence atm (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence cdh23 (cadherin-related 23) (eg, usher syndrome, type 1), full gene sequence cep290 (centrosomal protein 290kda) (eg, joubert syndrome), full gene sequence col1a1 (collagen, type i, alpha 1) (eg, osteogenesis imperfecta, type i), full gene sequence col1a2 (collagen, type i, alpha 2) (eg, osteogenesis imperfecta, type i), full gene sequence col4a1 (collagen, type iv, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence col4a3 (collagen, type iv, alpha 3 [goodpasture antigen]) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), full gene sequence dmd (dystrophin) (eg, duchenne/becker muscular dystrophy), full gene sequence dysf (dysferlin, limb girdle muscular dystrophy 2b [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence itpr1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence lama2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence lrrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), full gene sequence myh11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence neb (nebulin) (eg, nemaline myopathy 2), full gene sequence nf1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence pkhd1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), full gene sequence ryr2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia,	Apr 2011	Molecular Pathology - Tier 2 16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	<input checked="" type="checkbox"/>

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	arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons ush2a (usher syndrome 2a [autosomal recessive, mild]) (eg, usher syndrome, type 2), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	<input checked="" type="checkbox"/>
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, kras mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdissection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	<input checked="" type="checkbox"/>
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdissection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	<input checked="" type="checkbox"/>

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88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	<input checked="" type="checkbox"/>
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	<input checked="" type="checkbox"/>
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	<input checked="" type="checkbox"/>
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (list separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	Sept 2023	SARS-CoV-2-Immunization Administration	18	CPT 2023	April 2028		<input type="checkbox"/>
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>

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90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	<input checked="" type="checkbox"/>
90867	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	April 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed.	<input type="checkbox"/>
90868	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	April 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed.	<input type="checkbox"/>

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90869	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	April 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed.	<input type="checkbox"/>
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Jan 2021	Colon Capsule Endoscopy	21	CPT 2022	April 2026		<input type="checkbox"/>
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016		Surveyed for January 2020. Decreased.	<input checked="" type="checkbox"/>
92065	Orthoptic training; performed by a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		<input type="checkbox"/>

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92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		<input type="checkbox"/>
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011		Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	<input checked="" type="checkbox"/>
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	<input checked="" type="checkbox"/>
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		<input type="checkbox"/>
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2011	April 2025	Was reviewed in Sept 2014, Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input type="checkbox"/>
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		<input type="checkbox"/>

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92284	Diagnostic dark adaptation examination with interpretation and report	Apr 2021	Dark Adaption Eye Exam	20	CPT 2023	April 2024	The RUC will review the typical technology used to perform this service when it is next re-evaluated, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology.	<input type="checkbox"/>
92517	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		<input type="checkbox"/>
92518	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		<input type="checkbox"/>
92519	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp) and ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		<input type="checkbox"/>
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>

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93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	<input type="checkbox"/>
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>

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93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		<input type="checkbox"/>
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>

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93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	<input type="checkbox"/>

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93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	<input type="checkbox"/>

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93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	<input checked="" type="checkbox"/>
93319	3d echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (list separately in addition to code for echocardiographic imaging)	Oct 2020	3D Imaging of Cardiac Structures	09	CPT 2022	April 2026		<input type="checkbox"/>
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	<input checked="" type="checkbox"/>

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93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		<input type="checkbox"/>
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		<input type="checkbox"/>
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		<input type="checkbox"/>
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (mapcas) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		<input type="checkbox"/>
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	<input type="checkbox"/>
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	<input type="checkbox"/>
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	<input type="checkbox"/>

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93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	<input type="checkbox"/>
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	<input type="checkbox"/>
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (list separately in addition to code for primary procedure)	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		<input type="checkbox"/>

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93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
94013	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve volume [erv]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		<input type="checkbox"/>

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94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		<input type="checkbox"/>
95700	Electroencephalogram (eeg) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by eeg technologist, minimum of 8 channels	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95705	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95706	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95707	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95708	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95709	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95710	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95711	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>

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95712	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95713	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95714	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95715	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95716	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95717	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95718	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>

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95719	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95720	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95721	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95722	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95723	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>

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95724	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95725	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95726	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2024		<input type="checkbox"/>
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input checked="" type="checkbox"/>

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95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input checked="" type="checkbox"/>
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	<input checked="" type="checkbox"/>
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes f-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2021	Quantitative Pupillometry Services	09	CPT 2023	April 2027		<input type="checkbox"/>

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95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>

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96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		<input type="checkbox"/>
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		<input type="checkbox"/>
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
96931	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
96932	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
96933	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
96934	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>

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96935	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
96936	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024).	<input type="checkbox"/>
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	Sep 2022	Post Operative Low-Level Laser Therapy	06	CPT 2024	April 2028	The RUC recommends that CPT code 9X022 be placed on the New Technology list to review when utilization is available, identifying who is performing the service.	<input type="checkbox"/>
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		<input type="checkbox"/>
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		<input type="checkbox"/>

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97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		<input type="checkbox"/>
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>

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97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	<input checked="" type="checkbox"/>
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018	Survey for January 2019.	<input checked="" type="checkbox"/>
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>

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98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2024		<input type="checkbox"/>
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2024		<input type="checkbox"/>
98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2024		<input type="checkbox"/>
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	<input type="checkbox"/>
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	<input type="checkbox"/>
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	Jan 2022	Cognitive Behavioral Therapy Monitoring	12	CPT 2023	April 2027		<input type="checkbox"/>
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	<input type="checkbox"/>
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (list separately in addition to code for primary procedure)	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	<input type="checkbox"/>
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99363	Code Deleted	Apr 2006	Anticoagulant Management I Services		CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
99364	Code Deleted	Apr 2006	Anticoagulant Management I Services		CPT 2007	September 2010	Remove, code does not need to be re-evaluated	<input checked="" type="checkbox"/>
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the outpatient evaluation and management service)	Apr 2019	Office Visits	09	CPT 2021	April 2025		<input type="checkbox"/>
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		<input type="checkbox"/>
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2024		<input type="checkbox"/>
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		<input type="checkbox"/>
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	<input checked="" type="checkbox"/>
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>
99447	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99448	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>
99449	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	<input checked="" type="checkbox"/>
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025).	<input type="checkbox"/>
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025).	<input type="checkbox"/>
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		<input type="checkbox"/>
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	Jan 2018	Chronic Care Remote Physiologic Monitoring	20	CPT 2019	April 2024		<input type="checkbox"/>
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (list separately in addition to code for primary procedure)	Jan 2019	Chronic Care Remote Physiologic Monitoring	20	CPT 2020	April 2024		<input type="checkbox"/>
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	Jan 2019	Self-Measured Blood Pressure Monitoring	19	CPT 2020	April 2024		<input type="checkbox"/>
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	September 2022	Surveyed for September 2022 and recommended an increase.	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	<input checked="" type="checkbox"/>
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2015	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommended that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is scheduled for review at the April 2023	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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Relativity Assessment
Workgroup meeting.

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	<input checked="" type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	
99495	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge at least moderate level of medical decision making during the service period face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	<input checked="" type="checkbox"/>
99496	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge high level of medical decision making during the service period face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	<input checked="" type="checkbox"/>
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	<input checked="" type="checkbox"/>
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	<input checked="" type="checkbox"/>
9X059		Apr 2023	Optical Coherence Tomography	05	CPT 2025	April 2029		<input type="checkbox"/>
9X059		Sep 2023	Optical Coherence Tomography (OCT)	08	CPT 2025	April 2029		<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>CPT Tab</i>	<i>Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy	CPT 2013		October 2018		<input checked="" type="checkbox"/>

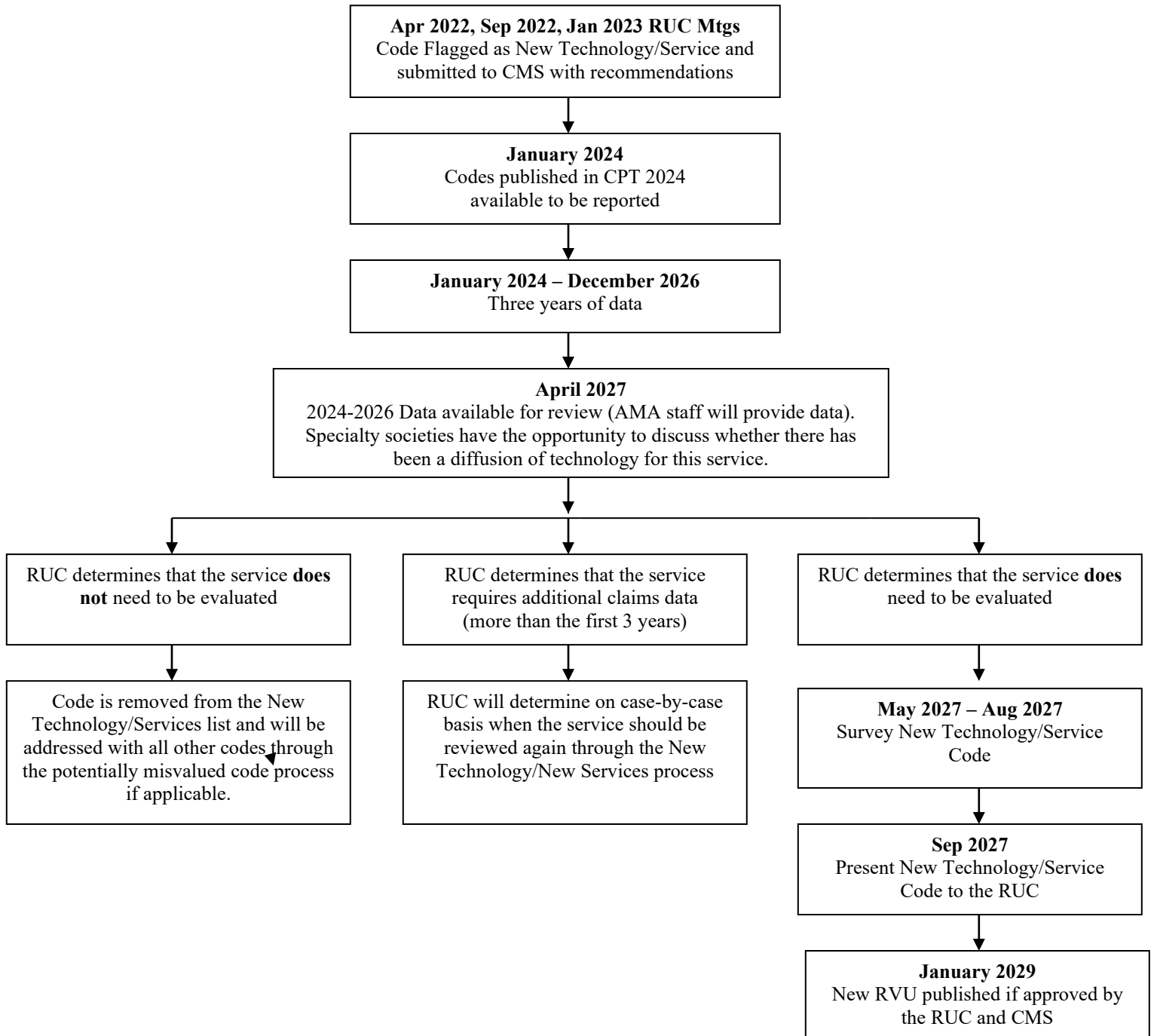
<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re-Review</i>	<i>RUC Rec</i>	<i>Complete</i>
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20		April 2027	Codes 93297 and 93298 were first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	<input type="checkbox"/>

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Specialty Societies Acronym List**May 2023**

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	ACR ^h
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	Short Descriptor	Global	Total CY2024 NPRM Physician Time - Current	Total CY2024 CMS Proposed NPRM Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	Total CY2024 NPRM Surgical Global wRVU	CMS Proposed NPRM Surgical Global wRVU After Incorporating RUC Proposal for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
10040	Acne surgery	010	34	36	2	6%	0.91	1.13	0.22	24%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10060	Drainage of skin abscess	010	57	59	2	4%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10061	Drainage of skin abscess	010	83	87	4	5%	2.45	2.89	0.44	18%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
10080	Drainage of pilonidal cyst	010	47	49	2	4%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10081	Drainage of pilonidal cyst	010	61	63	2	3%	2.50	2.72	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10120	Remove foreign body	010	48	50	2	4%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10121	Remove foreign body	010	88	90	2	2%	2.74	2.96	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10140	Drainage of hematoma/fluid	010	66	68	2	3%	1.58	1.80	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10160	Puncture drainage of lesion	010	61	63	2	3%	1.25	1.47	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
10180	Complex drainage wound	010	52	54	2	4%	2.30	2.52	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11004	Debride genitalia & perineum	000	240	237	-3	-1%	10.80	11.20	0.40	4%	0	0	0	0	0	0	0	0	0	1	0	0	0	0
11005	Debride abdom wall	000	265	262	-3	-1%	14.24	14.64	0.40	3%	0	0	0	0	0	0	0	0	0	1	0	0	0	0
11006	Debride genit/per/abdom wall	000	270	267	-3	-1%	13.10	13.50	0.40	3%	0	0	0	0	0	0	0	0	0	1	0	0	0	0
11200	Removal of skin tags <w/15	010	29	31	2	7%	0.82	1.04	0.22	27%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11400	Exc tr-ext b9+marg 0.5 cm<	010	36	38	2	6%	0.90	1.12	0.22	24%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11401	Exc tr-ext b9+marg 0.6-1 cm	010	51	53	2	4%	1.28	1.50	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11402	Exc tr-ext b9+marg 1.1-2 cm	010	56	58	2	4%	1.45	1.67	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11403	Exc tr-ext b9+marg 2.1-3cm	010	76	78	2	3%	1.84	2.06	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11404	Exc tr-ext b9+marg 3.1-4 cm	010	86	88	2	2%	2.11	2.33	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11406	Exc tr-ext b9+marg >4.0 cm	010	113	120	7	6%	3.52	3.85	0.33	9%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11420	Exc h-f-nk-sp b9+marg 0.5/<	010	36	38	2	6%	1.03	1.25	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11421	Exc h-f-nk-sp b9+marg 0.6-1	010	51	53	2	4%	1.47	1.69	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11422	Exc h-f-nk-sp b9+marg 1.1-2	010	56	58	2	4%	1.68	1.90	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11423	Exc h-f-nk-sp b9+marg 2.1-3	010	76	78	2	3%	2.06	2.28	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11424	Exc h-f-nk-sp b9+marg 3.1-4	010	86	88	2	2%	2.48	2.70	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11426	Exc h-f-nk-sp b9+marg >4 cm	010	113	120	7	6%	4.09	4.42	0.33	8%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11440	Exc face-mm b9+marg 0.5 cm/<	010	36	38	2	6%	1.05	1.27	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11441	Exc face-mm b9+marg 0.6-1 cm	010	51	53	2	4%	1.53	1.75	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11442	Exc face-mm b9+marg 1.1-2 cm	010	56	58	2	4%	1.77	1.99	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11443	Exc face-mm b9+marg 2.1-3 cm	010	76	78	2	3%	2.34	2.56	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11444	Exc face-mm b9+marg 3.1-4 cm	010	86	88	2	2%	3.19	3.41	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11446	Exc face-mm b9+marg >4 cm	010	113	120	7	6%	4.80	5.13	0.33	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11450	Removal sweat gland lesion	090	93.5	104	10.5	11%	3.22	3.72	0.50	15%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11451	Removal sweat gland lesion	090	99.5	110	10.5	11%	4.43	4.93	0.50	11%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11462	Removal sweat gland lesion	090	98.5	109	10.5	11%	3.00	3.50	0.50	17%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11463	Removal sweat gland lesion	090	109.5	120	10.5	10%	4.43	4.93	0.50	11%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11470	Removal sweat gland lesion	090	100.5	111	10.5	10%	3.74	4.24	0.50	13%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11471	Removal sweat gland lesion	090	107.5	118	10.5	10%	4.89	5.39	0.50	10%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
11600	Exc tr-ext mal+marg 0.5 cm/<	010	48	55	7	15%	1.63	1.96	0.33	20%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11601	Exc tr-ext mal+marg 0.6-1 cm	010	63	70	7	11%	2.07	2.40	0.33	16%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11602	Exc tr-ext mal+marg 1.1-2 cm	010	68	75	7	10%	2.27	2.60	0.33	15%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11603	Exc tr-ext mal+marg 2.1-3 cm	010	93	100	7	8%	2.82	3.15	0.33	12%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11604	Exc tr-ext mal+marg 3.1-4 cm	010	103	110	7	7%	3.17	3.50	0.33	10%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11606	Exc tr-ext mal+marg >4 cm	010	153	160	7	5%	5.02	5.35	0.33	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11620	Exc h-f-nk-sp mal+marg 0.5/<	010	48	55	7	15%	1.64	1.97	0.33	20%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11621	Exc s/n/h/f/g mal+mrg 0.6-1	010	63	70	7	11%	2.08	2.41	0.33	16%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11622	Exc s/n/h/f/g mal+mrg 1.1-2	010	68	75	7	10%	2.41	2.74	0.33	14%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11623	Exc s/n/h/f/g mal+mrg 2.1-3	010	93	100	7	8%	3.11	3.44	0.33	11%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11624	Exc s/n/h/f/g mal+mrg 3.1-4	010	103	110	7	7%	3.62	3.95	0.33	9%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11626	Exc s/n/h/f/g mal+mrg >4 cm	010	123	130	7	6%	4.61	4.94	0.33	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11640	Exc f/e/e/n/l mal+mrg 0.5cm<	010	48	55	7	15%	1.67	2.00	0.33	20%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11641	Exc f/e/e/n/l mal+mrg 0.6-1	010	63	70	7	11%	2.17	2.50	0.33	15%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11642	Exc f/e/e/n/l mal+mrg 1.1-2	010	68	75	7	10%	2.62	2.95	0.33	13%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11643	Exc f/e/e/n/l mal+mrg 2.1-3	010	93	100	7	8%	3.42	3.75	0.33	10%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11644	Exc f/e/e/n/l mal+mrg 3.1-4	010	108	115	7	6%	4.34	4.67	0.33	8%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11646	Exc f/e/e/n/l mal+mrg >4 cm	010	128	135	7	5%	6.26	6.59	0.33	5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
11750	Removal of nail bed	010	63	65	2	3%	1.58	1.80	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11760	Repair of nail bed	010	63	65	2	3%	1.63	1.85	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11762	Reconstruction of nail bed	010	111	113	2	2%	2.94	3.16	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11765	Excision of nail fold toe	010	59	61	2	3%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11770	Remove pilonidal cyst simple	010	71	73	2	3%	2.66	2.88	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
11771	Remove pilonidal cyst exten	090	236	250.5	14.5	6%	6.09	7.44	1.35	22%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
11772	Remove pilonidal cyst compl	090	269	284.5	15.5	6%	7.35	8.81	1.46	20%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
11960	Insert tissue expander(s)	090	357	408	51	14%	11.49	14.13	2.64	23%	0	0	0	1	7	0	0	0	0	0	0.5	0	0	0

11970	Rplcmt tiss xpndr perm implt	090	216	227	11	5%	7.49	8.37	0.88	12%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
11971	Rmvl tis xpndr wo insj implt	090	215	228	13	6%	7.02	8.12	1.10	16%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
12020	Closure of split wound	010	64	66	2	3%	2.67	2.89	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12021	Closure of split wound	010	51	53	2	4%	1.89	2.11	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12031	Intmd rpr s/a/t/ext 2.5 cm/<	010	56	58	2	4%	2.00	2.22	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12032	Intmd rpr s/a/t/ext 2.6-7.5	010	68	70	2	3%	2.52	2.74	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12034	Intmd rpr s/tr/ext 7.6-12.5	010	85	87	2	2%	2.97	3.19	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12035	Intmd rpr s/a/t/ext 12.6-20	010	124	126	2	2%	3.50	3.83	0.33	9%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
12036	Intmd rpr s/a/t/ext 20.1-30	010	138	140	2	1%	4.23	4.56	0.33	8%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
12037	Intmd rpr s/tr/ext >30.0 cm	010	158	160	2	1%	5.00	5.33	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
12041	Intmd rpr n-hf/genit 2.5cm/<	010	59	61	2	3%	2.10	2.32	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12042	Intmd rpr n-hf/genit2.6-7.5	010	69	71	2	3%	2.79	3.01	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12044	Intmd rpr n-hf/genit7.6-12.5	010	85	87	2	2%	3.19	3.41	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12045	Intmd rpr n-hf/genit12.6-20	010	146	155	9	6%	3.75	4.41	0.66	18%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
12046	Intmd rpr n-hf/genit20.1-30	010	164	173	9	5%	4.30	4.96	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
12047	Intmd rpr n-hf/genit >30.0cm	010	185	194	9	5%	4.95	5.61	0.66	13%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
12051	Intmd rpr face/mm 2.5 cm/<	010	58	60	2	3%	2.33	2.55	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12052	Intmd rpr face/mm 2.6-5.0 cm	010	70	72	2	3%	2.87	3.09	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12053	Intmd rpr face/mm 5.1-7.5 cm	010	80	82	2	2%	3.17	3.39	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12054	Intmd rpr face/mm 7.6-12.5cm	010	96	98	2	2%	3.50	3.72	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
12055	Intmd rpr face/mm 12.6-20 cm	010	152	161	9	6%	4.50	5.16	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
12056	Intmd rpr face/mm 20.1-30.0	010	162	171	9	6%	5.30	5.96	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
12057	Intmd rpr face/mm >30.0 cm	010	184	193	9	5%	6.00	6.66	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
13100	Cmplx rpr trunk 1.1-2.5 cm	010	69	71	2	3%	3.00	3.22	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13101	Cmplx rpr trunk 2.6-7.5 cm	010	82	84	2	2%	3.50	3.72	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13120	Cmplx rpr s/a/l 1.1-2.5 cm	010	74	76	2	3%	3.23	3.45	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13121	Cmplx rpr s/a/l 2.6-7.5 cm	010	85	87	2	2%	4.00	4.22	0.22	5%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13131	Cmplx rpr f/c/c/m/n/ax/g/h/f	010	92	94	2	2%	3.73	3.95	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13132	Cmplx rpr f/c/c/m/n/ax/g/h/f	010	97	99	2	2%	4.78	5.00	0.22	5%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13151	Cmplx rpr e/n/e/l 1.1-2.5 cm	010	95	97	2	2%	4.34	4.56	0.22	5%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13152	Cmplx rpr e/n/e/l 2.6-7.5 cm	010	100	102	2	2%	5.34	5.56	0.22	4%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
13160	Late closure of wound	090	363	403.5	40.5	11%	12.04	14.18	2.14	18%	0	0	0	0	4	0	0	2.5	0	0	1	0	0	0
14000	Tis trnfr trunk 10 sq cm/<	090	191.5	216	24.5	13%	6.37	7.53	1.16	18%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
14001	Tis trnfr trunk 10.1-30sqcm	090	291	319	28	10%	8.78	10.21	1.43	16%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
14020	Tis trnfr s/a/l 10 sq cm/<	090	223	251	28	13%	7.22	8.54	1.32	18%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
14021	Tis trnfr s/a/l 10.1-30 sqcm	090	288	316	28	10%	9.72	11.04	1.32	14%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
14040	Tis trnfr f/c/c/m/n/a/g/h/f	090	223	241	18	8%	8.60	9.70	1.10	13%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
14041	Tis trnfr f/c/c/m/n/a/g/h/f	090	303	331	28	9%	10.83	12.15	1.32	12%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
14060	Tis trnfr e/n/e/l 10 sq cm/<	090	183	201	18	10%	9.23	10.33	1.10	12%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
14061	Tis trnfr e/n/e/l10.1-30sqcm	090	341.5	373	31.5	9%	11.48	12.97	1.49	13%	0	0	0	0	4.5	0	0	0	0	0	0	0	0	0
14301	Tis trnfr any 30.1-60 sq cm	090	287	310	23	8%	12.65	13.97	1.32	10%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
14350	Filleted finger/toe flap	090	318.5	350	31.5	10%	11.05	12.65	1.60	14%	0	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0
15050	Skin pinch graft	090	190	218	28	15%	5.57	6.89	1.32	24%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
15100	Skin splnt grft trnk/arm/leg	090	281	304	23	8%	9.90	11.46	1.56	16%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
15110	Epidrm autogrtf trnk/arm/leg	090	306	296	-10	-3%	10.97	12.43	1.46	13%	0	0	0	3	0	0	0	0	4	0	0	0	0	0
15115	Epidrm a-grft face/nck/hf/g	090	356	346	-10	-3%	11.28	12.96	1.68	15%	0	0	0	3	0	0	0	0	4	0	1	0	0	0
15120	Skn splnt a-grft fac/nck/hf/g	090	258	274	16	6%	10.15	11.14	0.99	10%	0	0	0	1	2	0	0	0	0	0.5	0	0	0	0
15130	Derm autograft trnk/arm/leg	090	215	219	4	2%	7.53	8.83	1.30	17%	0	0	0	4	0	0	0	0	1	0	1	0	0	0
15135	Derm autograft face/nck/hf/g	090	223	227	4	2%	11.03	12.33	1.30	12%	0	0	0	4	0	0	0	0	1	0	1	0	0	0
15150	Cult skin grft t/arm/leg	090	326	320	-6	-2%	9.39	10.87	1.48	16%	0	0	0	3	0	0	0	0	3	0	1	0	0	0
15155	Cult skin graft f/n/hf/g	090	336	330	-6	-2%	10.14	11.62	1.48	15%	0	0	0	3	0	0	0	0	3	0	1	0	0	0
15200	Skin full graft trunk	090	287.5	312	24.5	9%	9.15	10.53	1.38	15%	0	0	0	0	3.5	0	0	0	0	0	1	0	0	0
15220	Skin full graft scip/arm/leg	090	250	259	9	4%	8.09	9.19	1.10	14%	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0	0
15240	Skin full grft face/genit/hf	090	288	320	32	11%	10.41	12.28	1.87	18%	0	0	0	2	4	0	0	0	0	0.5	0	0	0	0
15260	Skin full graft een & lips	090	273	308	35	13%	11.64	13.29	1.65	14%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
15570	Skin pedicle flap trunk	090	363	393	30	8%	10.21	11.97	1.76	17%	-2	0	0	1	2	1	0	1	0	0	1	0	0	0
15572	Skin pedicle flap arms/legs	090	297	320	23	8%	10.12	11.44	1.32	13%	0	0	0	1	3	0	0	0	0	0.5	0	0	0	0
15574	Pedicle fh/ch/ch/m/n/ax/g/h/f	090	314	337	23	7%	10.70	12.02	1.32	12%	0	0	0	1	3	0	0	0	0	0.5	0	0	0	0
15576	Pedicle e/n/e/l/ntroral	090	271	287	16	6%	9.37	10.36	0.99	11%	0	0	0	1	2	0	0	0	0	0.5	0	0	0	0
15600	Delay flap trunk	090	179	183	4	2%	2.01	2.56	0.55	27%	0	0	0	2	0	0	0	0	0	0.5	0	0	0	0
15610	Delay flap arms/legs	090	179	183	4	2%	2.52	3.07	0.55	22%	0	0	0	2	0	0	0	0	0	0.5	0	0	0	0
15620	Delay flap f/c/c/n/ax/g/h/f	090	175.5	193	17.5	10%	3.75	4.58	0.83	22%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
15630	Delay flap eye/nos/ear/lip	090	181.5	199	17.5	10%	4.08	4.91	0.83	20%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
15650	Transfer skin pedicle flap	090	221.5	239	17.5	8%	4.77	5.71	0.94	20%	0	0	0	0	2.5	0	0	0	0	0.5	0	0	0	0
15730	Mdfc flap w/prsrvc vasc pedcl	090	255.5	268.5	13	5%	13.50	14.60	1.10	8%	0	0	0	3	1	0	0	0	0	0.5	0	0	0	0
15731	Forehead flap w/vasc pedicle	090	369	401	32	9%	14.38	16.12	1.74	12%	-2	0	0	1	3	1	0							

15757	Free skin flap microvasc	090	829	880	51	6%	37.15	40.57	3.42	9%	-2	0	1	3	2	0	0	7	1	0	1	0	0	0
15758	Free fascial flap microvasc	090	809	855	46	6%	36.90	40.08	3.18	9%	-2	0	1	3	2	0	0	6	1	0	1	0	0	0
15760	Composite skin graft	090	278.5	303	24.5	9%	9.86	11.13	1.27	13%	0	0	0	0	3.5	0	0	0	0	0	0.5	0	0	0
15769	Grfg autol soft tiss dir exc	090	191	202	11	6%	6.68	7.67	0.99	15%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
15770	Derma-fat-fascia graft	090	302.5	334	31.5	10%	8.96	10.56	1.60	18%	0	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0
15771	Grfg autol fat lipo 50 cc/<	090	181	192	11	6%	6.73	7.50	0.77	11%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
15773	Grfg autol fat lipo 25 cc/<	090	180	191	11	6%	6.83	7.60	0.77	11%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
15780	Dermabrasion total face	090	244.5	276	31.5	13%	8.73	10.33	1.60	18%	0	0	0	0	4.5	0	0	0	0	0	0.5	0	0	0
15781	Dermabrasion segmental face	090	144	151	7	5%	5.02	5.79	0.77	15%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
15782	Dermabrasion other than face	090	123	128	5	4%	4.44	4.99	0.55	12%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
15783	Dermabrasion suprfl any site	090	117	122	5	4%	4.41	4.96	0.55	12%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
15786	Abrasion lesion single	010	53	55	2	4%	2.08	2.30	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
15793	Chemical peel nonfacial	090	175	184	9	5%	3.96	4.95	0.99	25%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
15819	Plastic surgery neck	090	316	344	28	9%	10.65	12.08	1.43	13%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
15820	Revision of lower eyelid	090	178.5	203	24.5	14%	6.27	7.43	1.16	18%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
15821	Revision of lower eyelid	090	191.5	216	24.5	13%	6.84	8.00	1.16	17%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
15822	Revision of upper eyelid	090	151	158	7	5%	4.62	5.39	0.77	17%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
15823	Revision of upper eyelid	090	161	174	13	8%	6.81	7.91	1.10	16%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
15830	Exc skin abd	090	429	455	26	6%	17.11	19.20	2.09	12%	0	0	0	2	3	0	0	1	1	0	1	0	0	0
15832	Excise excessive skin thigh	090	364	392	28	8%	12.85	14.39	1.54	12%	0	0	0	0	4	2	0	0	0	0	1	0	0	0
15833	Excise excessive skin leg	090	342	370	28	8%	11.90	13.44	1.54	13%	0	0	0	0	4	0	0	0	0	0	1	0	0	0
15834	Excise excessive skin hip	090	352	382.5	30.5	9%	12.17	13.83	1.66	14%	0	0	0	0	4	0	0	0.5	0	0	1	0	0	0
15835	Excise excessive skin buttck	090	344	374.5	30.5	9%	12.99	14.65	1.66	13%	0	0	0	0	4	0	0	0.5	0	0	1	0	0	0
15836	Excise excessive skin arm	090	302	330	28	9%	10.61	12.04	1.43	13%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
15837	Excise excess skin arm/hand	090	239.5	264	24.5	10%	9.55	10.71	1.16	12%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
15838	Excise excess skin fat pad	090	205.5	230	24.5	12%	8.25	9.41	1.16	14%	0	0	0	0	3.5	0	0	0	0	0	0	0	0	0
15839	Excise excess skin & tissue	090	274.5	299	24.5	9%	10.50	11.77	1.27	12%	0	0	0	0	3.5	0	0	0	0	0	0.5	0	0	0
15840	Nerve palsy fascial graft	090	443.5	487.5	44	10%	14.99	17.30	2.31	15%	0	0	0	0	4.5	0	0	2.5	0	0	1	0	0	0
15841	Nerve palsy muscle graft	090	769	846	77	10%	25.99	29.87	3.88	15%	0	0	0	0	6	0	0	7	0	0	1	0	0	0
15842	Nerve palsy microsurg graft	090	963.5	1051.5	88	9%	41.01	45.42	4.41	11%	0	0	0	0	6.5	0	0	8.5	0	0	1	0	0	0
15845	Skin and muscle repair face	090	460.5	499	38.5	8%	14.32	16.36	2.04	14%	0	0	0	0	5.5	0	0	0	0	0	1	0	0	0
15920	Removal of tail bone ulcer	090	294	308	14	5%	8.29	9.74	1.45	17%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
15922	Removal of tail bone ulcer	090	354	374	20	6%	10.38	12.18	1.80	17%	0	0	0	5	0	0	0	2	0	0	1	0	0	0
15931	Remove sacrum pressure sore	090	334	368.5	34.5	10%	10.07	12.38	2.31	23%	0	0	0	3.5	0	0	0	5.5	0	0	1	0	0	0
15933	Remove sacrum pressure sore	090	403	441.5	38.5	10%	11.77	14.52	2.75	23%	0	0	0	5.5	0	0	0	5.5	0	0	1	0	0	0
15934	Remove sacrum pressure sore	090	441	482.5	41.5	9%	13.68	16.45	2.77	20%	0	0	0	4.5	0	0	0	6.5	0	0	1	0	0	0
15935	Remove sacrum pressure sore	090	524	574.5	50.5	10%	15.78	19.23	3.45	22%	0	0	0	6.5	0	0	0	7.5	0	0	1	0	0	0
15936	Remove sacrum pressure sore	090	399	432	33	8%	13.16	15.46	2.30	17%	0	0	0	4	0	0	0	5	0	0	1	0	0	0
15937	Remove sacrum pressure sore	090	466	505	39	8%	15.14	17.79	2.65	18%	0	0	0	4.5	0	0	0	6	0	0	1	0	0	0
15940	Remove hip pressure sore	090	340	376	36	11%	10.20	12.52	2.32	23%	0	0	0	3	0	0	0	6	0	0	1	0	0	0
15941	Remove hip pressure sore	090	418	459	41	10%	12.41	15.28	2.87	23%	0	0	0	5.5	0	0	0	6	0	0	1	0	0	0
15944	Remove hip pressure sore	090	441	482	41	9%	12.44	15.31	2.87	23%	0	0	0	5.5	0	0	0	6	0	0	1	0	0	0
15945	Remove hip pressure sore	090	473	517.5	44.5	9%	13.75	16.85	3.10	23%	0	0	0	6	0	0	0	6.5	0	0	1	0	0	0
15946	Remove hip pressure sore	090	650	723.5	73.5	11%	24.12	27.82	3.70	15%	-8	0	0	0	0	4	0	7.5	0	0	1	0	0	0
15950	Remove thigh pressure sore	090	282	302.5	20.5	7%	8.03	9.73	1.70	21%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
15951	Remove thigh pressure sore	090	389	425	36	9%	11.58	14.21	2.63	23%	0	0	0	5.5	0	0	0	5	0	0	1	0	0	0
15952	Remove thigh pressure sore	090	430	468.5	38.5	9%	12.31	15.06	2.75	22%	0	0	0	5.5	0	0	0	5.5	0	0	1	0	0	0
15953	Remove thigh pressure sore	090	454	493.5	39.5	9%	13.57	16.43	2.86	21%	0	0	0	6	0	0	0	5.5	0	0	1	0	0	0
15956	Remove thigh pressure sore	090	568	621	53	9%	16.79	20.36	3.57	21%	0	0	0	6.5	0	0	0	8	0	0	1	0	0	0
15958	Remove thigh pressure sore	090	572	625	53	9%	16.75	20.32	3.57	21%	0	0	0	6.5	0	0	0	8	0	0	1	0	0	0
17000	Destruct premalg lesion	010	23	25	2	9%	0.61	0.83	0.22	36%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17004	Destroy premal lesions 15/>	010	35	37	2	6%	1.37	1.59	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17106	Destruction of skin lesions	090	86	95	9	10%	3.69	4.24	0.55	15%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
17107	Destruction of skin lesions	090	112	123	11	10%	4.79	5.56	0.77	16%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
17108	Destruction of skin lesions	090	148	161	13	9%	7.49	8.48	0.99	13%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
17110	Destruct b9 lesion 1-14	010	29	31	2	7%	0.70	0.92	0.22	31%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17111	Destruct lesion 15 or more	010	31	33	2	6%	0.97	1.19	0.22	23%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17260	Destruction of skin lesions	010	46	48	2	4%	0.96	1.18	0.22	23%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17261	Destruction of skin lesions	010	47	49	2	4%	1.22	1.44	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17262	Destruction of skin lesions	010	50	52	2	4%	1.63	1.85	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17263	Destruction of skin lesions	010	56	58	2	4%	1.84	2.06	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17264	Destruction of skin lesions	010	64	66	2	3%	1.99	2.21	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17266	Destruction of skin lesions	010	67	69	2	3%	2.39	2.61	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17270	Destruction of skin lesions	010	45	47	2	4%	1.37	1.59	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17271	Destruction of skin lesions	010	49	51	2	4%	1.54	1.76	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17272	Destruction of skin lesions	010	52	54	2	4%	1.82	2.04	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17273	Destruction of skin lesions	010	56	58	2	4%	2.10	2.32	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
17274	Destruction of skin lesions	010	62	64	2	3%	2.																	

20910	Remove cartilage for graft	090	227	235	8	4%	5.53	6.52	0.99	18%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0	
20912	Remove cartilage for graft	090	256	264	8	3%	6.54	7.53	0.99	15%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0	
20920	Removal of fascia for graft	090	195	203.5	8.5	4%	5.51	6.51	1.00	18%	0	0	0	3	0	0	0	0	0.5	0	0	0	0		
20922	Removal of fascia for graft	090	224	237.5	13.5	6%	6.93	8.17	1.24	18%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0	
20924	Removal of tendon for graft	090	194	202.5	8.5	4%	6.68	7.68	1.00	15%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0	
20955	Fibula bone graft microvasc	090	957	1014	57	6%	40.26	43.57	3.31	8%	0	0	0	3	3	0	0	6	0	0	1	0	1	0	
20956	Iliac bone graft microvasc	090	894	963	69	8%	41.18	45.32	4.14	10%	0	0	0	5	2	0	0	9	0	0	1	0	0	0	
20957	Mt bone graft microvasc	090	930	1001	71	8%	42.61	46.97	4.36	10%	0	0	0	6	2	0	0	9	0	0	1	0	0	0	
20969	Bone/skin graft microvasc	090	1048	1124	76	7%	45.43	49.51	4.08	9%	-4	0	0	2	2	2	0	8	0	0	1	0	0	0	
20970	Bone/skin graft iliac crest	090	988	1064	76	8%	44.58	48.66	4.08	9%	-4	0	0	2	2	2	0	8	0	0	1	0	0	0	
20972	Bone/skin graft metatarsal	090	898	959	61	7%	44.51	47.87	3.36	8%	-4	0	0	2	2	2	0	5	0	0	1	0	0	0	
20973	Bone/skin graft great toe	090	988	1049	61	6%	47.27	50.63	3.36	7%	-4	0	0	2	2	2	0	5	0	0	1	0	0	0	
21010	Incision of jaw joint	090	337	351	14	4%	11.04	12.69	1.65	15%	0	0	0	3	1	0	0	1	1	0	1	0	0	0	
21011	Exc face les sc <2 cm	090	107	116	9	8%	2.99	3.54	0.55	18%	0	0	0	1	1	0	0	0	0	0	0	0	0	0	
21012	Exc face les sbq 2 cm/>	090	148	157	9	6%	4.45	5.11	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0	
21013	Exc face tum deep < 2 cm	090	174	183	9	5%	5.42	6.08	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0	
21014	Exc face tum deep 2 cm/>	090	217	233	16	7%	7.13	8.12	0.99	14%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0	
21015	Resect face/scalp tum < 2 cm	090	277	300	23	8%	9.89	11.21	1.32	13%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0	
21016	Resect face/scalp tum 2 cm/>	090	398	424	26	7%	15.26	17.22	1.96	13%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0	
21025	Excision of bone lower jaw	090	283	301	18	6%	10.03	11.13	1.10	11%	0	0	0	2	2	0	0	0	0	0	0	0	0	0	
21026	Excision of facial bone(s)	090	261	284	23	9%	5.70	7.26	1.56	27%	0	0	0	2	2	0	0	1	0	0	1	0	0	0	
21029	Contour of face bone lesion	090	196	212	16	8%	8.39	9.38	0.99	12%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0	
21030	Excise max/zygoma b9 tumor	090	133	144	11	8%	4.91	5.68	0.77	16%	0	0	0	2	1	0	0	0	0	0	0	0	0	0	
21031	Remove exostosis mandible	090	93	95	2	2%	3.30	3.52	0.22	7%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0	
21032	Remove exostosis maxilla	090	125	129	4	3%	3.34	3.78	0.44	13%	0	0	0	2	0	0	0	0	0	0	0	0	0	0	
21034	Excise max/zygoma mal tumor	090	365	395	30	8%	17.38	19.14	1.76	10%	-2	0	0	1	2	1	0	1	0	0	1	0	0	0	
21040	Excise mandible lesion	090	137	148	11	8%	4.91	5.68	0.77	16%	0	0	0	2	1	0	0	0	0	0	0	0	0	0	
21044	Removal of jaw bone lesion	090	325	350	25	8%	12.80	14.45	1.65	13%	-2	0	0	2	1	1	0	1	0	0	1	0	0	0	
21045	Extensive jaw surgery	090	599	629	30	5%	18.37	21.19	2.82	15%	-2	0	0	2	2	1	0	2	1	1	1	0	0	0	
21046	Remove mandible cyst complex	090	400	432	32	8%	14.21	16.32	2.11	15%	0	0	0	3	3	0	0	1	0	0	1	0	0	0	
21047	Excise lwr jaw cyst w/repair	090	565	602	37	7%	20.07	22.42	2.35	12%	0	0	0	3	3	0	0	2	0	0	1	0	0	0	
21048	Remove maxilla cyst complex	090	400	432	32	8%	14.71	16.82	2.11	14%	0	0	0	3	3	0	0	1	0	0	1	0	0	0	
21049	Excis uppr jaw cyst w/repair	090	550	587	37	7%	19.32	21.67	2.35	12%	0	0	0	3	3	0	0	2	0	0	1	0	0	0	
21050	Removal of jaw joint	090	377	404	27	7%	11.76	13.63	1.87	16%	-2	0	0	3	1	1	0	1	0	0	1	0	0	0	
21060	Remove jaw joint cartilage	090	334	357	23	7%	11.07	12.63	1.56	14%	0	0	0	2	2	0	0	1	0	0	1	0	0	0	
21070	Remove coronoid process	090	246	257	11	4%	8.62	9.50	0.88	20%	-2	0	1	2	1	0	0	0	0	0	0.5	0	0	0	
21073	Mnpj of tmj w/anesth	090	134	142	8	6%	3.45	4.33	0.88	26%	0	0	0	4	0	0	0	0	0	0	0	0	0	0	
21100	Maxillofacial fixation	090	232	247	15	6%	4.73	6.05	1.32	28%	0	0	0	4	1	0	0	0	0	0	0.5	0	0	0	
21110	Interdental fixation	090	239	259	20	8%	5.99	7.31	1.32	22%	0	0	0	3	2	0	0	0	0	0	0	0	0	0	
21120	Reconstruction of chin	090	184	191	7	4%	5.10	5.87	0.77	15%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0	
21121	Reconstruction of chin	090	193	200	7	4%	7.81	8.58	0.77	10%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0	
21122	Reconstruction of chin	090	247	255	8	3%	8.71	9.70	0.99	11%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0	
21123	Reconstruction of chin	090	297	305	8	3%	11.34	12.44	1.10	10%	0	0	0	4	0	0	0	0	0	0	1	0	0	0	
21125	Augmentation lower jaw bone	090	297	305	8	3%	10.80	11.90	1.10	10%	0	0	0	4	0	0	0	0	0	0	1	0	0	0	
21127	Augmentation lower jaw bone	090	358	388.5	30.5	9%	12.44	14.10	1.66	13%	0	0	0	4	4	0	0.5	0	0	0	1	0	0	0	
21137	Reduction of forehead	090	310	321	11	4%	10.24	11.23	0.99	10%	-2	0	1	2	1	0	0	0	0	0	1	0	0	0	
21138	Reduction of forehead	090	400	416	16	4%	12.87	13.97	1.10	9%	-2	0	1	1	2	0	0	0	0	0	1	0	0	0	
21139	Reduction of forehead	090	466	482	16	3%	15.02	16.25	1.23	8%	-2	0	1	2	1	0	0	1	0	0	1	0	0	0	
21141	Lefort i-1 piece w/o graft	090	474	515	41	9%	19.57	22.23	2.66	14%	-2	0	0	4	2	1	0	2	0	0	1	0	0	0	
21142	Lefort i-2 piece w/o graft	090	485	526	41	8%	20.28	22.94	2.66	13%	-2	0	0	4	2	1	0	2	0	0	1	0	0	0	
21143	Lefort i-3/> piece w/o graft	090	497	538	41	8%	21.05	23.71	2.66	13%	-2	0	0	4	2	1	0	2	0	0	1	0	0	0	
21145	Lefort i-1 piece w/ graft	090	515	564.5	49.5	10%	23.94	26.50	2.56	11%	0	0	0	0	6	0	0	1.5	0	0	1	0	0	0	
21146	Lefort i-2 piece w/ graft	090	567.5	623	55.5	10%	24.87	27.72	2.85	11%	0	0	0	0	6.5	0	0	2	0	0	1	0	0	0	
21147	Lefort i-3/> piece w/ graft	090	707.5	765.5	58	8%	26.47	29.44	2.97	11%	0	0	0	0	6.5	0	0	2.5	0	0	1	0	1.5	0	
21150	Lefort ii anterior intrusion	090	623	646	23	4%	25.96	27.52	1.56	6%	-4	0	2	2	2	0	0	1	0	0	1	0	1	0	
21151	Lefort ii w/bone grafts	090	686	714	28	4%	29.02	30.82	1.80	6%	-4	0	2	2	2	0	0	2	0	0	1	0	1	0	
21154	Lefort iii w/o lefort i	090	853	891.5	38.5	5%	31.29	33.57	2.28	7%	-5	0	2	2	1	0	1	2.5	0	0	1	0	1.5	0	
21155	Lefort iii w/ lefort i	090	939	975	36	4%	35.22	37.38	2.16	6%	-5	0	2	2	1	0	1	2	0	0	1	0	2	0	
21159	Lefort iii w/fhdw/o lefort i	090	986	1027	41	4%	43.14	45.54	2.40	6%	-5	0	2	2	1	0	1	3	0	0	1	0	2	0	
21160	Lefort iii w/fhd w/ lefort i	090	1121	1137	16	1%	47.19	49.37	2.18	5%	-5	0	2	2	1	0	1	0	2.5	0	1	0	2.5	0	
21172	Reconstruct orbit/forehead	090	641	646	5	1%	28.20	29.49	1.29	5%	-4	0	2	2	1	0	0	1.5	0	0	1	0	1.5	0	
21175	Reconstruct orbit/forehead	090	731	738	7	1%	33.56	34.75	1.19	4%	-4	0	2	2	1	0	0	0	1	0	0	1	0	2	0
21179	Reconstruct entire forehead	090	590	601	11	2%	22.65	23.64	0.99	4%	-2	0	1	2	1	0	0	0	0	0	1	0	2	0	
21180	Reconstruct entire forehead	090	670	681	11	2%	25.58	26.57	0.99	4%	-2	0	1	2	1	0	0	0	0	0	1	0	2	0	
21181	Contour cranial bone lesion	090	396	410	14	4%	10.28	11.29	1.01	10%	-4	0	2	1	1	0	0	1	0	0	1	0	0	0	
21182	Reconstruct cranial bone	090	801	808	7	1%	32.58	33.77	1.19	4%	-4	0	2	2	1	0	0	0	1	0	0	1	0	2	0
21183	Reconstruct cranial bone	090	891	894	3	0%	35.70	37.09	1.39	4%	-4	0	2	2	1	0	0	0	2	0	0	1	0	2	0
21184	Reconstruct cranial																								

21198	Reconstr lwr jaw segment	090	359.5	396	36.5	10%	15.71	17.66	1.95	12%	0	0	0	0	4.5	0	0	1	0	0	1	0	0	0
21199	Reconstr lwr jaw w/advance	090	283	290	7	2%	16.73	17.92	1.19	7%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
21206	Reconstruct upper jaw bone	090	361.5	395.5	34	9%	15.59	17.42	1.83	12%	0	0	0	0	4.5	0	0	0.5	0	0	0	1	0	0
21208	Augmentation of facial bones	090	320	349	29	9%	11.42	13.27	1.85	16%	-2	0	0	3	2	1	0	0	0	0	0.5	0	0	0
21209	Reduction of facial bones	090	270	297	27	10%	7.82	9.58	1.76	23%	0	0	0	3	3	0	0	0	0	0	0.5	0	0	0
21210	Face bone graft	090	318	352	34	11%	11.69	13.54	1.85	16%	-2	0	0	2	3	1	0	0	0	0	0	0	0	0
21215	Lower jaw bone graft	090	334	368	34	10%	12.23	14.08	1.85	15%	-2	0	0	2	3	1	0	0	0	0	0	0	0	0
21230	Rib cartilage graft	090	342	353	11	3%	11.17	12.16	0.99	9%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21235	Ear cartilage graft	090	265	285	20	8%	7.50	8.93	1.43	19%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
21240	Reconstruction of jaw joint	090	425	472	47	11%	16.07	18.51	2.44	15%	0	0	0	0	6	0	0	1	0	0	1	0	0	0
21242	Reconstruction of jaw joint	090	402	432	30	7%	14.59	16.99	2.40	16%	-2	0	0	3	2	1	0	1	1	0	1	0	0	0
21243	Reconstruction of jaw joint	090	751	827	76	10%	24.53	28.73	4.20	17%	0	0	0	0	10	0	0	2	1	0	1	0	0	0
21244	Reconstruction of lower jaw	090	387	422	35	9%	13.62	16.26	2.64	19%	-2	0	0	3	2	1	0	2	1	0	1	0	0	0
21245	Reconstruction of jaw	090	376	408	32	9%	13.12	15.10	1.98	15%	-2	0	0	2	2	1	0	1	0	0	1	0	0	0
21246	Reconstruction of jaw	090	369	382	13	4%	12.92	14.13	1.21	9%	0	0	0	3	1	0	0	0	0	0	1	0	0	0
21247	Reconstruct lower jaw bone	090	544	590	46	8%	24.37	27.14	2.77	11%	-2	0	0	3	3	1	0	2	0	0	1	0	0	0
21248	Reconstruction of jaw	090	223	251	28	13%	12.74	14.06	1.32	10%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
21249	Reconstruction of jaw	090	295	323	28	9%	18.77	20.09	1.32	7%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
21255	Reconstruct lower jaw bone	090	457	503	46	10%	18.46	21.23	2.77	15%	-2	0	0	3	3	1	0	2	0	0	1	0	0	0
21256	Reconstruction of orbit	090	444	467	23	5%	17.66	19.38	1.72	10%	-2	0	0	2	2	1	0	0	1	0	0	0	0	0
21260	Revise eye sockets	090	426	436	10	2%	17.90	19.62	1.72	10%	0	0	0	2	2	0	0	0	2	0	1	0	0	0
21261	Revise eye sockets	090	674	697	23	3%	34.07	36.94	2.87	8%	-2	0	0	2	3	1	0	0	2	1	1	0	0	0
21263	Revise eye sockets	090	639	662	23	4%	31.01	33.88	2.87	9%	-2	0	0	2	3	1	0	0	2	1	1	0	0	0
21267	Revise eye sockets	090	476	495	19	4%	20.69	22.83	2.14	10%	-2	0	0	2	2	1	0	0	2	0	1	0	0	0
21268	Revise eye sockets	090	614	637	23	4%	27.07	29.94	2.87	11%	-2	0	0	2	3	1	0	0	2	1	1	0	0	0
21270	Augmentation cheek bone	090	362	373	11	3%	10.63	11.40	0.77	7%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
21275	Revision orbitofacial bones	090	360	376	16	4%	11.76	12.99	1.23	10%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
21280	Revision of eyelid	090	251	276	25	10%	7.13	8.43	1.30	18%	-2	0	0	1	2	1	0	0	0	0	0	0	0	0
21282	Revision of eyelid	090	209	227	18	9%	4.27	5.24	0.97	23%	-2	0	0	1	1	1	0	0	0	0	0	0	0	0
21295	Revision of jaw muscle/bone	090	101	110	9	9%	1.90	2.45	0.55	29%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
21296	Revision of jaw muscle/bone	090	219	235	16	7%	4.78	6.01	1.23	26%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
21325	Open tx nose fx uncomplicatd	090	217	228	11	5%	4.18	5.17	0.99	24%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21330	Open tx nose fx w/skele fixj	090	251	262	11	4%	5.79	6.78	0.99	17%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21335	Open tx nose & septal fx	090	293	304	11	4%	9.02	10.01	0.99	11%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21336	Open tx septal fx w/wo stabj	090	243	268	25	10%	6.77	8.20	1.43	21%	0	0	0	2	3	0	0	0	0	0	0	0	0	0
21337	Closed tx septal&nose fx	090	154	170	16	10%	3.39	4.27	0.88	26%	0	0	0	1	2	0	0	0	0	0	0	0	0	0
21338	Open nasoethmoid fx w/o fixj	090	291	302	11	4%	6.87	7.86	0.99	14%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21339	Open nasoethmoid fx w/ fixj	090	315	326	11	3%	8.50	9.49	0.99	12%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21340	Perq tx nasoethmoid fx	090	347	365	18	5%	11.49	12.81	1.32	11%	0	0	0	2	2	0	0	0	0	0	1	0	0	0
21343	Open tx dprsd front sinus fx	090	389	410	21	5%	14.32	16.17	1.85	13%	0	0	0	2	3	0	0	0	1	0	1	0	0	0
21344	Open tx compl front sinus fx	090	519	537	18	3%	21.57	23.82	2.25	10%	0	0	0	2	3	0	0	0	1	1	1	0	0	0
21345	Closed tx nose/jaw fx	090	312	337	25	8%	9.06	10.84	1.78	20%	0	0	0	3	2	0	0	1	0	0	1	0	0	0
21346	Opn tx nasomax fx w/fixj	090	352	375	23	7%	11.45	13.01	1.56	14%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21347	Opn tx nasomax fx multiple	090	393	416	23	6%	13.53	15.09	1.56	12%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21348	Opn tx nasomax fx w/graft	090	452	475	23	5%	17.52	19.08	1.56	9%	0	0	0	2	2	0	0	1	0	0	0	0	0	0
21355	Perq tx malar fracture	010	176	192	16	9%	4.45	5.33	0.88	20%	0	0	0	1	2	0	0	0	0	0	0	0	0	0
21356	Opn tx dprsd zygomatic arch	010	185	201	16	9%	4.83	5.71	0.88	18%	0	0	0	1	2	0	0	0	0	0	0	0	0	0
21360	Opn tx dprsd malar fracture	090	273	291	18	7%	7.19	8.29	1.10	15%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
21365	Opn tx compl malar fx	090	432	477	45	10%	16.77	19.12	2.35	14%	0	0	0	0	5	0	0	2	0	0	1	0	0	0
21366	Opn tx compl malar w/grft	090	467	490	23	5%	18.60	20.16	1.56	8%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21385	Opn tx orbit fx transantral	090	324	335	11	3%	9.57	10.56	0.99	10%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21386	Opn tx orbit fx periorbital	090	320	331	11	3%	9.57	10.56	0.99	10%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21387	Opn tx orbit fx combined	090	335	346	11	3%	10.11	11.10	0.99	10%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21390	Opn tx orbit periorbtl implt	090	346	360	14	4%	11.23	12.40	1.17	10%	-2	0	0	1	1	1	0	0	1	0	0	0	0	0
21395	Opn tx orbit periorbt w/grft	090	347	357	10	3%	14.70	15.91	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
21400	Closed tx orbit w/o manipulj	090	102	106	4	4%	1.50	1.94	0.44	29%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
21401	Closed tx orbit w/manipulj	090	204	215	11	5%	3.68	4.67	0.99	27%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21406	Opn tx orbit fx w/o implant	090	284	295	11	4%	7.42	8.41	0.99	13%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21407	Opn tx orbit fx w/implant	090	316	327	11	3%	9.02	10.01	0.99	11%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21408	Opn tx orbit fx w/bone grft	090	385	396	11	3%	12.78	13.77	0.99	8%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21421	Treat mouth roof fracture	090	256	278	22	9%	6.02	7.54	1.52	25%	-2	0	0	3	1	1	0	0	0	0	0.5	0	0	0
21422	Treat mouth roof fracture	090	319	330	11	3%	8.73	9.72	0.99	11%	0	0	0	2	1	0	0	0	0	0	1	0	0	0
21423	Treat mouth roof fracture	090	359	372	13	4%	10.85	12.06	1.21	11%	0	0	0	3	1	0	0	0	0	0	1	0	0	0
21431	Treat craniofacial fracture	090	295	318	23	8%	7.90	9.46	1.56	20%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
21432	Treat craniofacial fracture	090	330	339	9	3%	8.82	9.72	0.90	10%	0	0	0	2	0	0	0	1	0	0	1	0	0	0
21433	Treat craniofacial fracture	090	592	620	28	5%	26.29	28.09	1.80	7%	0	0	0	2	2	0	0	2	0	0	1	0	0	0
21435	Treat craniofacial fracture	090	1001	1024	23	2%	20.26	23.68	3.42	17%	-2	0	0	2	2	1	0	2	2	2	1	0	0	0
21436	Treat craniofacial fracture	090	644	671	27	4%	30.30	32.97	2.67															

21453	Treat lower jaw fracture	090	261	288	27	10%	6.64	8.40	1.76	27%	0	0	0	3	3	0	0	0	0	0	0.5	0	0	0
21454	Treat lower jaw fracture	090	288	313	25	9%	7.36	9.14	1.78	24%	0	0	0	3	2	0	0	1	0	0	1	0	0	0
21461	Treat lower jaw fracture	090	318	350	32	10%	9.31	11.42	2.11	23%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
21462	Treat lower jaw fracture	090	342	374	32	9%	11.01	13.12	2.11	19%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
21465	Treat lower jaw fracture	090	373	405	32	9%	13.12	15.23	2.11	16%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
21470	Treat lower jaw fracture	090	469	523.5	54.5	12%	17.54	20.34	2.80	16%	0	0	0	0	6	0	2.5	0	0	1	0	0	0	
21485	Reset dislocated jaw	090	203	223	20	10%	4.77	6.09	1.32	28%	0	0	0	3	2	0	0	0	0	0	0	0	0	0
21490	Repair dislocated jaw	090	368	395	27	7%	12.95	14.71	1.76	14%	0	0	0	3	3	0	0	0	0	0	0.5	0	0	0
21497	Interdental wiring	090	239	259	20	8%	4.64	6.07	1.43	31%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
21501	Drain neck/chest lesion	090	176	183	7	4%	3.98	4.86	0.88	22%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
21502	Drain chest lesion	090	275	293	18	7%	7.55	9.13	1.58	21%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
21510	Drainage of bone lesion	090	295	314	19	6%	6.20	7.89	1.69	27%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
21550	Biopsy of neck/chest	010	89	91	2	2%	2.11	2.33	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
21552	Exc neck les sc 3 cm/>	090	194	203	9	5%	6.49	7.15	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
21554	Exc neck tum deep 5 cm/>	090	320	341	21	7%	11.13	12.47	1.34	12%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
21555	Exc neck les sc < 3 cm	090	138	147	9	7%	3.96	4.62	0.66	17%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
21556	Exc neck tum deep < 5 cm	090	234	250	16	7%	7.66	8.65	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
21557	Resect neck thorax tumor<5cm	090	398	422	24	6%	14.75	16.62	1.87	13%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
21558	Resect neck tumor 5 cm/>	090	502	524	22	4%	21.58	23.74	2.16	10%	-2	0	0	1	2	1	0	1	2	0	1	0	0	0
21600	Partial removal of rib	090	251	266.5	15.5	6%	7.26	8.72	1.46	20%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
21601	Exc chest wall tumor w/ribs	090	510.5	565	54.5	11%	17.78	20.60	2.82	16%	0	0	0	0	3.5	0	0	6	0	0	1	0	1	0
21602	Exc ch wal tum w/o lymphadec	090	669.5	745	75.5	11%	22.19	26.00	3.81	17%	0	0	0	0	6.5	0	0	6	0	0	1	0	1	0
21603	Exc ch wal tum w/lymphadec	090	760	846.5	86.5	11%	25.17	29.50	4.33	17%	0	0	0	0	7	0	0	7.5	0	0	1	0	1	0
21610	Partial removal of rib	090	440	476	36	8%	15.91	17.84	1.93	12%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
21615	Removal of rib	090	334	358	24	7%	10.45	12.38	1.93	18%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
21616	Removal of rib and nerves	090	393	420.5	27.5	7%	12.69	14.85	2.16	17%	0	0	0	5	0	0	0	3.5	0	0	1	0	0	0
21620	Partial removal of sternum	090	285	305.5	20.5	7%	7.28	8.98	1.70	23%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
21627	Sternal debridement	090	264	284.5	20.5	8%	7.30	9.00	1.70	23%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
21630	Extensive sternum surgery	090	597	640.5	43.5	7%	19.18	22.17	2.99	16%	0	0	0	5.5	0	0	0	6.5	0	0	1	0	1.5	0
21632	Extensive sternum surgery	090	602	645.5	43.5	7%	19.68	22.67	2.99	15%	0	0	0	5.5	0	0	0	6.5	0	0	1	0	1	0
21685	Hyoid myotomy & suspension	090	440	479	39	9%	15.26	17.82	2.56	17%	-6	0	0	1	2	3	0	0	1	0	1	0	0	0
21700	Revision of neck muscle	090	188	193	5	3%	6.31	7.08	0.77	12%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
21705	Revision of neck muscle/rib	090	273	286.5	13.5	5%	9.92	11.16	1.24	13%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
21720	Revision of neck muscle	090	157	162	5	3%	5.80	6.46	0.66	11%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
21725	Revision of neck muscle	090	258	266.5	8.5	3%	7.19	8.19	1.00	14%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0
21740	Reconstruction of sternum	090	391	406	15	4%	17.57	18.89	1.32	8%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
21750	Repair of sternum separation	090	306	309	3	1%	11.40	12.15	0.75	7%	0	0	0	0	1	0	0	0	1	0	1	0	0	0
21820	Treat sternum fracture	090	59	62	3	5%	1.36	1.69	0.33	24%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
21825	Treat sternum fracture	090	253	267.5	14.5	6%	7.76	9.11	1.35	17%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
21920	Biopsy soft tissue of back	010	69	71	2	3%	2.11	2.33	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
21925	Biopsy soft tissue of back	090	145	151	6	4%	4.63	5.40	0.77	17%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
21930	Exc back les sc < 3 cm	090	165	174	9	5%	4.94	5.60	0.66	13%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
21931	Exc back les sc 3 cm/>	090	206	215	9	4%	6.88	7.54	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
21932	Exc back tum deep < 5 cm	090	276	292	16	6%	9.82	11.05	1.23	13%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
21933	Exc back tum deep 5 cm/>	090	315	336	21	7%	11.13	12.47	1.34	12%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
21935	Resect back tum < 5 cm	090	408	432	24	6%	15.72	17.59	1.87	12%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
21936	Resect back tum 5 cm/>	090	510	532	22	4%	22.55	24.71	2.16	10%	-2	0	0	1	2	1	0	1	2	0	1	0	0	0
22010	I&d p-spine c/t/cerv-thor	090	378	412	34	9%	12.75	15.10	2.35	18%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
22015	I&d abscess p-spine l/s/l	090	373	407	34	9%	12.64	14.99	2.35	19%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
22100	Remove part of neck vertebra	090	372	410	38	10%	11.00	13.02	2.02	18%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
22101	Remove part thorax vertebra	090	387	430	43	11%	11.08	13.34	2.26	20%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
22102	Remove part lumbar vertebra	090	387	430	43	11%	11.08	13.34	2.26	20%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
22110	Remove part of neck vertebra	090	479	537	58	12%	14.00	16.98	2.98	21%	0	0	0	0	4	0	0	6	0	0	1	0	0	0
22112	Remove part thorax vertebra	090	530	590.5	60.5	11%	14.07	17.17	3.10	22%	0	0	0	0	4	0	0	6.5	0	0	1	0	0	0
22114	Remove part lumbar vertebra	090	530	590.5	60.5	11%	14.07	17.17	3.10	22%	0	0	0	0	4	0	0	6.5	0	0	1	0	0	0
22206	Incis spine 3 column thorac	090	758	779	21	3%	37.18	39.69	2.51	7%	0	0	0	1	3	0	0	2	3	0	1	0	0	0
22207	Incis spine 3 column lumbar	090	758	779	21	3%	36.68	39.19	2.51	7%	0	0	0	1	3	0	0	2	3	0	1	0	0	0
22210	Incis 1 vertebral seg cerv	090	609	679	70	11%	25.38	28.93	3.55	14%	0	0	0	0	5	0	0	7	0	0	1	0	0	0
22212	Incis 1 vertebral seg thorac	090	640	710	70	11%	20.99	24.54	3.55	17%	0	0	0	0	5	0	0	7	0	0	1	0	0	0
22214	Incis 1 vertebral seg lumbar	090	624	694	70	11%	21.02	24.57	3.55	17%	0	0	0	0	5	0	0	7	0	0	1	0	0	0
22220	Osteot dsc ant 1 vrt sgm crv	090	585	652.5	67.5	12%	22.94	26.37	3.43	15%	0	0	0	0	5	0	0	6.5	0	0	1	0	0	0
22222	Osteot dsc ant 1vrt sgm thr	090	651	723.5	72.5	11%	23.09	26.76	3.67	16%	0	0	0	0	5	0	0	7.5	0	0	1	0	0	0
22224	Osteot dsc ant 1vrt sgm lmb	090	666	738.5	72.5	11%	23.09	26.76	3.67	16%	0	0	0	0	5	0	0	7.5	0	0	1	0	0	0
22310	Closed tx vert fx w/o manj	090	131	137	6	5%	3.45	4.22	0.77	22%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
22315	Closed tx vert fx w/manj	090	252	285	33	13%	10.11	11.89	1.78	18%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
22318	Treat odontoid fx w/o graft	090	451	484	33	7%	22.72	24.63	1.91	8%	0	0	0	1	3	0	0	2	0	0	1	0	0	0
22319	Treat odontoid fx w/graft	090	483	521	38	8%	25.33	27.48	2.15	8%	0	0	0	1	3	0</								

22514	Perq vertebral augmentation	010	150	157	7	5%	7.99	8.43	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
22526	Idet single level	010	145	147	2	1%	5.85	6.18	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
22532	Arthrd lat xtrcvtry tq thrc	090	583	613	30	5%	25.99	28.54	2.55	10%	0	0	0	1	3	0	0	3	2	0	1	0	0	0
22533	Arthrd lat xtrcvtry tq lmb	090	549	583	34	6%	24.79	27.14	2.35	9%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
22548	Arthrd ant toral/xoral c1-c2	090	673	741	68	10%	27.06	30.52	3.46	13%	0	0	0	0	4	0	0	8	0	0	1	0	1	0
22551	Arthrd ant ntrbdy cervical	090	395	412	17	4%	25.00	26.41	1.41	6%	0	0	0	0	3	0	0	0	1	0	1	0	0	0
22554	Arthrd ant ntrbd min dsc crv	090	362	379	17	5%	17.69	19.10	1.41	8%	0	0	0	0	3	0	0	0	1	0	1	0	0	0
22556	Arthrd ant ntrbd min dsc thc	090	557	600	43	8%	24.70	26.96	2.26	9%	0	0	0	0	4	0	0	3	0	0	1	0	1	0
22558	Arthrd ant ntrbd min dsc lum	090	525	563	38	7%	23.53	25.55	2.02	9%	0	0	0	0	4	0	0	2	0	0	1	0	1	0
22586	Arthrd pre-sac ntrbdy l5-s1	090	500	534	34	7%	28.12	30.34	2.22	8%	0	0	0	0	4	0	0	2	1	0	1	0	0	0
22590	Arthrd pst tq craniocervical	090	501	544	43	9%	21.76	24.02	2.26	10%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
22595	Arthrd pst tq atlas-axis	090	521	579	58	11%	20.64	23.62	2.98	14%	0	0	0	0	4	0	0	6	0	0	1	0	0	0
22600	Arthrd pst tq 1ntrspc crv	090	490	548	58	12%	17.40	20.38	2.98	17%	0	0	0	0	4	0	0	6	0	0	1	0	0	0
22610	Arthrd pst tq 1ntrspc thrc	090	549	614.5	65.5	12%	17.28	20.62	3.34	19%	0	0	0	0	4	0	0	7.5	0	0	1	0	0	0
22612	Arthrd pst tq 1ntrspc lumbar	090	482	500	18	4%	23.53	25.38	1.85	8%	0	0	0	0	3	0	0	1	2	0	1	0	0	0
22630	Arthrd pst tq 1ntrspc lum	090	479	499	20	4%	22.09	24.03	1.94	9%	-2	0	0	0	2	1	0	1	2	0	1	0	0	0
22633	Arthrd cmbn 1ntrspc lumbar	090	509	529	20	4%	26.80	28.74	1.94	7%	-2	0	0	0	2	1	0	1	2	0	1	0	0	0
22800	Arthrd pst dfrm<6 vrt sgm	090	571	634	63	11%	19.50	22.72	3.22	17%	0	0	0	0	4	0	0	7	0	0	1	0	0	0
22802	Arthrd pst dfrm 7-12 vrt sgm	090	538	586	48	9%	32.11	34.61	2.50	8%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
22804	Arthrd pst dfrm 13+ vrt sgm	090	595	648	53	9%	37.50	40.24	2.74	7%	0	0	0	0	4	0	0	5	0	0	1	0	0	0
22808	Arthrd ant dfrm 2-3 vrt sgm	090	530	583	53	10%	27.51	30.25	2.74	10%	0	0	0	0	4	0	0	5	0	0	1	0	0	0
22810	Arthrd ant dfrm 4-7 vrt sgm	090	595	648	53	9%	31.50	34.24	2.74	9%	0	0	0	0	4	0	0	5	0	0	1	0	0	0
22812	Arthrd ant dfrm 8+ vrt sgm	090	700	772.5	72.5	10%	34.25	37.92	3.67	11%	0	0	0	0	5	0	0	7.5	0	0	1	0	0	0
22818	Kyphectomy 1-2 segments	090	747	781	34	5%	34.33	37.34	3.01	9%	0	0	0	0	3	0	0	5	3	0	1	0	0	0
22819	Kyphectomy 3 or more	090	795	841	46	6%	39.38	42.96	3.58	9%	0	0	0	0	4	0	0	6	3	0	1	0	0	0
22830	Exploration of spinal fusion	090	301	317	16	5%	11.22	12.58	1.36	12%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
22849	Reinsert spinal fixation	090	397	425.5	28.5	7%	19.17	21.13	1.96	10%	0	0	0	3	0	0	0	4.5	0	0	1	0	0	0
22850	Remove spine fixation device	090	243	255.5	12.5	5%	9.82	10.95	1.13	12%	0	0	0	2.5	0	0	0	1.5	0	0	1	0	0	0
22852	Remove spine fixation device	090	266	281	15	6%	9.37	10.62	1.25	13%	0	0	0	2.5	0	0	0	2	0	0	1	0	0	0
22855	Removal anterior instrmj	090	418	449	31	7%	15.86	17.94	2.08	13%	0	0	0	3	0	0	0	5	0	0	1	0	0	0
22856	Tot disc arthrp 1ntrspc crv	090	367	393	26	7%	24.05	25.50	1.45	6%	0	0	0	0	3	0	0	1	0	0	1	0	0	0
22857	Tot disc arthrp 1ntrspc lmb	090	537	557	20	4%	27.13	29.07	1.94	7%	-2	0	0	0	2	1	0	1	2	0	1	0	0	0
22861	Rev rplcm arthrp 1ntrspc crv	090	477	490	13	3%	33.36	34.97	1.61	5%	0	0	0	0	3	0	0	0	2	0	1	0	0	0
22862	Rev rplcm rthrp 1ntrspc lmb	090	620	645	25	4%	32.63	34.81	2.18	7%	0	0	0	0	4	0	0	1	2	0	1	0	0	0
22864	Rmvl tot arthrp 1ntrspc crv	090	457	470	13	3%	29.40	31.01	1.61	5%	0	0	0	0	3	0	0	0	2	0	1	0	0	0
22865	Rmvl tot arthrp 1ntrspc lmb	090	600	630	30	5%	31.75	34.17	2.42	8%	0	0	0	0	4	0	0	2	2	0	1	0	0	0
22867	Insj stablj dev w/dcmprn	090	271	292	21	8%	15.00	16.10	1.10	7%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
22869	Insj stablj dev w/o dcmprn	090	175	184	9	5%	7.03	7.69	0.66	9%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
22900	Exc abdl tum deep < 5 cm	090	244	260	16	7%	8.32	9.55	1.23	15%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
22901	Exc abdl tum deep 5 cm/>	090	284	300	16	6%	10.11	11.34	1.23	12%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
22902	Exc abd les sc < 3 cm	090	148	157	9	6%	4.42	5.08	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
22903	Exc abd les sc 3 cm/>	090	179	188	9	5%	6.39	7.05	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
22904	Radical resect abd tumor<5cm	090	396	420	24	6%	16.69	18.56	1.87	11%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
22905	Rad resect abd tumor 5 cm/>	090	463	494	31	7%	21.58	23.78	2.20	10%	-2	0	0	1	2	1	0	2	1	0	1	0	0	0
23000	Removal of calcium deposits	090	153	158	5	3%	4.48	5.14	0.66	15%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
23020	Release shoulder joint	090	292	310	18	6%	9.36	10.94	1.58	17%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
23030	Drain shoulder lesion	010	152	154	2	1%	3.47	3.91	0.44	13%	0	0	0	1	0	0	0	0	0	0	1	0	0	0
23031	Drain shoulder bursa	010	94	96	2	2%	2.79	3.01	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
23035	Drain shoulder bone lesion	090	300	323	23	8%	9.16	10.98	1.82	20%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
23040	Exploratory shoulder surgery	090	305	328	23	8%	9.75	11.57	1.82	19%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
23044	Exploratory shoulder surgery	090	253	272.5	19.5	8%	7.59	9.18	1.59	21%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
23065	Biopsy shoulder tissues	010	64	65	1	2%	2.30	2.41	0.11	5%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
23066	Biopsy shoulder tissues	090	133	139	6	5%	4.30	4.96	0.66	15%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
23071	Exc shoulder les sc 3 cm/>	090	191	200	9	5%	5.91	6.57	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
23073	Exc shoulder tum deep 5 cm/>	090	285	306	21	7%	10.13	11.47	1.34	13%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
23075	Exc shoulder les sc < 3 cm	090	142	151	9	6%	4.21	4.87	0.66	16%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
23076	Exc shoulder tum deep < 5 cm	090	221	237	16	7%	7.41	8.40	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
23077	Resect shoulder tumor < 5 cm	090	433	457	24	6%	17.66	19.53	1.87	11%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
23078	Resect shoulder tumor 5 cm/>	090	490	516	26	5%	22.55	24.51	1.96	9%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
23100	Biopsy of shoulder joint	090	216	223	7	3%	6.20	7.19	0.99	16%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
23101	Shoulder joint surgery	090	195	201	6	3%	5.72	6.60	0.88	15%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
23105	Remove shoulder joint lining	090	276	286.5	10.5	4%	8.48	9.70	1.22	14%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
23106	Incision of collarbone joint	090	214	221	7	3%	6.13	7.12	0.99	16%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
23107	Explore treat shoulder joint	090	260	270.5	10.5	4%	8.87	10.09	1.22	14%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
23120	Partial removal collar bone	090	227	245	18	8%	7.39	8.60	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23125	Removal of collar bone	090	279	289.5	10.5	4%	9.64	10.86	1.22	13%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
23130	Remove shoulder bone part	090	231	240	9	4%	7.77	8.87																

23170	Remove collar bone lesion	090	247	261.5	14.5	6%	7.21	8.56	1.35	19%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
23172	Remove shoulder blade lesion	090	277	294	17	6%	7.31	8.78	1.47	20%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
23174	Remove humerus lesion	090	352	374.5	22.5	6%	10.05	11.97	1.92	19%	0	0	0	5	0	0	0	2.5	0	0	1	0	0	0
23180	Remove collar bone lesion	090	299	318	19	6%	8.99	10.68	1.69	19%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
23182	Remove shoulder blade lesion	090	314	333	19	6%	8.61	10.30	1.69	20%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
23184	Remove humerus lesion	090	339	360.5	21.5	6%	9.90	11.71	1.81	18%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
23190	Partial removal of scapula	090	249	258.5	9.5	4%	7.47	8.58	1.11	15%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
23195	Removal of head of humerus	090	322	345	23	7%	10.36	12.18	1.82	18%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
23200	Resect clavicle tumor	090	497	519	22	4%	22.71	24.87	2.16	10%	-2	0	0	1	2	1	0	1	2	0	1	0	0	0
23210	Resect scapula tumor	090	560	582	22	4%	27.21	29.37	2.16	8%	-2	0	0	1	2	1	0	1	2	0	1	0	0	0
23220	Resect prox humerus tumor	090	602	629	27	4%	30.21	32.61	2.40	8%	-2	0	0	1	2	1	0	2	2	0	1	0	0	0
23330	Remove shoulder foreign body	010	70	72	2	3%	1.90	2.12	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
23333	Remove shoulder fb deep	090	178	187	9	5%	6.00	6.66	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
23334	Shoulder prosthesis removal	090	418	433	15	4%	15.50	17.33	1.83	12%	0	0	0	1	3	0	0	0	2	0	1	0	0	0
23335	Shoulder prosthesis removal	090	448	463	15	3%	19.00	20.83	1.83	10%	0	0	0	1	3	0	0	0	2	0	1	0	0	0
23395	Muscle transfer shoulder/arm	090	423	463	40	9%	18.54	20.65	2.11	11%	0	0	0	0	5	0	0	1	0	0	1	0	0	0
23397	Muscle transfers	090	399	425.5	26.5	7%	16.76	18.81	2.05	12%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
23400	Fixation of shoulder blade	090	315	329	14	4%	13.87	15.32	1.45	10%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
23405	Incision of tendon & muscle	090	192	199	7	4%	8.54	9.42	0.88	10%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
23406	Incise tendon(s) & muscle(s)	090	239	248.5	9.5	4%	11.01	12.12	1.11	10%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
23410	Repair rotator cuff acute	090	277	295	18	6%	11.39	12.60	1.21	11%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23412	Repair rotator cuff chronic	090	287	305	18	6%	11.93	13.14	1.21	10%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23415	Release of shoulder ligament	090	247	265	18	7%	9.23	10.44	1.21	13%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23420	Repair of shoulder	090	328	348	20	6%	13.54	14.97	1.43	11%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
23430	Repair biceps tendon	090	237	255	18	8%	10.17	11.38	1.21	12%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23440	Remove/transplant tendon	090	208	215	7	3%	10.64	11.52	0.88	8%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
23450	Repair shoulder capsule	090	287	300	13	5%	13.70	15.04	1.34	10%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
23455	Repair shoulder capsule	090	307	320	13	4%	14.67	16.01	1.34	9%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
23460	Repair shoulder capsule	090	344	363	19	6%	15.82	17.51	1.69	11%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
23462	Repair shoulder capsule	090	327	345	18	6%	15.72	17.30	1.58	10%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
23465	Repair shoulder capsule	090	356	375	19	5%	16.30	17.99	1.69	10%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
23466	Repair shoulder capsule	090	348	383	35	10%	15.80	17.67	1.87	12%	0	0	0	0	5	0	0	0	0	0	1	0	0	0
23470	Reconstruct shoulder joint	090	390	421.5	31.5	8%	17.89	20.18	2.29	13%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
23472	Reconstruct shoulder joint	090	448	477	29	6%	22.13	24.24	2.11	10%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
23473	Revis reconst shoulder joint	090	488	517	29	6%	25.00	27.11	2.11	8%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
23474	Revis reconst shoulder joint	090	513	542	29	6%	27.21	29.32	2.11	8%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
23480	Revision of collar bone	090	275	290.5	15.5	6%	11.54	13.00	1.46	13%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
23485	Revision of collar bone	090	331	351.5	20.5	6%	13.91	15.61	1.70	12%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
23490	Reinforce clavicle	090	291	304	13	4%	12.16	13.50	1.34	11%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
23491	Reinforce shoulder bones	090	315	329	14	4%	14.54	15.99	1.45	10%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
23500	Cltx clavicular fx w/o mnpj	090	79	84	5	6%	2.21	2.76	0.55	25%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
23505	Cltx clavicular fx w/mnpj	090	121	127	6	5%	3.83	4.49	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
23515	Optx clavicular fx w/int fix	090	287	305	18	6%	9.69	10.90	1.21	12%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
23520	Cltx strnclav dislc w/o mnpj	090	82	87	5	6%	2.29	2.84	0.55	24%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
23525	Cltx strnclav dislc w/mnpj	090	130	138	8	6%	3.79	4.67	0.88	23%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
23530	Optx strnclav dislc aqt/chrn	090	210	217	7	3%	7.48	8.36	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
23532	Optx strclv dslc aq/chrn grf	090	280	288	8	3%	8.20	9.30	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
23540	Cltx acromclav dislc wo mnpj	090	82	87	5	6%	2.36	2.91	0.55	23%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
23545	Cltx acromclav dislc w/mnpj	090	115	122	7	6%	3.43	4.20	0.77	22%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
23550	Optx acromclv dislc aqt/chrn	090	267	281.5	14.5	5%	7.59	8.94	1.35	18%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
23552	Optx acrcvl dslc aq/chrn grf	090	299	314.5	15.5	5%	8.82	10.28	1.46	17%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
23570	Cltx scapular fx w/o mnpj	090	82	87	5	6%	2.36	2.91	0.55	23%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
23575	Cltx scap fx w/mnpj +-tractj	090	138	145	7	5%	4.23	5.00	0.77	18%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
23585	Optx scapular fx w/int fixj	090	407	435	28	7%	14.23	16.03	1.80	13%	0	0	0	2	2	0	0	2	0	0	1	0	0	0
23600	Cltx prox humrl fx w/o mnpj	090	100	113	13	13%	3.00	3.99	0.99	33%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
23605	Cltx prx hmrl fx mnpj+-tract	090	172	180	8	5%	5.06	6.05	0.99	20%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
23615	Optx prox humrl fx w/int fix	090	338	366	28	8%	12.30	13.97	1.67	14%	0	0	0	1	3	0	0	1	0	0	1	0	0	0
23616	Optx prx hmrl fx fix rpr rpl	090	413	437	24	6%	18.37	20.24	1.87	10%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
23620	Cltx gr hmrl tbrs fx wo mnpj	090	92	98	6	7%	2.55	3.21	0.66	26%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
23625	Cltx gr hmrl tbrs fx w/mnpj	090	151	158	7	5%	4.10	4.98	0.88	21%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
23630	Optx gr hmrl tbrs fx int fix	090	306	334	28	9%	10.57	12.24	1.67	16%	0	0	0	1	3	0	0	1	0	0	1	0	0	0
23650	Cltx sho dslc w/mnpj wo anes	090	133	139	6	5%	3.53	4.19	0.66	19%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
23655	Cltx sho dslc w/mnpj w/anes	090	165	173	8	5%	4.76	5.75	0.99	21%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
23660	Optx acute shoulder dislc	090	245	252	7	3%	7.66	8.65	0.99	13%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
23665	Cltx sho dslc fx gr hmrl tbr	090	165	173	8	5%	4.66	5.65	0.99	21%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
23670	Optx sho dislc fx	090	326	349	23	7%	12.28	13.84	1.56	13%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
23675	Cltx sho dislc neck fx mnpj	090	222	231	9	4%	6.27	7.48	1.21	19%	0	0	0	4.5	0	0	0	0	0					

23921	Disarticulation sho sec clsr	090	241	250.5	9.5	4%	5.72	6.83	1.11	19%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
23930	I&d upr a/e dp abs/hmtma	010	92	94	2	2%	2.99	3.32	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
23931	I&d upr a/e bursa	010	75	77	2	3%	1.84	2.17	0.33	18%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
23935	Inc dp opn b1 crtx hum/elbw	090	233	245	12	5%	6.38	7.61	1.23	19%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
24000	Arthrt elbw expl drg/rmvl fb	090	217	228	11	5%	6.08	7.20	1.12	18%	0	0	0	3	0	0	0	1	0	0	1	0	0	0
24006	Arthrt elbw caps exc rls	090	282	300	18	6%	9.74	11.32	1.58	16%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
24065	Biopsy arm/elbow soft tissue	010	80	82	2	2%	2.13	2.35	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
24066	Biopsy arm/elbow soft tissue	090	172	178	6	3%	5.35	6.12	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
24071	Exc arm/elbow les sc 3 cm/>	090	183	192	9	5%	5.70	6.36	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
24073	Ex arm/elbow tum deep 5 cm/>	090	283	304	21	7%	10.13	11.47	1.34	13%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
24075	Exc arm/elbow les sc < 3 cm	090	142	151	9	6%	4.24	4.90	0.66	16%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
24076	Ex arm/elbow tum deep < 5 cm	090	229	245	16	7%	7.41	8.40	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
24077	Rad rescj tum tiss a/e <5cm	090	405	429	24	6%	15.72	17.59	1.87	12%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
24079	Rad rescj tum tiss a/e 5 cm+	090	472	503	31	7%	20.61	22.81	2.20	11%	-2	0	0	1	2	1	0	2	1	0	1	0	0	0
24100	Arthrt elbw synovial bx only	090	157	163	6	4%	5.07	5.84	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
24101	Arthrt elbw jt expl bx rmvl	090	189	196	7	4%	6.30	7.18	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
24102	Arthrt elbow w/synovectomy	090	251	260.5	9.5	4%	8.26	9.37	1.11	13%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
24105	Excision olecranon bursa	090	143	150	7	5%	3.78	4.55	0.77	20%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
24110	Exc/curtg b1 cst/b9 tum hum	090	224	232	8	4%	7.58	8.57	0.99	13%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
24115	Exc/crtg b1 cst/tum hum agrf	090	339	359.5	20.5	6%	10.12	11.82	1.70	17%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
24116	Exc/crtg b1 cst/tum hum algr	090	326	344	18	6%	12.23	13.81	1.58	13%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
24120	Exc/crtg b1 cst/b9 tum rds	090	195	202	7	4%	6.82	7.70	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
24125	Exc/crtg b1 cst/tum rds agrf	090	278	288.5	10.5	4%	8.14	9.36	1.22	15%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
24126	Exc/crtg b1 cst/tum rds algr	090	272	285	13	5%	8.62	9.96	1.34	16%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
24130	Excision radial head	090	192	199	7	4%	6.42	7.30	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
24134	Sequestrectomy shft/dstl hum	090	303	323.5	20.5	7%	10.22	11.92	1.70	17%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
24136	Sequestrectomy radial h/n	090	263	280	17	6%	8.40	9.87	1.47	18%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
24138	Sequestrectomy olecrn proces	090	277	295.5	18.5	7%	8.50	10.29	1.79	21%	0	0	0	5.5	0	0	0	1.5	0	0	1	0	0	0
24140	Partial exc bone humerus	090	284	299.5	15.5	5%	9.55	11.01	1.46	15%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
24145	Prtl exc bone radial h/n	090	240	249.5	9.5	4%	7.81	8.92	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
24147	Prtl exc bone olecrn process	090	252	264.5	12.5	5%	7.84	9.28	1.44	18%	0	0	0	5	0	0	0	0.5	0	0	1	0	0	0
24149	Radical resection of elbow	090	456	503	47	10%	16.22	18.66	2.44	15%	0	0	0	0	6	0	0	1	0	0	1	0	0	0
24150	Rad rescj tum dstl/shft hum	090	502	533	31	6%	23.46	25.66	2.20	9%	-2	0	0	1	2	1	0	2	1	0	1	0	0	0
24152	Rad resection tum radial h/n	090	440	466	26	6%	19.99	21.95	1.96	10%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
24155	Resection of elbow joint	090	322	337.5	15.5	5%	12.09	13.55	1.46	12%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
24160	Rmvl prosth hum rls&ulnar cmpnt	090	405	429	24	6%	18.63	20.50	1.87	10%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
24164	Removal prosth radial head	090	228	249	21	9%	10.00	11.10	1.10	11%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
24200	Rmvl fb upper arm/elbw subq	010	68	70	2	3%	1.81	2.03	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
24201	Rmvl fb upper arm/elbw deep	090	164	170	6	4%	4.70	5.47	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
24300	Mnpj elbow under anes	090	205	217	12	6%	4.04	5.47	1.43	35%	0	0	0	6	0	0	0	0	0	0	0.5	0	0	0
24301	Musc/tdn transfer upr a/e 1	090	266	274	8	3%	10.38	11.48	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
24305	Tendon lngth upr a/e ea tdn	090	209	216	7	3%	7.62	8.50	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
24310	Tnot opn elbw to sho ea tdn	090	171	177	6	4%	6.12	6.89	0.77	13%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
24320	Tenoplasty elbow to sho 1	090	304	317	13	4%	10.86	12.20	1.34	12%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
24330	Flexor-plasty elbow	090	263	271	8	3%	9.79	10.89	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
24331	Flexor-plasty elbow w/admnt	090	303	316	13	4%	10.95	12.29	1.34	12%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
24332	Tenolysis triceps	090	230	243	13	6%	7.91	9.01	1.10	14%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
24340	Tenodesis biceps tdn at elbw	090	225	233	8	4%	8.08	9.07	0.99	12%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
24341	Rpr tdn/musc upr a/e each	090	318	353	35	11%	9.49	11.36	1.87	20%	0	0	0	0	5	0	0	0	0	0	1	0	0	0
24342	Repair of ruptured tendon	090	290	300.5	10.5	4%	10.86	12.08	1.22	11%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
24343	Repr elbow lat ligmnt w/tiss	090	281	296	15	5%	9.16	10.48	1.32	14%	0	0	0	4	1	0	0	0	0	0	0.5	0	0	0
24344	Reconstruct elbow lat ligmnt	090	385	417	32	8%	15.21	17.32	2.11	14%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
24345	Repr elbw med ligmnt w/tissu	090	284	299	15	5%	9.16	10.48	1.32	14%	0	0	0	4	1	0	0	0	0	0	0.5	0	0	0
24346	Reconstruct elbow med ligmnt	090	385	417	32	8%	15.21	17.32	2.11	14%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
24357	Repair elbow perc	090	168	176	8	5%	5.44	6.43	0.99	18%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
24358	Repair elbow w/deb open	090	193	201	8	4%	6.66	7.65	0.99	15%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
24359	Repair elbow deb/attch open	090	213	221	8	4%	8.98	9.97	0.99	11%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
24360	Reconstruct elbow joint	090	320	334	14	4%	12.67	14.12	1.45	11%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
24361	Reconstruct elbow joint	090	322	336	14	4%	14.41	15.86	1.45	10%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
24362	Reconstruct elbow joint	090	350	364	14	4%	15.32	16.77	1.45	9%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
24363	Replace elbow joint	090	435	464	29	7%	22.00	24.11	2.11	10%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
24365	Reconstruct head of radius	090	229	238.5	9.5	4%	8.62	9.73	1.11	13%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
24366	Reconstruct head of radius	090	243	252.5	9.5	4%	9.36	10.47	1.11	12%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
24370	Revise reconst elbow joint	090	470	499	29	6%	23.55	25.66	2.11	9%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
24371	Revise reconst elbow joint	090	505	534	29	6%	27.50	29.61	2.11	8%	0	0	0	1	3	0	0	2	1	0	1	0	0	0
24400	Revision of humerus	090	288	299.5	11.5	4%	11.33	12.66	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
24410	Revision of humerus	090	344	356.5	12.5	4%	15.11	16.55																

25126	Remove/graft forearm lesion	090	260	268	8	3%	7.74	8.84	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
25130	Removal of wrist lesion	090	167	174	7	4%	5.43	6.20	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
25135	Remove & graft wrist lesion	090	234	242	8	3%	7.08	8.07	0.99	14%	0	0	0	4	0	0	0	0	0	0	0	0.5	0	0
25136	Remove & graft wrist lesion	090	204	211	7	3%	6.14	7.02	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25145	Remove forearm bone lesion	090	225	232	7	3%	6.54	7.53	0.99	15%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
25150	Partial removal of ulna	090	257	269	12	5%	7.38	8.61	1.23	17%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
25151	Partial removal of radius	090	266	278	12	5%	7.68	8.91	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
25170	Resect radius/ulnar tumor	090	470	496	26	6%	22.21	24.17	1.96	9%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
25210	Removal of wrist bone	090	194	201	7	4%	6.12	7.00	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25215	Removal of wrist bones	090	269	279.5	10.5	4%	8.14	9.36	1.22	15%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
25230	Partial removal of radius	090	190	196	6	3%	5.37	6.25	0.88	16%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
25240	Partial removal of ulna	090	176	182	6	3%	5.31	6.08	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
25248	Remove forearm foreign body	090	163	170	7	4%	5.31	6.08	0.77	15%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
25250	Removal of wrist prosthesis	090	205	212	7	3%	6.77	7.65	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25251	Removal of wrist prosthesis	090	300	310.5	10.5	3%	9.82	11.04	1.22	12%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
25259	Manipulate wrist w/anesthes	090	201	213	12	6%	4.04	5.47	1.43	35%	0	0	0	6	0	0	0	0	0	0	0.5	0	0	0
25260	Repair forearm tendon/muscle	090	215	225	10	5%	8.04	9.25	1.21	15%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
25263	Repair forearm tendon/muscle	090	229	238	9	4%	8.04	9.25	1.21	15%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
25265	Repair forearm tendon/muscle	090	259	268	9	3%	10.10	11.20	1.10	11%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
25270	Repair forearm tendon/muscle	090	176	183	7	4%	6.17	7.05	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25272	Repair forearm tendon/muscle	090	189	196	7	4%	7.21	8.09	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25274	Repair forearm tendon/muscle	090	242	250	8	3%	8.94	9.93	0.99	11%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
25275	Repair forearm tendon sheath	090	223	236	13	6%	8.96	10.06	1.10	12%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25280	Revise wrist/forearm tendon	090	195	202	7	4%	7.39	8.27	0.88	12%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25290	Incise wrist/forearm tendon	090	164	170	6	4%	5.43	6.20	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
25295	Release wrist/forearm tendon	090	191	198	7	4%	6.72	7.60	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
25300	Fusion of tendons at wrist	090	247	256	9	4%	9.02	10.12	1.10	12%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
25301	Fusion of tendons at wrist	090	235	243	8	3%	8.59	9.58	0.99	12%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
25310	Transplant forearm tendon	090	235	248	13	6%	8.08	9.18	1.10	14%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25312	Transplant forearm tendon	090	284	294.5	10.5	4%	9.82	11.04	1.22	12%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
25315	Revise palsy hand tendon(s)	090	300	320.5	20.5	7%	10.68	12.38	1.70	16%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
25316	Revise palsy hand tendon(s)	090	356	380	24	7%	12.90	14.83	1.93	15%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
25320	Repair/revise wrist joint	090	452	495	43	10%	12.75	14.76	2.01	16%	-8	0	0	0	1	4	0	0	0	0	0	0	0	0
25332	Revise wrist joint	090	314	328	14	4%	11.74	13.19	1.45	12%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
25335	Realignment of hand	090	370	391.5	21.5	6%	13.39	15.20	1.81	14%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
25337	Reconstruct ulna/radioulnar	090	353	387	34	10%	11.73	13.32	1.59	14%	-6	0	0	0	1	3	0	0	0	0	0	0	0	0
25350	Revision of radius	090	266	279	13	5%	9.09	10.43	1.34	15%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
25355	Revision of radius	090	289	304.5	15.5	5%	10.53	11.99	1.46	14%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
25360	Revision of ulna	090	259	272	13	5%	8.74	10.08	1.34	15%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
25365	Revise radius & ulna	090	354	375.5	21.5	6%	12.91	14.72	1.81	14%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
25370	Revise radius or ulna	090	424	455	31	7%	14.10	16.49	2.39	17%	0	0	0	5.5	0	0	0	4	0	0	1	0	0	0
25375	Revise radius & ulna	090	382	403.5	21.5	6%	13.55	15.36	1.81	13%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
25390	Shorten radius or ulna	090	295	308	13	4%	10.70	12.04	1.34	13%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
25391	Lengthen radius or ulna	090	383	409.5	26.5	7%	14.28	16.33	2.05	14%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
25392	Shorten radius & ulna	090	390	416.5	26.5	7%	14.58	16.63	2.05	14%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
25393	Lengthen radius & ulna	090	432	461	29	7%	16.56	18.73	2.17	13%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
25394	Repair carpal bone shorten	090	250	263	13	5%	10.85	11.95	1.10	10%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25400	Repair radius or ulna	090	308	323.5	15.5	5%	11.28	12.74	1.46	13%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
25405	Repair/graft radius or ulna	090	387	413.5	26.5	7%	15.01	17.06	2.05	14%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
25415	Repair radius & ulna	090	367	386	19	5%	13.80	15.49	1.69	12%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
25420	Repair/graft radius & ulna	090	444	474	30	7%	17.04	19.32	2.28	13%	0	0	0	5	0	0	0	4	0	0	1	0	0	0
25425	Repair/graft radius or ulna	090	343	364.5	21.5	6%	13.72	15.53	1.81	13%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
25426	Repair/graft radius & ulna	090	411	437.5	26.5	6%	16.45	18.50	2.05	12%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
25430	Vasc graft into carpal bone	090	270	283	13	5%	9.71	10.81	1.10	11%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25431	Repair nonunion carpal bone	090	278	291	13	5%	10.89	11.99	1.10	10%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25440	Repair/graft wrist bone	090	278	288.5	10.5	4%	10.68	11.90	1.22	11%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
25441	Reconstruct wrist joint	090	358	374.5	16.5	5%	13.29	14.86	1.57	12%	0	0	0	4.5	0	0	0	1.5	0	0	1	0	0	0
25442	Reconstruct wrist joint	090	331	342.5	11.5	3%	11.12	12.45	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
25443	Reconstruct wrist joint	090	307	318.5	11.5	4%	10.66	11.99	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
25444	Reconstruct wrist joint	090	304	315.5	11.5	4%	11.42	12.75	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
25445	Reconstruct wrist joint	090	283	291	8	3%	9.88	10.98	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
25446	Wrist replacement	090	425	456.5	31.5	7%	17.30	19.59	2.29	13%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
25447	Repair wrist joints	090	278	298	20	7%	11.14	12.57	1.43	13%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
25449	Remove wrist joint implant	090	369	388	19	5%	14.94	16.63	1.69	11%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
25450	Revision of wrist joint	090	203	211	8	4%	8.06	8.94	0.88	11%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
25455	Revision of wrist joint	090	260	269	9	3%	9.71	10.81	1.10	11%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
25490	Reinforce radius	090	280	288	8	3%	9.73	10.83	1.10	11%	0	0	0	4	0	0	0							

25525	Treat fracture of radius	090	303	331	28	9%	10.55	12.22	1.67	16%	0	0	0	1	3	0	0	1	0	0	1	0	0	0
25526	Treat fracture of radius	090	367	392	25	7%	13.15	14.93	1.78	14%	0	0	0	3	2	0	0	1	0	0	1	0	0	0
25530	Treat fracture of ulna	090	88	94	6	7%	2.24	2.90	0.66	29%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
25535	Treat fracture of ulna	090	163	172	9	6%	5.36	6.35	0.99	18%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
25545	Treat fracture of ulna	090	286	309	23	8%	7.94	9.50	1.56	20%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
25560	Treat fracture radius & ulna	090	101	107	6	6%	2.59	3.25	0.66	25%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
25565	Treat fracture radius & ulna	090	182	191	9	5%	5.85	6.95	1.10	19%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
25574	Treat fracture radius & ulna	090	296	319	23	8%	8.80	10.36	1.56	18%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
25575	Treat fracture radius/ulna	090	342	367	25	7%	12.29	14.07	1.78	14%	0	0	0	3	2	0	0	1	0	0	1	0	0	0
25600	Treat fracture radius/ulna	090	108	118	10	9%	2.78	3.88	1.10	40%	0	0	0	5	0	0	0	0	0	0	0	0	0	0
25605	Treat fracture radius/ulna	090	169	184	15	9%	6.25	7.57	1.32	21%	0	0	0	4	1	0	0	0	0	0	0.5	0	0	0
25606	Treat fx distal radial	090	260	285	25	10%	8.31	9.85	1.54	19%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
25607	Treat fx rad extra-articul	090	275	300	25	9%	9.56	11.10	1.54	16%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
25608	Treat fx rad intra-articul	090	305	330	25	8%	11.07	12.61	1.54	14%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
25609	Treat fx radial 3+ frag	090	358	390	32	9%	14.38	16.25	1.87	13%	0	0	0	2	4	0	0	0	0	0	0.5	0	0	0
25622	Treat wrist bone fracture	090	101	108	7	7%	2.79	3.56	0.77	28%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
25624	Treat wrist bone fracture	090	155	165	10	6%	4.77	5.87	1.10	23%	0	0	0	5	0	0	0	0	0	0	0	0	0	0
25628	Treat wrist bone fracture	090	277	295	18	6%	9.67	10.88	1.21	13%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
25630	Treat wrist bone fracture	090	91	97	6	7%	3.03	3.69	0.66	22%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
25635	Treat wrist bone fracture	090	143	152	9	6%	4.61	5.60	0.99	21%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
25645	Treat wrist bone fracture	090	222	229	7	3%	7.42	8.41	0.99	13%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
25650	Treat wrist bone fracture	090	111	118	7	6%	3.23	4.00	0.77	24%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
25651	Pin ulnar styloid fracture	090	190	203	13	7%	5.82	6.92	1.10	19%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25652	Treat fracture ulnar styloid	090	225	238	13	6%	8.06	9.16	1.10	14%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25660	Treat wrist dislocation	090	145	154	9	6%	4.98	5.97	0.99	20%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
25670	Treat wrist dislocation	090	224	231	7	3%	8.09	9.08	0.99	12%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
25671	Pin radioulnar dislocation	090	210	223	13	6%	6.46	7.56	1.10	17%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
25675	Treat wrist dislocation	090	152	161	9	6%	4.89	5.88	0.99	20%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
25676	Treat wrist dislocation	090	242	252.5	10.5	4%	8.29	9.51	1.22	15%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
25680	Treat wrist fracture	090	203	213	10	5%	6.23	7.44	1.21	19%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
25685	Treat wrist fracture	090	279	292	13	5%	10.09	11.43	1.34	13%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
25690	Treat wrist dislocation	090	187	196	9	5%	5.72	6.82	1.10	19%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
25695	Treat wrist dislocation	090	244	251	7	3%	8.51	9.50	0.99	12%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
25800	Fusion of wrist joint	090	298	311	13	4%	10.07	11.41	1.34	13%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
25805	Fusion/graft of wrist joint	090	351	370	19	5%	11.73	13.42	1.69	14%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
25810	Fusion/graft of wrist joint	090	370	403	33	9%	11.95	13.73	1.78	15%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
25820	Fusion of hand bones	090	222	230	8	4%	7.64	8.63	0.99	13%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
25825	Fuse hand bones with graft	090	321	338.5	17.5	5%	9.69	11.37	1.68	17%	0	0	0	5	0	0	0	1.5	0	0	1	0	0	0
25830	Fusion radioulnar jnt/ulna	090	310	330	20	6%	10.88	12.07	1.19	11%	-2	0	0	2	1	1	0	0	0	0	0	0	0	0
25900	Amputation of forearm	090	345	370	25	7%	9.61	11.65	2.04	21%	0	0	0	5	0	0	0	3	0	0	1	0	0	0
25905	Amputation of forearm	090	264	283.5	19.5	7%	9.59	11.18	1.59	17%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
25907	Amputation follow-up surgery	090	235	247	12	5%	8.09	9.32	1.23	15%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
25909	Amputation follow-up surgery	090	257	271.5	14.5	6%	9.31	10.66	1.35	15%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
25915	Amputation of forearm	090	431	444	13	3%	17.52	18.51	0.99	6%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
25920	Amputate hand at wrist	090	249	263.5	14.5	6%	9.03	10.38	1.35	15%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
25922	Amputate hand at wrist	090	224	233.5	9.5	4%	7.65	8.76	1.11	15%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
25924	Amputation follow-up surgery	090	242	256.5	14.5	6%	8.81	10.16	1.35	15%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
25927	Amputation of hand	090	242	254	12	5%	9.09	10.32	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
25929	Amputation follow-up surgery	090	226	235.5	9.5	4%	7.82	8.93	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
25931	Amputation follow-up surgery	090	233	242.5	9.5	4%	8.04	9.15	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
26010	Drainage of finger abscess	010	51	53	2	4%	1.59	1.81	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
26011	Drainage of finger abscess	010	69	71	2	3%	2.24	2.46	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
26020	Drain hand tendon sheath	090	262	285	23	9%	6.84	8.53	1.69	25%	0	0	0	3	1	0	0	2	0	0	1	0	0	0
26025	Drainage of palm bursa	090	200	211	11	5%	5.08	6.20	1.12	22%	0	0	0	3	0	0	0	1	0	0	1	0	0	0
26030	Drainage of palm bursas	090	226	239.5	13.5	6%	6.25	7.49	1.24	20%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
26034	Treat hand bone lesion	090	250	266.5	16.5	7%	6.63	8.20	1.57	24%	0	0	0	4.5	0	0	0	1.5	0	0	1	0	0	0
26035	Decompress fingers/hand	090	351.5	400.5	49	14%	11.37	13.92	2.55	22%	0	0	0	0	4.5	0	0	3.5	0	0	1	0	0	0
26037	Decompress fingers/hand	090	228	241.5	13.5	6%	7.57	8.81	1.24	16%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
26040	Release palm contracture	090	135	140	5	4%	3.46	4.12	0.66	19%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
26045	Release palm contracture	090	207	214	7	3%	5.73	6.61	0.88	15%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26055	Incise finger tendon sheath	090	119	128	9	8%	3.11	3.77	0.66	21%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
26060	Incision of finger tendon	090	91	95	4	4%	2.91	3.35	0.44	15%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
26070	Explore/treat hand joint	090	168	173	5	3%	3.81	4.58	0.77	20%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
26075	Explore/treat finger joint	090	164	169	5	3%	3.91	4.68	0.77	20%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
26080	Explore/treat finger joint	090	157	164	7	4%	4.47	5.35	0.88	20%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26100	Biopsy hand joint lining	090	119	124	5	4%	3.79	4.34	0.55	15%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26105	Biopsy finger joint lining	090	119	124	5	4%	3.83	4.38	0.55	14%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26110	Biopsy finger joint lining	090	114	119	5	4%	3.65	4.20	0.55	15%	0	0												

26510	Thumb tendon transfer	090	254	261	7	3%	5.60	6.59	0.99	18%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26516	Fusion of knuckle joint	090	217	224	7	3%	7.32	8.31	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26517	Fusion of knuckle joints	090	260	270.5	10.5	4%	9.08	10.30	1.22	13%	0	0	0	4	0	0	0	0	0.5	0	1	0	0	0
26518	Fusion of knuckle joints	090	283	293.5	10.5	4%	9.27	10.49	1.22	13%	0	0	0	4	0	0	0	0	0.5	0	1	0	0	0
26520	Release knuckle contracture	090	176	183	7	4%	5.47	6.35	0.88	16%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26525	Release finger contracture	090	175	182	7	4%	5.50	6.38	0.88	16%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26530	Revise knuckle joint	090	205	213	8	4%	6.88	7.87	0.99	14%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26531	Revise knuckle with implant	090	215	224	9	4%	8.13	9.23	1.10	14%	0	0	0	4.5	0	0	0	0	0	0	0.5	0	0	0
26535	Revise finger joint	090	196	203	7	4%	5.41	6.29	0.88	16%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26536	Revise/implant finger joint	090	211	219	8	4%	6.56	7.55	0.99	15%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26540	Repair hand joint	090	204	211	7	3%	6.60	7.59	0.99	15%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26541	Repair hand joint with graft	090	245	253	8	3%	8.81	9.91	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26542	Repair hand joint with graft	090	220	227	7	3%	6.95	7.94	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
26545	Reconstruct finger joint	090	227	235	8	4%	7.11	8.21	1.10	15%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26546	Repair nonunion hand	090	341	383	42	12%	10.83	13.03	2.20	20%	0	0	0	0	6	0	0	0	0	0	1	0	0	0
26548	Reconstruct finger joint	090	226	234	8	4%	8.22	9.32	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26550	Construct thumb replacement	090	491	504	13	3%	21.68	22.67	0.99	5%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
26551	Great toe-hand transfer	090	1004	1073	69	7%	48.48	52.62	4.14	9%	0	0	0	5	2	0	0	9	0	0	1	0	0	0
26553	Single transfer toe-hand	090	989	1058	69	7%	48.17	52.31	4.14	9%	0	0	0	5	2	0	0	9	0	0	1	0	0	0
26554	Double transfer toe-hand	090	1155	1231	76	7%	57.01	61.61	4.60	8%	0	0	0	6	2	0	0	10	0	0	1	0	0	0
26555	Positional change of finger	090	401	414	13	3%	17.08	18.07	0.99	6%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
26556	Toe joint transfer	090	1004	1085	81	8%	49.75	54.33	4.58	9%	0	0	0	4	4	0	0	9	0	0	1	0	0	0
26560	Repair of web finger	090	183	189	6	3%	5.52	6.18	0.66	12%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26561	Repair of web finger	090	258	266	8	3%	11.10	12.20	1.10	10%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26562	Repair of web finger	090	425	462	37	9%	16.68	18.64	1.96	12%	-2	0	0	0	4	1	0	0	0	0	1	0	0	0
26565	Correct metacarpal flaw	090	194	201	7	4%	6.91	7.79	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26567	Correct finger deformity	090	195	202	7	4%	6.99	7.87	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26568	Lengthen metacarpal/finger	090	239	247	8	3%	9.27	10.37	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26580	Repair hand deformity	090	425	460	35	8%	19.75	21.40	1.65	8%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
26587	Reconstruct extra finger	090	401	414	13	3%	14.50	15.49	0.99	7%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
26590	Repair finger deformity	090	408	426	18	4%	18.67	19.77	1.10	6%	0	0	0	2	2	0	0	0	0	0	0	0	0	0
26591	Repair muscles of hand	090	222	227	5	2%	3.38	4.15	0.77	23%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
26593	Release muscles of hand	090	233	241	8	3%	5.50	6.60	1.10	20%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26596	Excision constricting tissue	090	210	218	8	4%	9.14	10.13	0.99	11%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26600	Treat metacarpal fracture	090	93	101	8	9%	2.60	3.48	0.88	34%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26605	Treat metacarpal fracture	090	107	114	7	7%	3.03	3.80	0.77	25%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26607	Treat metacarpal fracture	090	149	154	5	3%	5.48	6.14	0.66	12%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
26608	Treat metacarpal fracture	090	191	199	8	4%	5.55	6.54	0.99	18%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26615	Treat metacarpal fracture	090	217	235	18	8%	7.07	8.28	1.21	17%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26641	Treat thumb dislocation	090	138	146	8	6%	4.13	5.01	0.88	21%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26645	Treat thumb fracture	090	131	138	7	5%	4.58	5.35	0.77	17%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
26650	Treat thumb fracture	090	197	215	18	9%	5.35	6.56	1.21	23%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26665	Treat thumb fracture	090	237	255	18	8%	7.94	9.15	1.21	15%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26670	Treat hand dislocation	090	101	107	6	6%	3.83	4.49	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26675	Treat hand dislocation	090	129	137	8	6%	4.83	5.71	0.88	18%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26676	Pin hand dislocation	090	171	180	9	5%	5.74	6.73	0.99	17%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
26685	Treat hand dislocation	090	227	245	18	8%	7.07	8.28	1.21	17%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26686	Treat hand dislocation	090	231	240.5	9.5	4%	8.17	9.28	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
26700	Treat knuckle dislocation	090	110	116	6	5%	3.83	4.49	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26705	Treat knuckle dislocation	090	142	150	8	6%	4.38	5.26	0.88	20%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26706	Pin knuckle dislocation	090	155	163	8	5%	5.31	6.19	0.88	17%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26715	Treat knuckle dislocation	090	220	238	18	8%	7.03	8.24	1.21	17%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26720	Treat finger fracture each	090	63	67	4	6%	1.76	2.20	0.44	25%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
26725	Treat finger fracture each	090	104	110	6	6%	3.48	4.14	0.66	19%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26727	Treat finger fracture each	090	174	182	8	5%	5.42	6.41	0.99	18%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26735	Treat finger fracture each	090	237	255	18	8%	7.42	8.63	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26740	Treat finger fracture each	090	78	83	5	6%	2.07	2.62	0.55	27%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26742	Treat finger fracture each	090	104	110	6	6%	3.99	4.65	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
26746	Treat finger fracture each	090	303	328	25	8%	9.80	11.34	1.54	16%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
26750	Treat finger fracture each	090	65	69	4	6%	1.80	2.24	0.44	24%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
26755	Treat finger fracture each	090	85	90	5	6%	3.23	3.78	0.55	17%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26756	Pin finger fracture each	090	146	154	8	5%	4.58	5.46	0.88	19%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26765	Treat finger fracture each	090	217	235	18	8%	5.86	7.07	1.21	21%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26770	Treat finger dislocation	090	86	91	5	6%	3.15	3.70	0.55	17%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
26775	Treat finger dislocation	090	142	150	8	6%	3.90	4.78	0.88	23%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26776	Pin finger dislocation	090	152	160	8	5%	4.99	5.87	0.88	18%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26785	Treat finger dislocation	090	227	245	18	8%	6.60	7.81	1.21	18%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
26820	Thumb fusion with graft	090	254	262	8	3%	8.45	9.55	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26841	Fusion of thumb	090	222	231	9	4%	7.35	8.45	1.1															

26852	Fusion of knuckle with graft	090	272	282.5	10.5	4%	8.71	9.93	1.22	14%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
26860	Fusion of finger joint	090	163	171	8	5%	4.88	5.76	0.88	18%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
26862	Fusion/graft of finger joint	090	227	235	8	4%	7.56	8.55	0.99	13%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
26910	Amputate metacarpal bone	090	251	259	8	3%	7.79	8.89	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
26951	Amputation of finger/thumb	090	203	223	20	10%	6.04	7.47	1.43	24%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
26952	Amputation of finger/thumb	090	173	180	7	4%	6.48	7.36	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
26990	Drainage of pelvis lesion	090	265	284.5	19.5	7%	7.95	9.54	1.59	20%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
26991	Drainage of pelvis bursa	090	229	245	16	7%	7.06	8.42	1.36	19%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
26992	Drainage of bone lesion	090	291	310.5	19.5	7%	13.48	15.07	1.59	12%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
27000	Incision of hip tendon	090	147	152	5	3%	5.74	6.51	0.77	13%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
27001	Incision of hip tendon	090	189	197.5	8.5	4%	7.14	8.14	1.00	14%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0
27003	Incision of hip tendon	090	267	286.5	19.5	7%	7.81	9.40	1.59	20%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
27005	Incision of hip tendon	090	248	265	17	7%	10.07	11.54	1.47	15%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
27006	Incision of hip tendons	090	254	272	18	7%	10.11	11.69	1.58	16%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27025	Incision of hip/thigh fascia	090	392.5	436.5	44	11%	12.89	15.20	2.31	18%	0	0	0	0	4.5	0	0	2.5	0	0	1	0	0	0
27027	Buttock fasciotomy	090	359	383	24	7%	13.04	15.17	2.13	16%	0	0	0	3	1	0	0	3	1	0	1	0	0	0
27030	Drainage of hip joint	090	302	329	27	9%	13.65	15.60	1.95	14%	0	0	0	3.5	0	0	0	4	0	0	1	0	0	0
27033	Exploration of hip joint	090	342	372.5	30.5	9%	14.11	16.29	2.18	15%	0	0	0	4	0	0	0	4.5	0	0	1	0	0	0
27035	Denervation of hip joint	090	369	398	29	8%	17.37	19.54	2.17	12%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27036	Excision of hip joint/muscle	090	380	418	38	10%	14.38	16.40	2.02	14%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
27040	Biopsy of soft tissues	010	106	108	2	2%	2.92	3.25	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
27041	Biopsy of soft tissues	090	250	262	12	5%	10.18	11.41	1.23	12%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27043	Exc hip pelvis les sc 3 cm/>	090	206	215	9	4%	6.88	7.54	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27045	Exc hip/pelv tum deep 5 cm/>	090	320	341	21	7%	11.13	12.47	1.34	12%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
27047	Exc hip/pelvis les sc < 3 cm	090	160	169	9	6%	4.94	5.60	0.66	13%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27048	Exc hip/pelv tum deep < 5 cm	090	288	304	16	6%	8.85	10.08	1.23	14%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
27049	Resect hip/pelv tum < 5 cm	090	496	516	20	4%	21.55	23.62	2.07	10%	0	0	0	1	3	0	0	1	2	0	1	0	0	0
27050	Biopsy of sacroiliac joint	090	260	276	16	6%	4.74	6.10	1.36	29%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
27052	Biopsy of hip joint	090	327	358	31	9%	7.42	9.11	1.69	23%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
27054	Removal of hip joint lining	090	358	386	28	8%	9.21	11.27	2.06	22%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27057	Buttock fasciotomy w/dbrdmt	090	389	413	24	6%	14.91	17.04	2.13	14%	0	0	0	3	1	0	0	3	1	0	1	0	0	0
27059	Resect hip/pelv tum 5 cm/>	090	608	640	32	5%	29.35	31.99	2.64	9%	-2	0	0	1	2	1	0	3	2	0	1	0	0	0
27060	Removal of ischial bursa	090	254	272.5	18.5	7%	5.87	7.35	1.48	25%	0	0	0	3	0	0	0	2.5	0	0	1	0	0	0
27062	Remove femur lesion/bursa	090	185	191	6	3%	5.75	6.52	0.77	13%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27065	Remove hip bone les super	090	329	356	27	8%	6.55	8.50	1.95	30%	0	0	0	3.5	0	0	0	4	0	0	1	0	0	0
27066	Remove hip bone les deep	090	406	442.5	36.5	9%	11.20	13.73	2.53	23%	0	0	0	4.5	0	0	0	5.5	0	0	1	0	0	0
27067	Remove/graft hip bone lesion	090	443	480.5	37.5	8%	14.72	17.36	2.64	18%	0	0	0	5	0	0	0	5.5	0	0	1	0	0	0
27070	Part remove hip bone super	090	363	398.5	35.5	10%	11.56	13.98	2.42	21%	0	0	0	4	0	0	0	5.5	0	0	1	0	0	0
27071	Part removal hip bone deep	090	409	448	39	10%	12.39	15.04	2.65	21%	0	0	0	4.5	0	0	0	6	0	0	1	0	0	0
27075	Resect hip tumor	090	633	656	23	4%	32.71	35.31	2.60	8%	-2	0	0	1	2	1	0	2	3	0	1	0	0	0
27076	Resect hip tum incl acetabul	090	840	864	24	3%	40.21	43.25	3.04	8%	-2	0	0	1	2	1	0	3	4	0	1	0	0	0
27077	Resect hip tum w/innom bone	090	905	934	29	3%	45.21	48.49	3.28	7%	-2	0	0	1	2	1	0	4	4	0	1	0	0	0
27078	Rsect hip tum incl femur	090	665	688	23	3%	32.21	34.81	2.60	8%	-2	0	0	1	2	1	0	2	3	0	1	0	0	0
27080	Removal of tail bone	090	274	295	21	8%	6.89	8.49	1.60	23%	0	0	0	3	0	0	0	3	0	0	1	0	0	0
27086	Remove hip foreign body	010	82	84	2	2%	1.92	2.14	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27087	Remove hip foreign body	090	249	261	12	5%	8.83	10.06	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27090	Removal of hip prosthesis	090	317	340	23	7%	11.69	13.51	1.82	16%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27091	Removal of hip prosthesis	090	577	645	68	12%	24.35	27.81	3.46	14%	0	0	0	0	4	0	0	8	0	0	1	0	0	0
27097	Revision of hip tendon	090	271	290.5	19.5	7%	9.27	10.86	1.59	17%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
27098	Transfer tendon to pelvis	090	303	323.5	20.5	7%	9.32	11.02	1.70	18%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27100	Transfer of abdominal muscle	090	311	322.5	11.5	4%	11.35	12.68	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
27105	Transfer of spinal muscle	090	332	343.5	11.5	3%	12.04	13.37	1.33	11%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
27110	Transfer of iliopsoas muscle	090	365	386.5	21.5	6%	13.77	15.58	1.81	13%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
27111	Transfer of iliopsoas muscle	090	339	358	19	6%	12.60	14.29	1.69	13%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
27120	Reconstruction of hip socket	090	515	567.5	52.5	10%	19.25	22.61	3.36	17%	0	0	0	5	0	0	0	8.5	0	0	1	0	0	0
27122	Reconstruction of hip socket	090	436	482.5	46.5	11%	16.09	19.10	3.01	19%	0	0	0	4.5	0	0	0	7.5	0	0	1	0	0	0
27125	Partial hip replacement	090	430.5	490	59.5	14%	16.64	19.70	3.06	18%	0	0	0	0	3.5	0	0	7	0	0	1	0	0	0
27130	Total hip arthroplasty	090	377	390	13	3%	19.60	21.21	1.61	8%	0	0	0	0	3	0	0	0	2	0	1	0	0	0
27132	Total hip arthroplasty	090	611	686.5	75.5	12%	25.69	29.51	3.82	15%	0	0	0	0	4	0	0	9.5	0	0	1	0	0	0
27134	Revise hip joint replacement	090	617	673	56	9%	30.28	33.17	2.89	10%	0	0	0	0	3	0	0	7	0	0	1	0	0	0
27137	Revise hip joint replacement	090	492	538	46	9%	22.70	25.11	2.41	11%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
27138	Revise hip joint replacement	090	492	538	46	9%	23.70	26.11	2.41	10%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
27140	Transplant femur ridge	090	335	358	23	7%	12.78	14.60	1.82	14%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27146	Incision of hip bone	090	443	481	38	9%	18.92	20.94	2.02	11%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
27147	Revision of hip bone	090	473	511	38	8%	22.07	24.09	2.02	9%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
27151	Incision of hip bones	090	523	566	43	8%	24.12	26.38	2.26	9%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
27156	Revision of hip bones	090	538	581	43	8%	26.23	28.49	2.26	9%	0	0	0	0	4	0	0	3	0</					

27177	Treat slipped epiphysis	090	477	519.5	42.5	9%	16.09	18.97	2.88	18%	0	0	0	5	0	0	0	6.5	0	0	1	0	0	0
27178	Treat slipped epiphysis	090	408	447	39	10%	12.92	15.57	2.65	21%	0	0	0	4.5	0	0	0	6	0	0	1	0	0	0
27179	Revise head/neck of femur	090	442	483.5	41.5	9%	13.97	16.74	2.77	20%	0	0	0	4.5	0	0	0	6.5	0	0	1	0	0	0
27181	Treat slipped epiphysis	090	445	483	38	9%	16.18	18.20	2.02	12%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
27185	Revision of femur epiphysis	090	320	345.5	25.5	8%	9.79	11.73	1.94	20%	0	0	0	4	0	0	0	3.5	0	0	1	0	0	0
27187	Reinforce hip bones	090	396	425	29	7%	14.23	16.40	2.17	15%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27200	Treat tail bone fracture	090	63	66	3	5%	1.92	2.25	0.33	17%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
27202	Treat tail bone fracture	090	216	227.5	11.5	5%	7.31	8.33	1.02	14%	0	0	0	2	0	0	0	1.5	0	0	1	0	0	0
27215	Treat pelvic fracture(s)	090	388	405	17	4%	10.45	12.12	1.67	16%	0	0	0	2	1	0	0	2	1	0	1	0	0	0
27216	Treat pelvic ring fracture	090	393	427	34	9%	15.73	18.08	2.35	15%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
27217	Treat pelvic ring fracture	090	443	477	34	8%	14.65	17.00	2.35	16%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
27218	Treat pelvic ring fracture	090	543	587	44	8%	20.93	23.76	2.83	14%	0	0	0	1	3	0	0	5	1	0	1	0	0	0
27220	Treat hip socket fracture	090	184	191	7	4%	5.50	6.82	1.32	24%	0	0	0	3	0	0	0	1	1	0	1	0	0	0
27222	Treat hip socket fracture	090	472	531	59	13%	14.11	17.72	3.61	26%	0	0	0	4.5	0	0	0	10	0	0	1	0	0	0
27226	Treat hip wall fracture	090	412	440	28	7%	15.57	17.63	2.06	13%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27227	Treat hip fracture(s)	090	550	608	58	11%	25.41	28.39	2.98	12%	0	0	0	0	4	0	0	6	0	0	1	0	0	0
27228	Treat hip fracture(s)	090	680	729	49	7%	29.33	32.27	2.94	10%	0	0	0	0	4	0	0	5	1	0	1	0	0	0
27230	Treat thigh fracture	090	205	218	13	6%	5.81	7.15	1.34	23%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
27232	Treat thigh fracture	090	353	397	44	12%	11.72	14.30	2.58	22%	0	0	0	2	0	0	0	8	0	0	1	0	0	0
27235	Treat thigh fracture	090	360	395.5	35.5	10%	13.00	15.42	2.42	19%	0	0	0	4	0	0	0	5.5	0	0	1	0	0	0
27236	Treat thigh fracture	090	418	438	20	5%	17.61	19.68	2.07	12%	0	0	0	1	3	0	0	1	2	0	1	0	0	0
27238	Treat thigh fracture	090	207	216.5	9.5	5%	5.75	6.86	1.11	19%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
27240	Treat thigh fracture	090	454	509	55	12%	13.81	17.29	3.48	25%	0	0	0	5	0	0	0	9	0	0	1	0	0	0
27244	Treat thigh fracture	090	438	463	25	6%	18.18	20.49	2.31	13%	0	0	0	1	3	0	0	2	2	0	1	0	0	0
27245	Treat thigh fracture	090	443	468	25	6%	18.18	20.49	2.31	13%	0	0	0	1	3	0	0	2	2	0	1	0	0	0
27246	Treat thigh fracture	090	141	146	5	4%	4.83	5.60	0.77	16%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
27248	Treat thigh fracture	090	384	394	10	3%	10.78	12.63	1.85	17%	0	0	0	3	1	0	0	1	2	0	1	0	0	0
27252	Treat hip dislocation	090	284	311	27	10%	11.03	12.98	1.95	18%	0	0	0	3.5	0	0	0	4	0	0	1	0	0	0
27253	Treat hip dislocation	090	344	372	28	8%	13.58	15.64	2.06	15%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27254	Treat hip dislocation	090	413	442	29	7%	18.94	21.11	2.17	11%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27256	Treat hip dislocation	010	154	161	7	5%	4.28	4.96	0.68	16%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
27257	Treat hip dislocation	010	173	180	7	4%	5.38	6.06	0.68	13%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
27258	Treat hip dislocation	090	395	426.5	31.5	8%	16.18	18.47	2.29	14%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
27259	Treat hip dislocation	090	537	582	45	8%	23.26	25.61	2.35	10%	-2	0	0	0	3	1	0	3	0	0	1	0	0	0
27265	Treat hip dislocation	090	150	158	8	5%	5.24	6.23	0.99	19%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27266	Treat hip dislocation	090	202	214	12	6%	7.78	9.01	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27267	Cltx thigh fx	090	171	189	18	11%	5.50	7.08	1.58	29%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27268	Cltx thigh fx w/mpnj	090	196	214	18	9%	7.12	8.70	1.58	22%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27269	Optx thigh fx	090	404	423	19	5%	18.89	20.78	1.89	10%	0	0	0	3	1	0	0	2	1	0	1	0	0	0
27275	Manipulation of hip joint	010	110	112	2	2%	2.32	2.76	0.44	19%	0	0	0	1	0	0	0	0	0	0	1	0	0	0
27279	Arthrd si jt perq/min nvas	090	241	257	16	7%	12.13	13.12	0.99	8%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
27280	Arthr si jt opn b1grf instrm	090	383	400	17	4%	20.00	21.54	1.54	8%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
27282	Arthrodesis symphysis pubis	090	342	363.5	21.5	6%	11.85	13.66	1.81	15%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0
27284	Fusion of hip joint	090	497	529	32	6%	25.06	27.19	2.13	8%	0	0	0	0	3	0	0	3	1	0	1	0	0	0
27286	Fusion of hip joint	090	540	588	48	9%	25.17	27.67	2.50	10%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
27290	Amputation of leg at hip	090	615	668.5	53.5	9%	24.55	28.02	3.47	14%	0	0	0	5.5	0	0	0	8.5	0	0	1	0	0	0
27295	Amputation of leg at hip	090	499	542	43	9%	19.66	22.44	2.78	14%	0	0	0	4	0	0	0	7	0	0	1	0	0	0
27301	Drain thigh/knee lesion	090	220	232	12	5%	6.78	8.01	1.23	18%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27303	Drainage of bone lesion	090	249	263.5	14.5	6%	8.63	9.98	1.35	16%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
27305	Incise thigh tendon & fascia	090	207	218	11	5%	6.18	7.30	1.12	18%	0	0	0	3	0	0	0	1	0	0	1	0	0	0
27306	Incision of thigh tendon	090	162	167	5	3%	4.74	5.51	0.77	16%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
27307	Incision of thigh tendons	090	206	217	11	5%	6.06	7.18	1.12	18%	0	0	0	3	0	0	0	1	0	0	1	0	0	0
27310	Exploration of knee joint	090	311	341.5	30.5	10%	10.00	12.18	2.18	22%	0	0	0	4	0	0	0	4.5	0	0	1	0	0	0
27323	Biopsy thigh soft tissues	010	74	76	2	3%	2.33	2.55	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27324	Biopsy thigh soft tissues	090	168	174	6	4%	5.04	5.81	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27325	Neurectomy hamstring	090	229	238.5	9.5	4%	7.20	8.31	1.11	15%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
27326	Neurectomy popliteal	090	215	222	7	3%	6.47	7.46	0.99	15%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
27327	Exc thigh/knee les sc < 3 cm	090	140	149	9	6%	3.96	4.62	0.66	17%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27328	Exc thigh/knee tum deep <5cm	090	261	277	16	6%	8.85	10.08	1.23	14%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
27329	Resect thigh/knee tum < 5 cm	090	413	437	24	6%	15.72	17.59	1.87	12%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
27330	Biopsy knee joint lining	090	165	171	6	4%	5.11	5.88	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27331	Explore/treat knee joint	090	200	206	6	3%	6.02	6.90	0.88	15%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
27332	Removal of knee cartilage	090	235	243	8	3%	8.46	9.56	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
27333	Removal of knee cartilage	090	263	273.5	10.5	4%	7.55	8.77	1.22	16%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
27334	Remove knee joint lining	090	294	314.5	20.5	7%	9.19	10.89	1.70	18%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27335	Remove knee joint lining	090	329	352	23	7%	10.55	12.37	1.82	17%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27337	Exc thigh/knee les sc 3 cm/>	090	181	190	9	5%	5.91	6.57	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27339	Exc thigh/knee tum dep 5cm/>	090	310	331	21	7%	11.13	12.47																

27356	Remove femur lesion/graft	090	331	356.5	25.5	8%	10.09	12.03	1.94	19%	0	0	0	4	0	0	0	3.5	0	0	1	0	0	0	
27357	Remove femur lesion/graft	090	361	387.5	26.5	7%	11.16	13.21	2.05	18%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0	
27360	Partial removal leg bone(s)	090	386	426.5	40.5	10%	11.46	14.12	2.66	23%	0	0	0	4	0	0	0	6.5	0	0	1	0	0	0	
27364	Resect thigh/knee tum 5 cm/>	090	550	577	27	5%	24.49	26.89	2.40	10%	-2	0	0	1	2	1	0	2	2	0	1	0	0	0	
27365	Resect femur/knee tumor	090	633	656	23	4%	32.21	34.81	2.60	8%	-2	0	0	1	2	1	0	2	3	0	1	0	0	0	
27372	Removal of foreign body	090	168	174	6	4%	5.21	5.98	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0	
27380	Repair of kneecap tendon	090	235	247	12	5%	7.45	8.68	1.23	17%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0	
27381	Repair/graft kneecap tendon	090	320	338	18	6%	10.76	12.34	1.58	15%	0	0	0	4	0	0	0	2	0	0	1	0	0	0	
27385	Repair of thigh muscle	090	237	250	13	5%	6.93	8.03	1.10	16%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0	
27386	Repair/graft of thigh muscle	090	350	374	24	7%	11.13	13.06	1.93	17%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0	
27390	Incision of thigh tendon	090	184	192.5	8.5	5%	5.53	6.53	1.00	18%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0	
27391	Incision of thigh tendons	090	233	245	12	5%	7.49	8.72	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0	
27392	Incision of thigh tendons	090	292	310	18	6%	9.63	11.21	1.58	16%	0	0	0	4	0	0	0	2	0	0	1	0	0	0	
27393	Lengthening of thigh tendon	090	197	205.5	8.5	4%	6.59	7.59	1.00	15%	0	0	0	3	0	0	0	0.5	0	0	1	0	0	0	
27394	Lengthening of thigh tendons	090	248	260	12	5%	8.79	10.02	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0	
27395	Lengthening of thigh tendons	090	348	369.5	21.5	6%	12.24	14.05	1.81	15%	0	0	0	4.5	0	0	0	2.5	0	0	1	0	0	0	
27396	Transplant of thigh tendon	090	254	266	12	5%	8.15	9.38	1.23	15%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0	
27397	Transplants of thigh tendons	090	360	393	33	9%	12.66	14.44	1.78	14%	0	0	0	0	4	0	0	1	0	0	1	0	0	0	
27400	Revise thigh muscles/tendons	090	274	287	13	5%	9.33	10.67	1.34	14%	0	0	0	4	0	0	0	1	0	0	1	0	0	0	
27403	Repair of knee cartilage	090	257	269	12	5%	8.62	9.85	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0	
27405	Repair of knee ligament	090	282	300	18	6%	9.08	10.66	1.58	17%	0	0	0	4	0	0	0	2	0	0	1	0	0	0	
27407	Repair of knee ligament	090	349	373	24	7%	10.85	12.78	1.93	18%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0	
27409	Repair of knee ligaments	090	410	444	34	8%	13.71	16.12	2.41	18%	0	0	0	4.5	0	0	0	5	0	0	1	0	0	0	
27412	Autochondrocyte implant knee	090	484	510	26	5%	24.74	26.83	2.09	8%	0	0	0	2	3	0	0	1	1	0	1	0	0	0	
27415	Osteochondral knee allograft	090	424	450	26	6%	20.00	22.09	2.09	10%	0	0	0	2	3	0	0	1	1	0	1	0	0	0	
27416	Osteochondral knee autograft	090	287	305	18	6%	14.16	15.37	1.21	9%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0	
27418	Repair degenerated kneecap	090	358	389.5	31.5	9%	11.60	13.89	2.29	20%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0	
27420	Revision of unstable kneecap	090	295	313	18	6%	10.26	11.84	1.58	15%	0	0	0	4	0	0	0	2	0	0	1	0	0	0	
27422	Revision of unstable kneecap	090	297	315	18	6%	10.21	11.79	1.58	15%	0	0	0	4	0	0	0	2	0	0	1	0	0	0	
27424	Revision/removal of kneecap	090	298	316	18	6%	10.24	11.82	1.58	15%	0	0	0	4	0	0	0	2	0	0	1	0	0	0	
27425	Lat retinacular release open	090	159	166	7	4%	5.39	6.16	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0	
27427	Reconstruction knee	090	302	320	18	6%	9.79	11.37	1.58	16%	0	0	0	4	0	0	0	2	0	0	1	0	0	0	
27428	Reconstruction knee	090	363	398	35	10%	15.58	17.45	1.87	12%	0	0	0	0	5	0	0	0	0	0	1	0	0	0	
27429	Reconstruction knee	090	466	513	47	10%	17.54	19.98	2.44	14%	0	0	0	0	6	0	0	1	0	0	1	0	0	0	
27430	Revision of thigh muscles	090	303	323.5	20.5	7%	10.16	11.86	1.70	17%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0	
27435	Incision of knee joint	090	340	373	33	10%	10.88	12.66	1.78	16%	0	0	0	0	4	0	0	1	0	0	1	0	0	0	
27437	Revise kneecap	090	273	292.5	19.5	7%	8.93	10.52	1.59	18%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0	
27438	Revise kneecap with implant	090	332	360	28	8%	11.89	13.95	2.06	17%	0	0	0	4	0	0	0	4	0	0	1	0	0	0	
27440	Revision of knee joint	090	334	362	28	8%	11.09	13.15	2.06	19%	0	0	0	4	0	0	0	4	0	0	1	0	0	0	
27441	Revision of knee joint	090	360	390.5	30.5	8%	11.54	13.72	2.18	19%	0	0	0	4	0	0	0	4.5	0	0	1	0	0	0	
27442	Revision of knee joint	090	307	327.5	20.5	7%	12.37	14.07	1.70	14%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0	
27443	Revision of knee joint	090	323	343.5	20.5	6%	11.41	13.11	1.70	15%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0	
27445	Revision of knee joint	090	447	488.5	41.5	9%	18.66	21.43	2.77	15%	0	0	0	4.5	0	0	0	6.5	0	0	1	0	0	0	
27446	Revision of knee joint	090	310	333	23	7%	17.13	18.32	1.19	7%	-2	0	0	0	2	1	0	0	0	0	0.5	0	0	0	
27447	Total knee arthroplasty	090	374	387	13	3%	19.60	21.21	1.61	8%	0	0	0	0	3	0	0	0	2	0	0	1	0	0	0
27448	Incision of thigh	090	324	347	23	7%	11.60	13.42	1.82	16%	0	0	0	4	0	0	0	3	0	0	1	0	0	0	
27450	Incision of thigh	090	392	418.5	26.5	7%	14.61	16.66	2.05	14%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0	
27454	Realignment of thigh bone	090	430	473	43	10%	19.17	21.43	2.26	12%	0	0	0	0	4	0	0	3	0	0	1	0	0	0	
27455	Realignment of knee	090	344	367	23	7%	13.36	15.18	1.82	14%	0	0	0	4	0	0	0	3	0	0	1	0	0	0	
27457	Realignment of knee	090	370	394.5	24.5	7%	14.03	15.86	1.83	13%	0	0	0	3.5	0	0	0	3.5	0	0	1	0	0	0	
27465	Shortening of thigh bone	090	383.5	416.5	33	9%	18.60	20.64	2.04	11%	0	0	0	2	2	0	0	3	0	0	1	0	0	0	
27466	Lengthening of thigh bone	090	467	507	40	9%	17.28	20.04	2.76	16%	0	0	0	5	0	0	0	6	0	0	1	0	0	0	
27468	Shorten/lengthen thighs	090	515	557.5	42.5	8%	19.97	22.85	2.88	14%	0	0	0	5	0	0	0	6.5	0	0	1	0	0	0	
27470	Repair of thigh	090	400	421	21	5%	17.14	19.25	2.11	12%	0	0	0	4	1	0	0	2	1	0	1	0	0	0	
27472	Repair/graft of thigh	090	502	544.5	42.5	8%	18.72	21.60	2.88	15%	0	0	0	5	0	0	0	6.5	0	0	1	0	0	0	
27475	Surgery to stop leg growth	090	252	264	12	5%	8.93	10.16	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0	
27477	Surgery to stop leg growth	090	262	274	12	5%	10.14	11.37	1.23	12%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0	
27479	Surgery to stop leg growth	090	326	341.5	15.5	5%	13.16	14.62	1.46	11%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0	
27485	Surgery to stop leg growth	090	241	253	12	5%	9.13	10.36	1.23	13%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0	
27486	Revise/replace knee joint	090	470	523	53	11%	21.12	23.86	2.74	13%	0	0	0	0	4	0	0	5	0	0	1	0	0	0	
27487	Revise/replace knee joint	090	520	573	53	10%	27.11	29.85	2.74	10%	0	0	0	0	4	0	0	5	0	0	1	0	0	0	
27488	Removal of knee prosthesis	090	470	523	53	11%	17.60	20.34	2.74	16%	0	0	0	0	4	0	0	5	0	0	1	0	0	0	
27495	Reinforce thigh	090	452	493.5	41.5	9%	16.54	19.31	2.77	17%	0	0	0	4.5	0	0	0	6.5	0	0	1	0	0	0	
27496	Decompression of thigh/knee	090	287	315	28	10%	6.78	8.84	2.06	30%	0	0	0	4	0	0	0	4	0	0	1	0	0	0	
27497	Decompression of thigh/knee	090	301	327	26	9%	7.79	9.63	1.84	24%	0	0	0	3	0	0	0	4	0	0	1	0	0	0	
27498	Decompression of thigh/knee	090	327	355	28	9%	8.66	10.72	2.06	24%	0	0	0	4	0	0	0	4	0	0	1	0	0	0	
27499	Decompression of thigh/knee	090	332	350	18	5%	9.43	11.01	1.58	17%	0	0	0	4	0	0	0	2	0	0	1	0</			

27508	Treatment of thigh fracture	090	221	236.5	15.5	7%	6.20	7.66	1.46	24%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
27509	Treatment of thigh fracture	090	297	315	18	6%	8.14	9.72	1.58	19%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27510	Treatment of thigh fracture	090	298	326	28	9%	9.80	11.86	2.06	21%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27511	Treatment of thigh fracture	090	439	449	10	2%	15.11	16.96	1.85	12%	0	0	0	3	1	0	0	1	2	0	1	0	0	0
27513	Treatment of thigh fracture	090	464	474	10	2%	19.25	21.10	1.85	10%	0	0	0	3	1	0	0	1	2	0	1	0	0	0
27514	Treatment of thigh fracture	090	409	419	10	2%	14.60	16.45	1.85	13%	0	0	0	3	1	0	0	1	2	0	1	0	0	0
27516	Treat thigh fx growth plate	090	215	224	9	4%	5.59	6.80	1.21	22%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
27517	Treat thigh fx growth plate	090	249	263	14	6%	9.12	10.57	1.45	16%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
27519	Treat thigh fx growth plate	090	359	373	14	4%	13.25	14.90	1.65	12%	0	0	0	3	1	0	0	1	1	0	1	0	0	0
27520	Treat kneecap fracture	090	124	131	7	6%	3.04	3.81	0.77	25%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27524	Treat kneecap fracture	090	274	289.5	15.5	6%	10.37	11.83	1.46	14%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
27530	Treat knee fracture	090	91	99	8	9%	2.65	3.53	0.88	33%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
27532	Treat knee fracture	090	218	228.5	10.5	5%	7.55	8.77	1.22	16%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
27535	Treat knee fracture	090	389	394	5	1%	13.41	15.02	1.61	12%	0	0	0	3	1	0	0	0	2	0	1	0	0	0
27536	Treat knee fracture	090	475	523	48	10%	17.39	19.89	2.50	14%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
27538	Treat knee fracture(s)	090	140	149	9	6%	5.09	6.08	0.99	19%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
27540	Treat knee fracture	090	334	343	9	3%	11.30	12.71	1.41	12%	0	0	0	3	1	0	0	0	1	0	1	0	0	0
27550	Treat knee dislocation	090	143	152	9	6%	5.98	6.97	0.99	17%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
27552	Treat knee dislocation	090	228	239.5	11.5	5%	8.18	9.51	1.33	16%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
27556	Treat knee dislocation	090	369	383	14	4%	13.00	14.65	1.65	13%	0	0	0	3	1	0	0	1	1	0	1	0	0	0
27557	Treat knee dislocation	090	399	413	14	4%	15.90	17.55	1.65	10%	0	0	0	3	1	0	0	1	1	0	1	0	0	0
27558	Treat knee dislocation	090	429	443	14	3%	18.39	20.04	1.65	9%	0	0	0	3	1	0	0	1	1	0	1	0	0	0
27560	Treat kneecap dislocation	090	105	112	7	7%	3.99	4.76	0.77	19%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27562	Treat kneecap dislocation	090	168	176	8	5%	5.98	6.97	0.99	17%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27566	Treat kneecap dislocation	090	303	323.5	20.5	7%	12.71	14.41	1.70	13%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27570	Fixation of knee joint	010	71	73	2	3%	1.79	2.01	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27580	Fusion of knee	090	450	498	48	11%	21.10	23.60	2.50	12%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
27590	Amputate leg at thigh	090	449	509.5	60.5	13%	13.47	17.09	3.62	27%	0	0	0	4	0	0	0	10.5	0	0	1	0	0	0
27591	Amputate leg at thigh	090	462	515	53	11%	13.94	17.20	3.26	23%	0	0	0	4	0	0	0	9	0	0	1	0	0	0
27592	Amputate leg at thigh	090	358	398.5	40.5	11%	10.98	13.64	2.66	24%	0	0	0	4	0	0	0	6.5	0	0	1	0	0	0
27594	Amputation follow-up surgery	090	268	283.5	15.5	6%	7.29	8.75	1.46	20%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
27596	Amputation follow-up surgery	090	345	374	29	8%	11.29	13.46	2.17	19%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27598	Amputate lower leg at knee	090	340	369	29	9%	11.22	13.39	2.17	19%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27600	Decompression of lower leg	090	211	227	16	8%	6.03	7.39	1.36	23%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
27601	Decompression of lower leg	090	220	237	17	8%	6.05	7.52	1.47	24%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
27602	Decompression of lower leg	090	253	272.5	19.5	8%	7.82	9.41	1.59	20%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
27603	Drain lower leg lesion	090	199	211	12	6%	5.23	6.46	1.23	24%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27604	Drain lower leg bursa	090	130	135	5	4%	4.59	5.25	0.66	14%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
27605	Incision of achilles tendon	010	88	90	2	2%	2.92	3.14	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27606	Incision of achilles tendon	010	131	133	2	2%	4.18	4.62	0.44	11%	0	0	0	1	0	0	0	0	0	0	1	0	0	0
27607	Treat lower leg bone lesion	090	281	308	27	10%	8.62	10.57	1.95	23%	0	0	0	3.5	0	0	0	4	0	0	1	0	0	0
27610	Explore/treat ankle joint	090	311	344	33	11%	9.13	11.43	2.30	25%	0	0	0	4	0	0	0	5	0	0	1	0	0	0
27612	Exploration of ankle joint	090	353	387	34	10%	8.15	10.56	2.41	30%	0	0	0	4.5	0	0	0	5	0	0	1	0	0	0
27613	Biopsy lower leg soft tissue	010	77	79	2	3%	2.22	2.44	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
27614	Biopsy lower leg soft tissue	090	192	198	6	3%	5.80	6.68	0.88	15%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
27615	Resect leg/ankle tum < 5 cm	090	416	440	24	6%	15.72	17.59	1.87	12%	0	0	0	1	3	0	0	1	1	0	1	0	0	0
27616	Resect leg/ankle tum 5 cm/>	090	463	489	26	6%	19.63	21.59	1.96	10%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
27618	Exc leg/ankle tum < 3 cm	090	137	146	9	7%	3.96	4.62	0.66	17%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27619	Exc leg/ankle tum deep <5 cm	090	225	236	11	5%	6.91	7.79	0.88	13%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
27620	Explore/treat ankle joint	090	180	187	7	4%	6.15	7.03	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27625	Remove ankle joint lining	090	249	257	8	3%	8.49	9.59	1.10	13%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
27626	Remove ankle joint lining	090	268	276	8	3%	9.10	10.20	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
27630	Removal of tendon lesion	090	146	152	6	4%	4.94	5.60	0.66	13%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
27632	Exc leg/ankle les sc 3 cm/>	090	183	192	9	5%	5.91	6.57	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
27634	Exc leg/ankle tum dep 5 cm/>	090	281	302	21	7%	10.13	11.47	1.34	13%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
27635	Remove lower leg bone lesion	090	267	277.5	10.5	4%	8.03	9.25	1.22	15%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
27637	Remove/graft leg bone lesion	090	336	355	19	6%	10.31	12.00	1.69	16%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
27638	Remove/graft leg bone lesion	090	315	333	18	6%	10.99	12.57	1.58	14%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27640	Partial removal of tibia	090	382	418.5	36.5	10%	12.24	14.77	2.53	21%	0	0	0	4.5	0	0	0	5.5	0	0	1	0	0	0
27641	Partial removal of fibula	090	319	344.5	25.5	8%	9.84	11.78	1.94	20%	0	0	0	4	0	0	0	3.5	0	0	1	0	0	0
27645	Resect tibia tumor	090	553	580	27	5%	27.21	29.61	2.40	9%	-2	0	0	1	2	1	0	2	2	0	1	0	0	0
27646	Resect fibula tumor	090	540	562	22	4%	23.21	25.37	2.16	9%	-2	0	0	1	2	1	0	1	2	0	1	0	0	0
27647	Resect talus/calcaneus tum	090	469	484	15	3%	20.26	22.09	1.83	9%	-2	0	0	1	1	1	0	1	2	0	1	0	0	0
27650	Repair achilles tendon	090	239	264	25	10%	9.21	10.75	1.54	17%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
27652	Repair/graft achilles tendon	090	312	331	19	6%	10.78	12.47	1.69	16%	0	0	0	4.5	0	0	0	2	0	0	1	0	0	0
27654	Repair of achilles tendon	090	283	308	25	9%	10.53	12.07	1.54	15%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
27656	Repair leg fascia defect	090	171	177	6	4%	4.71	5.48	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27658	Repair of leg tendon each	090	196	202	6	3%	5.12	6.00	0															

27680	Release of lower leg tendon	090	197	203	6	3%	5.88	6.76	0.88	15%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
27681	Release of lower leg tendons	090	232	241.5	9.5	4%	7.05	8.16	1.11	16%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
27685	Revision of lower leg tendon	090	200	208	8	4%	6.69	7.68	0.99	15%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27686	Revise lower leg tendons	090	252	264	12	5%	7.75	8.98	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27687	Revision of calf tendon	090	199	206	7	4%	6.41	7.29	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27690	Revise lower leg tendon	090	258	283	25	10%	9.17	10.71	1.54	17%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
27691	Revise lower leg tendon	090	292	317	25	9%	10.49	12.14	1.65	16%	0	0	0	2	3	0	0	0	0	0	1	0	0	0
27695	Repair of ankle ligament	090	225	233	8	4%	6.70	7.80	1.10	16%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
27696	Repair of ankle ligaments	090	280	293	13	5%	8.58	9.92	1.34	16%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
27698	Repair of ankle ligament	090	275	285.5	10.5	4%	9.61	10.83	1.22	13%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
27700	Revision of ankle joint	090	310	325.5	15.5	5%	9.66	11.12	1.46	15%	0	0	0	4	0	0	0	1.5	0	0	1	0	0	0
27702	Reconstruct ankle joint	090	416	447.5	31.5	8%	14.42	16.71	2.29	16%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
27703	Reconstruction ankle joint	090	488	533	45	9%	16.94	19.94	3.00	18%	0	0	0	5	0	0	0	7	0	0	1	0	0	0
27704	Removal of ankle implant	090	251	259	8	3%	7.81	8.91	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
27705	Incision of tibia	090	303	323.5	20.5	7%	10.86	12.56	1.70	16%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27707	Incision of fibula	090	243	260	17	7%	4.78	6.25	1.47	31%	0	0	0	3.5	0	0	0	2	0	0	1	0	0	0
27709	Incision of tibia & fibula	090	346	374	28	8%	17.48	19.28	1.80	10%	0	0	0	2	2	0	0	2	0	0	1	0	0	0
27712	Realignment of lower leg	090	400	443	43	11%	15.87	18.13	2.26	14%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
27715	Revision of lower leg	090	457	503.5	46.5	10%	15.50	18.51	3.01	19%	0	0	0	4.5	0	0	0	7.5	0	0	1	0	0	0
27720	Repair of tibia	090	356	380	24	7%	12.36	14.29	1.93	16%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
27722	Repair/graft of tibia	090	389	415.5	26.5	7%	12.45	14.50	2.05	16%	0	0	0	4.5	0	0	0	3.5	0	0	1	0	0	0
27724	Repair/graft of tibia	090	460	477	17	4%	19.31	20.85	1.54	8%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
27725	Repair of lower leg	090	464	511	47	10%	17.41	19.85	2.44	14%	-4	0	0	0	2	2	0	3	0	0	1	0	0	0
27726	Repair fibula nonunion	090	319	337	18	6%	14.34	15.79	1.45	10%	0	0	0	3	1	0	0	1	0	0	1	0	0	0
27727	Repair of lower leg	090	445	480	35	8%	14.84	17.36	2.52	17%	0	0	0	5	0	0	0	5	0	0	1	0	0	0
27730	Repair of tibia epiphysis	090	241	253	12	5%	7.70	8.93	1.23	16%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
27732	Repair of fibula epiphysis	090	183	189	6	3%	5.46	6.23	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
27734	Repair lower leg epiphyses	090	273	287.5	14.5	5%	8.83	10.18	1.35	15%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
27740	Repair of leg epiphyses	090	315	328	13	4%	9.61	10.95	1.34	14%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
27742	Repair of leg epiphyses	090	340	354	14	4%	10.63	12.08	1.45	14%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
27745	Reinforce tibia	090	312	330	18	6%	10.49	12.07	1.58	15%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27750	Treatment of tibia fracture	090	143	150	7	5%	3.37	4.25	0.88	26%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27752	Treatment of tibia fracture	090	250	268	18	7%	6.27	7.85	1.58	25%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
27756	Treatment of tibia fracture	090	344	372	28	8%	7.45	9.51	2.06	28%	0	0	0	4	0	0	0	4	0	0	1	0	0	0
27758	Treatment of tibia fracture	090	435	471.5	36.5	8%	12.54	15.07	2.53	20%	0	0	0	4.5	0	0	0	5.5	0	0	1	0	0	0
27759	Treatment of tibia fracture	090	324	347	23	7%	14.45	16.14	1.69	12%	0	0	0	3	1	0	0	2	0	0	1	0	0	0
27760	Cltx medial ankle fx	090	124	132	8	6%	3.21	4.09	0.88	27%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
27762	Cltx med ankle fx w/mnpj	090	212	221	9	4%	5.47	6.68	1.21	22%	0	0	0	4.5	0	0	0	0	0	0	1	0	0	0
27766	Optx medial ankle fx	090	266	289	23	9%	7.89	9.45	1.56	20%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
27767	Cltx post ankle fx	090	96	109	13	14%	2.64	3.63	0.99	38%	0	0	0	3	1	0	0	0	0	0	0	0	0	0
27768	Cltx post ankle fx w/mnpj	090	170	183	13	8%	5.14	6.24	1.10	21%	0	0	0	3	1	0	0	0	0	0	0.5	0	0	0
27769	Optx post ankle fx	090	279	297	18	6%	10.14	11.59	1.45	14%	0	0	0	3	1	0	0	1	0	0	1	0	0	0
27780	Treatment of fibula fracture	090	110	117	7	6%	2.83	3.60	0.77	27%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27781	Treatment of fibula fracture	090	146	154	8	5%	4.59	5.47	0.88	19%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
27784	Treatment of fibula fracture	090	281	304	23	8%	9.67	11.23	1.56	16%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
27786	Treatment of ankle fracture	090	114	121	7	6%	3.02	3.79	0.77	25%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27788	Treatment of ankle fracture	090	148	156	8	5%	4.64	5.52	0.88	19%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
27792	Treatment of ankle fracture	090	245	263	18	7%	8.75	9.96	1.21	14%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
27808	Treatment of ankle fracture	090	127	135	8	6%	3.03	3.91	0.88	29%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
27810	Treatment of ankle fracture	090	180	188	8	4%	5.32	6.31	0.99	19%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27814	Treatment of ankle fracture	090	346	360	14	4%	10.62	12.14	1.52	14%	0	0	0	2	2	0	0	0	1	0	1	0	0	0
27816	Treatment of ankle fracture	090	119	126	7	6%	3.07	3.84	0.77	25%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
27818	Treatment of ankle fracture	090	193	201	8	4%	5.69	6.68	0.99	17%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27822	Treatment of ankle fracture	090	353	372	19	5%	11.21	12.84	1.63	15%	0	0	0	1	3	0	0	0	1	0	1	0	0	0
27823	Treatment of ankle fracture	090	366	385	19	5%	13.16	14.79	1.63	12%	0	0	0	1	3	0	0	0	1	0	1	0	0	0
27824	Treat lower leg fracture	090	137	148	11	8%	3.31	4.08	0.77	23%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
27825	Treat lower leg fracture	090	345	366	21	6%	6.69	8.29	1.60	24%	0	0	0	3	0	0	0	3	0	0	1	0	0	0
27826	Treat lower leg fracture	090	328	347	19	6%	11.10	12.73	1.63	15%	0	0	0	1	3	0	0	0	1	0	1	0	0	0
27827	Treat lower leg fracture	090	441	472	31	7%	14.79	16.99	2.20	15%	0	0	0	1	4	0	0	1	1	0	1	0	0	0
27828	Treat lower leg fracture	090	471	502	31	7%	18.43	20.63	2.20	12%	0	0	0	1	4	0	0	1	1	0	1	0	0	0
27829	Treat lower leg joint	090	271	294	23	8%	8.80	10.36	1.56	18%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
27830	Treat lower leg dislocation	090	152	159	7	5%	3.96	4.84	0.88	22%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27831	Treat lower leg dislocation	090	166	173	7	4%	4.73	5.61	0.88	19%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
27832	Treat lower leg dislocation	090	301	324	23	8%	10.17	11.73	1.56	15%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
27840	Treat ankle dislocation	090	160	168	8	5%	4.77	5.76	0.99	21%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
27842	Treat ankle dislocation	090	225	235.5	10.5	5%	6.46	7.68	1.22	19%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
27846	Treat ankle dislocation	090	312	332.5	20.5	7%	10.28	11.98	1.70	17%	0	0	0	4	0	0	0	2.5	0	0	1	0	0	0
27848	Treat ankle dislocation	090	334	354.5	20.5	6%	11.68	13.38	1.70	15%	0	0	0	4										

27882	Amputation of lower leg	090	331	366.5	35.5	11%	9.79	12.21	2.42	25%	0	0	0	4	0	0	0	5.5	0	0	1	0	0	0
27884	Amputation follow-up surgery	090	292	315	23	8%	8.76	10.58	1.82	21%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27886	Amputation follow-up surgery	090	340	369	29	9%	10.02	12.19	2.17	22%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27888	Amputation of foot at ankle	090	335	364	29	9%	10.37	12.54	2.17	21%	0	0	0	4.5	0	0	0	4	0	0	1	0	0	0
27889	Amputation of foot at ankle	090	361	397.5	36.5	10%	10.86	13.39	2.53	23%	0	0	0	4.5	0	0	0	5.5	0	0	1	0	0	0
27892	Decompression of leg	090	307	330	23	7%	7.94	9.76	1.82	23%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27893	Decompression of leg	090	307	330	23	7%	7.90	9.72	1.82	23%	0	0	0	4	0	0	0	3	0	0	1	0	0	0
27894	Decompression of leg	090	433	493	60	14%	12.67	15.74	3.07	24%	0	0	0	0	5	0	0	5	0	0	1	0	0	0
28005	Treat foot bone lesion	090	320	351.5	31.5	10%	9.44	11.73	2.29	24%	0	0	0	4.5	0	0	0	4.5	0	0	1	0	0	0
28008	Incision of foot fascia	090	159	165	6	4%	4.59	5.36	0.77	17%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28010	Incision of toe tendon	090	90	95	5	6%	2.97	3.52	0.55	19%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28011	Incision of toe tendons	090	123	129	6	5%	4.28	4.94	0.66	15%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28020	Exploration of foot joint	090	161	167	6	4%	5.15	5.92	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28022	Exploration of foot joint	090	157	163	6	4%	4.81	5.58	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28024	Exploration of toe joint	090	151	157	6	4%	4.52	5.29	0.77	17%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28035	Decompression of tibia nerve	090	169	175	6	4%	5.23	6.00	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28039	Exc foot/toe tum sc 1.5 cm/>	090	153	162	9	6%	5.42	6.08	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
28041	Exc foot/toe tum dep 1.5cm/>	090	217	233	16	7%	7.13	8.12	0.99	14%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
28043	Exc foot/toe tum sc < 1.5 cm	090	138	147	9	7%	3.96	4.62	0.66	17%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
28045	Exc foot/toe tum <1.5cm	090	169	180	11	7%	5.45	6.33	0.88	16%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
28046	Resect foot/toe tumor < 3 cm	090	334	367	33	10%	12.38	14.29	1.91	15%	0	0	0	1	3	0	0	2	0	0	1	0	0	0
28047	Resect foot/toe tumor 3 cm/>	090	413	439	26	6%	17.45	19.41	1.96	11%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
28050	Biopsy of foot joint lining	090	163	169	6	4%	4.39	5.16	0.77	18%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28052	Biopsy of foot joint lining	090	149	154	5	3%	4.06	4.72	0.66	16%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28054	Biopsy of toe joint lining	090	133	138	5	4%	3.57	4.23	0.66	18%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28055	Neurectomy foot	090	197	203	6	3%	6.29	7.17	0.88	14%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
28060	Partial removal foot fascia	090	156	163	7	4%	5.40	6.17	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
28062	Removal of foot fascia	090	221	228	7	3%	6.69	7.57	0.88	13%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28070	Removal of foot joint lining	090	190	196	6	3%	5.24	6.12	0.88	17%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
28072	Removal of foot joint lining	090	166	172	6	4%	4.72	5.49	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28080	Removal of foot lesion	090	169	197	28	17%	4.86	6.18	1.32	27%	-2	0	1	0	4	0	0	0	0	0	0	0	0	0
28086	Excise foot tendon sheath	090	172	178	6	3%	4.92	5.69	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28088	Excise foot tendon sheath	090	142	147	5	4%	3.98	4.64	0.66	17%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28090	Removal of foot lesion	090	130	136	6	5%	4.55	5.21	0.66	15%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28092	Removal of toe lesions	090	115	121	6	5%	3.78	4.44	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28100	Removal of ankle/heel lesion	090	195	202	7	4%	5.83	6.71	0.88	15%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28102	Remove/graft foot lesion	090	273	281	8	3%	7.92	9.02	1.10	14%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
28103	Remove/graft foot lesion	090	233	240	7	3%	6.67	7.66	0.99	15%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
28104	Removal of foot lesion	090	173	179	6	3%	5.26	6.03	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28106	Remove/graft foot lesion	090	243	251	8	3%	7.35	8.45	1.10	15%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
28107	Remove/graft foot lesion	090	232	239	7	3%	5.73	6.72	0.99	17%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
28108	Removal of toe lesions	090	134	140	6	4%	4.30	4.96	0.66	15%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28110	Part removal of metatarsal	090	151	157	6	4%	4.22	4.99	0.77	18%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28111	Part removal of metatarsal	090	171	177	6	4%	5.15	5.92	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28112	Part removal of metatarsal	090	163	169	6	4%	4.63	5.40	0.77	17%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28113	Part removal of metatarsal	090	178	208	30	17%	6.11	7.65	1.54	25%	0	0	0	1	4	0	0	0	0	0	0	0	0	0
28114	Removal of metatarsal heads	090	339	387	48	14%	12.00	14.25	2.25	19%	-6	0	0	0	3	3	0	0	0	0	0	0	0	0
28116	Revision of foot	090	320	353	33	10%	9.14	10.92	1.78	19%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28118	Removal of heel bone	090	196	203	7	4%	6.13	7.01	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28119	Removal of heel spur	090	183	190	7	4%	5.56	6.44	0.88	16%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28120	Part removal of ankle/heel	090	251	271	20	8%	7.31	8.74	1.43	20%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28122	Partial removal of foot bone	090	230	248	18	8%	6.76	7.97	1.21	18%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28124	Partial removal of toe	090	151	159	8	5%	5.00	5.88	0.88	18%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
28126	Partial removal of toe	090	116	121	5	4%	3.64	4.19	0.55	15%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28130	Removal of ankle bone	090	330	363	33	10%	9.50	11.28	1.78	19%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28140	Removal of metatarsal	090	228	237.5	9.5	4%	7.14	8.25	1.11	16%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
28150	Removal of toe	090	151	157	6	4%	4.23	5.00	0.77	18%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28153	Partial removal of toe	090	142	148	6	4%	3.80	4.57	0.77	20%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28160	Partial removal of toe	090	129	135	6	5%	3.88	4.54	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28171	Resect tarsal tumor	090	365	388	23	6%	16.41	17.84	1.43	9%	-2	0	0	1	1	1	0	1	0	0	1	0	0	0
28173	Resect metatarsal tumor	090	304	327	23	8%	14.16	15.59	1.43	10%	-2	0	0	1	1	1	0	1	0	0	1	0	0	0
28175	Resect phalanx of toe tumor	090	205	223	18	9%	8.29	9.37	1.08	13%	-2	0	0	1	1	1	0	0	0	0	0.5	0	0	0
28190	Removal of foot foreign body	010	64	66	2	3%	2.01	2.23	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28192	Removal of foot foreign body	090	141	147	6	4%	4.78	5.44	0.66	14%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28193	Removal of foot foreign body	090	189	196	7	4%	5.90	6.78	0.88	15%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28200	Repair of foot tendon	090	149	155	6	4%	4.74	5.40	0.66	14%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28202	Repair/graft of foot tendon	090	240	249.5	9.5	4%	7.07	8.18	1.11	16%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
28208	Repair of foot tendon	090	154	160	6	4%	4.51	5.28	0.77	17%	0	0	0											

28230	Incision of foot tendon(s)	090	143	148	5	3%	4.36	5.02	0.66	15%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28232	Incision of toe tendon	090	107	112	5	5%	3.51	4.06	0.55	16%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28234	Incision of foot tendon	090	122	129	7	6%	3.54	4.31	0.77	22%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
28238	Revision of foot tendon	090	248	257.5	9.5	4%	7.96	9.07	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
28240	Release of big toe	090	139	144	5	4%	4.48	5.14	0.66	15%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
28250	Revision of foot fascia	090	164	170	6	4%	6.06	6.83	0.77	13%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28260	Release of midfoot joint	090	225	234.5	9.5	4%	8.19	9.30	1.11	14%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
28261	Revision of foot tendon	090	343	376	33	10%	13.11	14.89	1.78	14%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28262	Revision of foot and ankle	090	380	413	33	9%	17.21	18.99	1.78	10%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28264	Release of midfoot joint	090	269	282	13	5%	10.65	11.99	1.34	13%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
28270	Release of foot contracture	090	145	152	7	5%	4.93	5.70	0.77	16%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
28272	Release of toe joint each	090	113	118	5	4%	3.92	4.47	0.55	14%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28280	Fusion of toes	090	167	173	6	4%	5.33	6.10	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28285	Repair of hammertoe	090	190	208	18	9%	5.62	6.83	1.21	22%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28286	Repair of hammertoe	090	145	151	6	4%	4.70	5.36	0.66	14%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28288	Partial removal of foot bone	090	169	197	28	17%	6.02	7.34	1.32	22%	-2	0	1	0	4	0	0	0	0	0	0	0	0	0
28289	Corrj halux rigdus w/o implt	090	210	228	18	9%	6.90	8.11	1.21	18%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28291	Corrj halux rigdus w/implt	090	215	233	18	8%	8.01	9.22	1.21	15%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28292	Correction hallux valgus	090	226	246	20	9%	7.44	8.87	1.43	19%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28295	Correction hallux valgus	090	241	261	20	8%	8.57	10.00	1.43	17%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28296	Correction hallux valgus	090	241	261	20	8%	8.25	9.68	1.43	17%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28297	Correction hallux valgus	090	256	276	20	8%	9.29	10.72	1.43	15%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28298	Correction hallux valgus	090	225	243	18	8%	7.75	8.96	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28299	Correction hallux valgus	090	256	276	20	8%	9.29	10.72	1.43	15%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
28300	Incision of heel bone	090	218	226	8	4%	9.73	10.72	0.99	10%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
28302	Incision of ankle bone	090	234	242	8	3%	9.74	10.84	1.10	11%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
28304	Incision of midfoot bones	090	239	249.5	10.5	4%	9.41	10.63	1.22	13%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
28305	Incise/graft midfoot bones	090	283	294.5	11.5	4%	10.77	12.10	1.33	12%	0	0	0	4.5	0	0	0	0.5	0	0	1	0	0	0
28306	Incision of metatarsal	090	163	169	6	4%	6.00	6.66	0.66	11%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28307	Incision of metatarsal	090	213	220	7	3%	6.50	7.38	0.88	14%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28308	Incision of metatarsal	090	165	173	8	5%	5.48	6.36	0.88	16%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
28309	Incision of metatarsals	090	350	383	33	9%	14.16	15.94	1.78	13%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28310	Revision of big toe	090	165	171	6	4%	5.57	6.34	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28312	Revision of toe	090	160	166	6	4%	4.69	5.46	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28313	Repair deformity of toe	090	151	157	6	4%	5.15	5.92	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28315	Removal of sesamoid bone	090	156	162	6	4%	5.00	5.77	0.77	15%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28320	Repair of foot bones	090	254	262	8	3%	9.37	10.47	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
28322	Repair of metatarsals	090	221	229	8	4%	8.53	9.52	0.99	12%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
28340	Resect enlarged toe tissue	090	230	237	7	3%	7.15	8.14	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
28341	Resect enlarged toe	090	298	311	13	4%	8.72	10.06	1.34	15%	0	0	0	4	0	0	0	1	0	0	1	0	0	0
28344	Repair extra toe(s)	090	185	191	6	3%	4.40	5.28	0.88	20%	0	0	0	3	0	0	0	0	0	0	1	0	0	0
28345	Repair webbed toe(s)	090	222	229	7	3%	6.09	7.08	0.99	16%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
28360	Reconstruct cleft foot	090	395	430	35	9%	14.92	16.57	1.65	11%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
28400	Treatment of heel fracture	090	97	103	6	6%	2.31	2.97	0.66	29%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28405	Treatment of heel fracture	090	164	171	7	4%	4.74	5.62	0.88	19%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28406	Treatment of heel fracture	090	229	239.5	10.5	5%	6.56	7.78	1.22	19%	0	0	0	4	0	0	0	0.5	0	0	1	0	0	0
28415	Treat heel fracture	090	441	472	31	7%	16.19	18.39	2.20	14%	0	0	0	1	4	0	0	1	1	0	1	0	0	0
28420	Treat/graft heel fracture	090	481	512	31	6%	17.52	19.72	2.20	13%	0	0	0	1	4	0	0	1	1	0	1	0	0	0
28430	Treatment of ankle fracture	090	89	94	5	6%	2.22	2.77	0.55	25%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28435	Treatment of ankle fracture	090	116	122	6	5%	3.54	4.20	0.66	19%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28436	Treatment of ankle fracture	090	190	198	8	4%	4.90	5.89	0.99	20%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
28445	Treat ankle fracture	090	444	475	31	7%	15.76	17.96	2.20	14%	0	0	0	1	4	0	0	1	1	0	1	0	0	0
28446	Osteochondral talus autogrtf	090	339	364	25	7%	17.71	19.36	1.65	9%	0	0	0	2	3	0	0	0	0	0	1	0	0	0
28450	Treat midfoot fracture each	090	87	92	5	6%	2.03	2.58	0.55	27%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28455	Treat midfoot fracture each	090	113	119	6	5%	3.24	3.90	0.66	20%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28456	Treat midfoot fracture	090	182	189	7	4%	2.86	3.74	0.88	31%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28465	Treat midfoot fracture each	090	257	275	18	7%	8.80	10.01	1.21	14%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28470	Treat metatarsal fracture	090	77	83	6	8%	2.03	2.69	0.66	33%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28475	Treat metatarsal fracture	090	80.5	80.5	0	0%	3.01	3.01	-	0%	-7	0	3.5	0	0	0	0	0	0	0	0	0	0	0
28476	Treat metatarsal fracture	090	168	177	9	5%	3.60	4.59	0.99	28%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
28485	Treat metatarsal fracture	090	242	260	18	7%	7.44	8.65	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28490	Treat big toe fracture	090	64	67	3	5%	1.17	1.50	0.33	28%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
28495	Treat big toe fracture	090	89	93	4	4%	1.68	2.12	0.44	26%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
28496	Treat big toe fracture	090	142	148	6	4%	2.48	3.14	0.66	27%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
28505	Treat big toe fracture	090	227	245	18	8%	7.44	8.65	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28510	Treatment of toe fracture	090	53	56	3	6%	1.17	1.50	0.33	28%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
28515	Treatment of toe fracture	090	71	75	4	6%	1.56	2.00	0.44	28%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
28525	Treat toe fracture	090	207	225	18	9%	5.62	6.83	1.21	22%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28530	Treat																							

28555	Repair foot dislocation	090	281	304	23	8%	9.65	11.21	1.56	16%	0	0	0	2	2	0	0	1	0	0	1	0	0	0
28570	Treat foot dislocation	090	92	96	4	4%	1.76	2.20	0.44	25%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
28575	Treat foot dislocation	090	178	185	7	4%	3.49	4.48	0.99	28%	0	0	0	3.5	0	0	0	0	0	0	0	1	0	0
28576	Treat foot dislocation	090	277	295	18	6%	4.60	6.18	1.58	34%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
28585	Repair foot dislocation	090	324	354	30	9%	11.13	13.02	1.89	17%	0	0	0	2	3	0	0	1	0	0	1	0	0	0
28600	Treat foot dislocation	090	105	110	5	5%	2.02	2.57	0.55	27%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
28605	Treat foot dislocation	090	156	163	7	4%	2.89	3.77	0.88	30%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
28606	Treat foot dislocation	090	224	232	8	4%	5.09	6.19	1.10	22%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
28615	Repair foot dislocation	090	323	355	32	10%	10.70	12.81	2.11	20%	0	0	0	3	3	0	0	1	0	0	1	0	0	0
28630	Treat toe dislocation	010	55	57	2	4%	1.75	1.97	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28635	Treat toe dislocation	010	61	63	2	3%	1.96	2.18	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28645	Repair toe dislocation	090	217	235	18	8%	7.44	8.65	1.21	16%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28660	Treat toe dislocation	010	49	51	2	4%	1.28	1.50	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28665	Treat toe dislocation	010	53	55	2	4%	1.97	2.19	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
28675	Repair of toe dislocation	090	197	215	18	9%	5.62	6.83	1.21	22%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
28705	Fusion of foot bones	090	490	516	26	5%	20.33	22.29	1.96	10%	-2	0	0	1	2	1	0	1	1	0	1	0	0	0
28715	Fusion of foot bones	090	366	398	32	9%	13.42	15.29	1.87	14%	0	0	0	2	4	0	0	0	0	0	0.5	0	0	0
28725	Fusion of foot bones	090	298	323	25	8%	11.22	12.76	1.54	14%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
28730	Fusion of foot bones	090	308	333	25	8%	10.70	12.24	1.54	14%	0	0	0	2	3	0	0	0	0	0	0.5	0	0	0
28735	Fusion of foot bones	090	360	393	33	9%	12.23	14.01	1.78	15%	0	0	0	0	4	1	0	1	0	0	1	0	0	0
28737	Revision of foot bones	090	340	373	33	10%	11.03	12.81	1.78	16%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28740	Fusion of foot bones	090	266	294	28	11%	9.29	10.72	1.43	15%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
28750	Fusion of big toe joint	090	237	265	28	12%	8.57	9.89	1.32	15%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
28755	Fusion of big toe joint	090	172	178	6	3%	4.88	5.65	0.77	16%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
28760	Fusion of big toe joint	090	330	363	33	10%	9.14	10.92	1.78	19%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
28800	Amputation of midfoot	090	306	330	24	8%	8.79	10.72	1.93	22%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
28805	Amputation thru metatarsal	090	376	424	48	13%	12.71	15.47	2.76	22%	0	0	0	2	2	0	0	6	0	0	1	0	0	0
28810	Amputation toe & metatarsal	090	251	269	18	7%	6.64	8.22	1.58	24%	0	0	0	4	0	0	0	2	0	0	1	0	0	0
28890	Hi enrgy eswt plantar fascia	090	140	146	6	4%	3.45	4.22	0.77	22%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29800	Jaw arthroscopy/surgery	090	161	172	11	7%	6.84	7.72	0.88	13%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
29804	Jaw arthroscopy/surgery	090	206	224	18	9%	8.87	10.08	1.21	14%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29805	Sho arthrs dx +- synovial bx	090	154	160	6	4%	6.03	6.69	0.66	11%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29806	Sho arthrs srg capsulorrhaphy	090	298	318	20	7%	15.14	16.57	1.43	9%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
29807	Sho arthrs srg rpr slap les	090	288	308	20	7%	14.67	16.10	1.43	10%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
29819	Sho arthrs srg rmlv loose/fb	090	196	203	7	4%	7.79	8.67	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
29820	Sho arthrs srg prt1 synvct	090	189	195	6	3%	7.21	7.98	0.77	11%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29821	Sho arthrs srg compl synvct	090	223	230	7	3%	7.89	8.77	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
29822	Sho arthrs srg lmtv dbrdmt	090	191	207	16	8%	7.03	8.02	0.99	14%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
29823	Sho arthrs srg xtmsv dbrdmt	090	211	227	16	8%	7.98	8.97	0.99	12%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
29824	Sho arthrs srg dstl clavicle	090	225	243	18	8%	8.98	10.19	1.21	13%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29825	Sho arthrs srg lsc&rescj ads	090	212	219	7	3%	7.79	8.67	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
29827	Sho arthrs srg rt8tr cuff rpr	090	334	344	10	3%	15.59	16.80	1.21	8%	0	0	0	5	0	0	0	0	0	0	0.5	0	0	0
29828	Sho arthrs srg bcp tenodsis	090	252	270	18	7%	13.16	14.37	1.21	9%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29830	Elbow arthroscopy	090	132	137	5	4%	5.88	6.43	0.55	9%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
29834	Elbow arthroscopy/surgery	090	153	159	6	4%	6.42	7.08	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29835	Elbow arthroscopy/surgery	090	160	166	6	4%	6.62	7.28	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29836	Elbow arthroscopy/surgery	090	196	203	7	4%	7.72	8.49	0.77	10%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
29837	Elbow arthroscopy/surgery	090	165	171	6	4%	7.01	7.67	0.66	9%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29838	Elbow arthroscopy/surgery	090	220	227	7	3%	7.88	8.76	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
29840	Wrist arthroscopy	090	146	152	6	4%	5.68	6.34	0.66	12%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29843	Wrist arthroscopy/surgery	090	157	163	6	4%	6.15	6.81	0.66	11%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29844	Wrist arthroscopy/surgery	090	160	166	6	4%	6.51	7.17	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29845	Wrist arthroscopy/surgery	090	199	206	7	4%	7.69	8.46	0.77	10%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
29846	Wrist arthroscopy/surgery	090	179	185	6	3%	6.89	7.55	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29847	Wrist arthroscopy/surgery	090	190	196	6	3%	7.22	7.88	0.66	9%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
29848	Wrist endoscopy/surgery	090	179	200	21	12%	6.39	7.38	0.99	15%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
29850	Knee arthroscopy/surgery	090	192	198	6	3%	8.27	9.04	0.77	9%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
29851	Knee arthroscopy/surgery	090	274	297	23	8%	13.26	14.58	1.32	10%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
29855	Tibial arthroscopy/surgery	090	255	273	18	7%	10.76	11.97	1.21	11%	0	0	0	2	2	0	0	0	0	0	0.5	0	0	0
29856	Tibial arthroscopy/surgery	090	314	332	18	6%	14.28	15.60	1.32	9%	0	0	0	2	2	0	0	0	0	0	1	0	0	0
29860	Hip arthroscopy dx	090	244	265	21	9%	9.00	9.99	0.99	11%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
29861	Hip arthro w/fb removal	090	254	275	21	8%	10.10	11.09	0.99	10%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
29862	Hip arthro w/debridement	090	297	325	28	9%	11.17	12.49	1.32	12%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
29863	Hip arthro w/synovectomy	090	297	325	28	9%	11.17	12.49	1.32	12%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
29866	Autgrft implnt knee w/scope	090	308	328	20	6%	14.67	16.10	1.43	10%	0	0	0	3	2	0	0	0	0	0	0.5	0	0	0
29867	Allgrft implnt knee w/scope	090	404	425	21	5%	18.39	20.24	1.85	10%	0	0	0	2	3	0	0	0	1	0	1	0	0	0
29868	Meniscal trnspl knee w/scpe	090	484	510	26	5%	25.10	27.19	2.09	8%	0	0	0	2	3	0	0	1	1	0	1	0	0	0
29870	Knee arthroscopy dx	090	129	134	5	4%	5.19	5.74	0.															

30915	Ligation nasal sinus artery	090	242	252	10	4%	7.44	8.45	1.01	14%	0	0	0	2.5	0	0	0	1	0	0	1	0	0	0
30920	Ligation upper jaw artery	090	428	441	13	3%	11.14	13.01	1.87	17%	0	0	0	2	1	0	0	2	2	0	1	0	0	0
30930	Ther fx nasal inf turbinate	010	56	58	2	4%	1.31	1.53	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
31000	Irrigation maxillary sinus	010	52	54	2	4%	1.20	1.42	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
31002	Irrigation sphenoid sinus	010	62	64	2	3%	1.96	2.18	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
31020	Exploration maxillary sinus	090	105	110	5	5%	3.07	3.62	0.55	18%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
31030	Exploration maxillary sinus	090	167	171	4	2%	6.01	6.67	0.66	11%	0	0	0	2	0	0	0	0	0	0	1	0	0	0
31032	Explore sinus remove polyps	090	211	216	5	2%	6.69	7.46	0.77	12%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
31040	Exploration behind upper jaw	090	300	314.5	14.5	5%	9.77	11.12	1.35	14%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
31050	Exploration sphenoid sinus	090	147	151	4	3%	5.37	5.92	0.55	10%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
31051	Sphenoid sinus surgery	090	179	185	6	3%	7.25	8.02	0.77	11%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
31070	Exploration of frontal sinus	090	144	149	5	3%	4.40	5.06	0.66	15%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
31075	Exploration of frontal sinus	090	263	277.5	14.5	6%	9.51	10.86	1.35	14%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
31080	Removal of frontal sinus	090	343	373.5	30.5	9%	12.74	14.40	1.66	13%	0	0	0	0	4	0	0	0.5	0	0	1	0	0	0
31081	Removal of frontal sinus	090	365	400.5	35.5	10%	14.19	16.09	1.90	13%	0	0	0	0	4	0	0	1.5	0	0	1	0	0	0
31084	Removal of frontal sinus	090	387	422.5	35.5	9%	14.95	16.85	1.90	13%	0	0	0	0	4	0	0	1.5	0	0	1	0	0	0
31085	Removal of frontal sinus	090	400	435.5	35.5	9%	15.64	17.54	1.90	12%	0	0	0	0	4	0	0	1.5	0	0	1	0	0	0
31086	Removal of frontal sinus	090	370	408	38	10%	14.36	16.38	2.02	14%	0	0	0	0	4	0	0	2	0	0	1	0	0	0
31087	Removal of frontal sinus	090	423.5	463	39.5	9%	14.57	16.67	2.10	14%	0	0	0	0	3.5	0	0	3	0	0	1	0	0	0
31090	Exploration of sinuses	090	425	464	39	9%	11.17	13.35	2.18	20%	-4	0	0	1	2	2	0	1	0	0	1	0	0	0
31200	Removal of ethmoid sinus	090	186	193	7	4%	5.14	6.02	0.88	17%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
31201	Removal of ethmoid sinus	090	237	246.5	9.5	4%	8.60	9.71	1.11	13%	0	0	0	3.5	0	0	0	0.5	0	0	1	0	0	0
31205	Removal of ethmoid sinus	090	258	272.5	14.5	6%	10.58	11.93	1.35	13%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
31225	Removal of upper jaw	090	608	634	26	4%	26.70	29.59	2.89	11%	-2	0	0	1	3	1	0	1	2	1	1	1	0	0
31230	Removal of upper jaw	090	688	719	31	5%	30.82	33.95	3.13	10%	-2	0	0	1	3	1	0	2	2	1	1	0	0	0
31239	Nasal/sinus endoscopy surg	010	168	175	7	4%	9.04	9.48	0.44	5%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
31241	Nsl/sins ndsc w/artery lig	000	142	142	0	0%	8.00	8.11	0.11	1%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
31290	Nasal/sinus endoscopy surg	010	578	600	22	4%	18.61	20.64	2.03	11%	-1	0	0	0	0	0	1	3	2	0	1	0	0	0
31291	Nasal/sinus endoscopy surg	010	581	603	22	4%	19.56	21.59	2.03	10%	-1	0	0	0	0	0	1	3	2	0	1	0	0	0
31292	Nsl/sins ndsc med/inf dcmprn	010	453	465	12	3%	15.90	17.45	1.55	10%	-1	0	0	0	0	0	1	1	2	0	1	0	0	0
31293	Nsl/sins ndsc med&inf dcmprn	010	528	545	17	3%	17.47	19.26	1.79	10%	-1	0	0	0	0	0	1	2	2	0	1	0	0	0
31294	Nsl/sins ndsc surg on dcmprn	010	563	580	17	3%	20.31	22.10	1.79	9%	-1	0	0	0	0	0	1	2	2	0	1	0	0	0
31300	Removal of larynx lesion	090	414	457	43	10%	15.91	18.17	2.26	14%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
31360	Removal of larynx	090	768	809	41	5%	29.91	33.90	3.99	13%	-4	0	0	1	3	2	0	3	3	1	1	0	0	0
31365	Removal of larynx	090	893	939	46	5%	38.81	43.04	4.23	11%	-4	0	0	1	3	2	0	4	3	1	1	0	0	0
31367	Partial removal of larynx	090	728	764	36	5%	30.57	34.32	3.75	12%	-4	0	0	1	3	2	0	2	3	1	1	0	0	0
31368	Partial removal of larynx	090	858	899	41	5%	34.19	38.18	3.99	12%	-4	0	0	1	3	2	0	3	3	1	1	0	0	0
31370	Partial removal of larynx	090	728	764	36	5%	27.57	31.32	3.75	14%	-4	0	0	1	3	2	0	2	3	1	1	0	0	0
31375	Partial removal of larynx	090	698	734	36	5%	26.07	29.82	3.75	14%	-4	0	0	1	3	2	0	2	3	1	1	0	0	0
31380	Partial removal of larynx	090	708	744	36	5%	25.57	29.32	3.75	15%	-4	0	0	1	3	2	0	2	3	1	1	0	0	0
31382	Partial removal of larynx	090	728	764	36	5%	28.57	32.32	3.75	13%	-4	0	0	1	3	2	0	2	3	1	1	0	0	0
31390	Removal of larynx & pharynx	090	988	1026	38	4%	42.51	46.90	4.39	10%	-4	0	0	1	3	2	0	3	3	2	1	0	0	0
31395	Reconstruct larynx & pharynx	090	1048	1091	43	4%	43.80	48.43	4.63	11%	-4	0	0	1	3	2	0	4	3	2	1	0	0	0
31400	Revision of larynx	090	481	514	33	7%	11.60	13.90	2.30	20%	0	0	0	4	0	0	0	5	0	0	1	0	1	0
31420	Removal of epiglottis	090	436	465.5	29.5	7%	11.43	13.50	2.07	18%	0	0	0	3.5	0	0	0	4.5	0	0	1	0	1	0
31545	Remove vc lesion w/scope	000	154	154	0	0%	6.30	6.41	0.11	2%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
31546	Remove vc lesion scope/graft	000	189	189	0	0%	9.73	9.84	0.11	1%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
31551	Laryngoplasty laryngeal sten	090	658	684	26	4%	21.50	24.43	2.93	14%	0	0	0	0	3	0	0	3	1	2	1	0	1	0
31552	Laryngoplasty laryngeal sten	090	505	527	22	4%	20.50	22.15	1.65	8%	0	0	0	0	3	0	0	1	1	0	1	0	1	0
31553	Laryngoplasty laryngeal sten	090	718	717	-1	0%	22.00	24.81	2.81	13%	0	0	0	0	3	0	0	0	4	2	1	0	1	0
31554	Laryngoplasty laryngeal sten	090	540	567	27	5%	22.00	23.89	1.89	9%	0	0	0	0	3	0	0	2	1	0	1	0	1	0
31561	Laryngoscop remve cart + scop	000	218	218	0	0%	5.99	6.21	0.22	4%	0	0	0	0	0	0	0	0	0	0	1	0	0	0
31571	Laryngoscop w/vc inj + scop	000	129	129	0	0%	4.26	4.37	0.11	3%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
31580	Laryngoplasty laryngeal web	090	405	431	26	6%	14.60	16.05	1.45	10%	0	0	0	0	3	0	0	1	0	0	1	0	1	0
31584	Laryngoplasty fx rdctj fixj	090	445	467	22	5%	17.58	19.23	1.65	9%	0	0	0	0	3	0	0	1	1	0	1	0	1	0
31587	Laryngoplasty cricoid split	090	445	474	29	7%	15.27	17.80	2.53	17%	0	0	0	0	3	0	0	3	1	1	1	0	0	0
31590	Reinnervate larynx	090	291	313	22	8%	7.85	9.26	1.41	18%	-2	0	0	3	1	1	0	0	0	0	0	0	0	0
31591	Laryngoplasty medialization	090	275	296	21	8%	13.56	14.66	1.10	8%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
31592	Cricotracheal resection	090	738	741	3	0%	25.00	27.61	2.61	10%	0	0	0	0	3	0	0	0	3	2	1	0	1	0
31610	Incision of windpipe	090	367	391	24	7%	12.00	14.29	2.29	19%	0	0	0	0	3	0	0	2	1	1	1	0	0	0
31611	Surgery/speech prosthesis	090	164	169	5	3%	6.00	6.66	0.66	11%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
31613	Repair windpipe opening	090	155	160	5	3%	4.71	5.48	0.77	16%	0	0	0	2.5	0	0	0	0	0	0	1	0	0	0
31614	Repair windpipe opening	090	346	361	15	4%	8.63	10.59	1.96	23%	0	0	0	2	2	0	0	1	2	0	1	0	0	0
31750	Repair of windpipe	090	540	561	21	4%	15.39	17.77	2.38	15%	0	0	0	0	4	0	0	1	3	0	1	0	0	0
31755	Repair of windpipe	090	414	452	38	9%	17.54	19.70	2.16	12%	-4	0	0	3	2	2	0	0	0	0	0	0	0	0
31760	Repair of windpipe	090	623	671	48	8%	23.48	26.50	3.02	13%	0	0	0	4	0	0	0	8	0	0	1	0	0	0
31766	Reconstruction of windpipe	090	788	841.5	53.5	7%	31.67	34.83	3.16	10%	0	0	0	3	0	0	0	9.5	0	0	1	0	0	0
31770	Repair/graft of																							

31800	Repair of windpipe injury	090	301	311	10	3%	8.18	9.19	1.01	12%	0	0	0	2.5	0	0	0	1	0	0	1	0	1	0	
31805	Repair of windpipe injury	090	382	394.5	12.5	3%	13.42	14.55	1.13	8%	0	0	0	2.5	0	0	0	1.5	0	0	1	0	0	0	
31820	Closure of windpipe lesion	090	168	174.5	6.5	4%	4.64	5.42	0.78	17%	0	0	0	2	0	0	0	0.5	0	0	1	0	0	0	
31825	Repair of windpipe defect	090	230	241	11	5%	7.07	8.19	1.12	16%	0	0	0	3	0	0	0	1	0	0	1	0	0	0	
31830	Revise windpipe scar	090	153	158	5	3%	4.62	5.28	0.66	14%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0	
32035	Thoracostomy w/rib resection	090	667	723	56	8%	11.29	14.57	3.28	29%	0	0	0	3	0	0	0	10	0	0	1	0	2.5	0	
32036	Thoracostomy w/flap drainage	090	674	730	56	8%	12.30	15.58	3.28	27%	0	0	0	3	0	0	0	10	0	0	1	0	2.5	0	
32096	Open wedge/bx lung infiltr	090	436	434	-2	0%	13.75	15.74	1.99	14%	0	0	0	0	1	0	0	1	2	2	1	0	0	0	
32097	Open wedge/bx lung nodule	090	401	402	1	0%	13.75	15.34	1.59	12%	0	0	0	0	1	0	0	1	2	1	1	0	0	0	
32098	Open biopsy of lung pleura	090	341	346	5	1%	12.91	14.30	1.39	11%	0	0	0	0	1	0	0	1	1	1	1	0	0	0	
32100	Exploration of chest	090	411	412	1	0%	13.75	15.34	1.59	12%	0	0	0	0	1	0	0	1	2	1	1	0	0	0	
32110	Explore/repair chest	090	561	580	19	3%	25.28	27.33	2.05	8%	-2	0	0	0	1	1	0	2	1	1	1	0	1	0	
32120	Re-exploration of chest	090	647	700.5	53.5	8%	14.39	17.16	2.77	19%	-3	0	0	0	0	1.5	0	8	0	0	1	0	2.5	0	
32124	Explore chest free adhesions	090	696	744.5	48.5	7%	15.45	17.98	2.53	16%	-3	0	0	0	0	1.5	0	7	0	0	1	0	2.5	0	
32140	Removal of lung lesion(s)	090	664	712.5	48.5	7%	16.66	19.19	2.53	15%	-3	0	0	0	0	1.5	0	7	0	0	1	0	2.5	0	
32141	Remove/treat lung lesions	090	673	662	-11	-2%	27.18	30.19	3.01	11%	0	0	0	1	1	0	0	1	4	3	1	0	0	0	
32150	Removal of lung lesion(s)	090	626	672	46	7%	16.82	19.23	2.41	14%	-3	0	0	0	0	1.5	0	6.5	0	0	1	0	2.5	0	
32151	Remove lung foreign body	090	656	704.5	48.5	7%	16.94	19.47	2.53	15%	-3	0	0	0	0	1.5	0	7	0	0	1	0	2.5	0	
32160	Open chest heart massage	090	788	832	44	6%	13.10	15.42	2.32	18%	-2	0	0	0	0	1	0	7	0	0	1	0	5	0	
32200	Drain open lung lesion	090	691	758.5	67.5	10%	18.68	22.11	3.43	18%	-5	0	0	0	0	2.5	0	9	0	0	0	1	0	2.5	0
32215	Treat chest lining	090	471	509.5	38.5	8%	13.05	15.10	2.05	16%	-3	0	0	0	0	1.5	0	5	0	0	1	0	1	0	
32220	Release of lung	090	722	756	34	5%	26.65	29.51	2.86	11%	-2	0	0	2	2	1	0	3	2	0	1	0	1	0	
32225	Partial release of lung	090	716	767	51	7%	16.75	19.40	2.65	16%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	2.5	0	
32310	Removal of chest lining	090	516	559.5	43.5	8%	15.28	17.57	2.29	15%	-3	0	0	0	0	1.5	0	6	0	0	0	1	0	1	0
32320	Free/remove chest lining	090	735	765	30	4%	27.25	30.49	3.24	12%	-2	0	0	1	2	1	0	3	1	2	1	0	1	0	
32440	Remove lung pneumonectomy	090	628	638	10	2%	27.28	29.55	2.27	8%	0	0	0	2	1	0	0	2	2	1	1	0	1	0	
32442	Sleeve pneumonectomy	090	1035	1020	-15	-1%	56.47	60.79	4.32	8%	0	0	0	0	2	0	0	1	4	6	1	0	0	0	
32445	Removal of lung extrapleural	090	1182	1180	-2	0%	63.84	68.89	5.05	8%	-4	0	0	1	1	2	0	1	4	6	1	0	1	0	
32480	Partial removal of lung	090	593	612	19	3%	25.82	28.13	2.31	9%	0	0	0	2	1	0	0	3	1	1	1	0	1	0	
32482	Bilobectomy	090	680	706	26	4%	27.44	29.95	2.51	9%	-2	0	0	1	1	1	0	3	1	1	1	0	1	0	
32484	Segmentectomy	090	561	561	0	0%	25.38	27.59	2.21	9%	0	0	0	1	1	0	0	1	2	2	1	0	0	0	
32486	Sleeve lobectomy	090	812	802	-10	-1%	42.88	46.09	3.21	7%	0	0	0	1	1	0	0	1	3	4	1	0	0	0	
32488	Completion pneumonectomy	090	836	839	3	0%	42.99	46.42	3.43	8%	-2	0	0	1	1	1	0	1	2	4	1	0	1	0	
32491	Lung volume reduction	090	887	1000	113	13%	25.24	31.65	6.41	25%	0	0	0	0	3	0	0	20	2	0	1	0	0	0	
32503	Resect apical lung tumor	090	645	687	42	7%	31.74	34.48	2.74	9%	0	0	0	1	2	0	0	6	1	0	1	0	0	0	
32504	Resect apical lung tum/chest	090	705	747	42	6%	36.54	39.28	2.74	7%	0	0	0	1	2	0	0	6	1	0	1	0	0	0	
32505	Wedge resect of lung initial	090	427	430	3	1%	15.75	17.56	1.81	11%	0	0	0	1	1	0	0	1	2	1	1	0	0	0	
32540	Removal of lung lesion	090	740	732	-8	-1%	30.35	33.89	3.54	12%	0	0	0	1	2	0	0	1	5	3	1	0	0	0	
32552	Remove lung catheter	010	82	84	2	2%	2.53	2.86	0.33	13%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0	
32601	Thoracoscopy diagnostic	000	193	189	-4	-2%	5.50	5.70	0.20	4%	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
32607	Thoracoscopy w/bx infiltrate	000	178	174	-4	-2%	5.50	5.70	0.20	4%	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
32608	Thoracoscopy w/bx nodule	000	195	191	-4	-2%	6.84	7.04	0.20	3%	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
32609	Thoracoscopy w/bx pleura	000	178	174	-4	-2%	4.58	4.78	0.20	4%	0	0	0	0	0	0	0	0	1	0	0	0	0	0	
32650	Thoracoscopy w/pleurodesis	090	290	304	14	5%	10.83	11.97	1.14	11%	0	0	0	2	0	0	0	2	0	0	1	0	0	0	
32651	Thoracoscopy remove cortex	090	502	496	-6	-1%	18.78	20.79	2.01	11%	0	0	0	1	1	0	0	1	5	0	1	0	0	0	
32652	Thoracoscopy rem totl cortex	090	645	648	3	0%	29.13	31.87	2.74	9%	0	0	0	1	2	0	0	1	3	2	1	0	0	0	
32653	Thoracoscopy remov fb/fibrin	090	509	503	-6	-1%	18.17	20.18	2.01	11%	0	0	0	1	1	0	0	1	5	0	1	0	0	0	
32654	Thoracoscopy contrl bleeding	090	515	507	-8	-2%	20.52	23.13	2.61	13%	0	0	0	1	1	0	0	1	4	2	1	0	0	0	
32655	Thoracoscopy resect bullae	090	425	427	2	0%	16.17	17.78	1.61	10%	0	0	0	1	1	0	0	1	3	0	1	0	0	0	
32656	Thoracoscopy w/pleurectomy	090	377	401	24	6%	13.26	14.75	1.49	11%	0	0	0	1	1	0	0	3	0	0	1	0	0	0	
32658	Thoracoscopy w/sac fb remove	090	330	339	9	3%	11.71	12.61	0.90	8%	0	0	0	2	0	0	0	1	0	0	1	0	0	0	
32659	Thoracoscopy w/sac drainage	090	357	376	19	5%	11.94	13.19	1.25	10%	0	0	0	1	1	0	0	2	0	0	1	0	0	0	
32661	Thoracoscopy w/pericard exc	090	300	309	9	3%	13.33	14.23	0.90	7%	0	0	0	2	0	0	0	1	0	0	1	0	0	0	
32662	Thoracoscopy w/mediast exc	090	350	355	5	1%	14.99	15.96	0.97	6%	0	0	0	1	1	0	0	0	1	0	1	0	0	0	
32663	Thoracoscopy w/lobectomy	090	507	511	4	1%	24.64	26.65	2.01	8%	0	0	0	1	1	0	0	1	1	2	1	0	0	0	
32664	Thoracoscopy w/ th nrv exc	090	330	339	9	3%	14.28	15.18	0.90	6%	0	0	0	2	0	0	0	1	0	0	1	0	0	0	
32665	Thoracoscopy w/esoph musc exc	090	512	511	-1	0%	21.53	23.54	2.01	9%	0	0	0	1	1	0	0	1	3	1	1	0	0	0	
32666	Thoracoscopy w/wedge resect	090	332	343	11	3%	14.50	15.91	1.41	10%	0	0	0	1	1	0	0	1	0	1	1	0	0	0	
32669	Thoracoscopy remove segment	090	502	506	4	1%	23.53	25.54	2.01	9%	0	0	0	1	1	0	0	1	1	2	1	0	0	0	
32670	Thoracoscopy bilobectomy	090	532	536	4	1%	28.52	30.53	2.01	7%	0	0	0	1	1	0	0	1	1	2	1	0	0	0	
32671	Thoracoscopy pneumonectomy	090	602	606	4	1%	31.92	33.93	2.01	6%	0	0	0	1	1	0	0	1	1	2	1	0	1	0	
32672	Thoracoscopy for lvrs	090	567	564	-3	-1%	27.00	29.61	2.61	10%	0	0	0	1	1	0	0	1	2	3	1	0	0	0	
32673	Thoracoscopy w/thymus resect	090	447	454	7	2%	21.13	22.74	1.61	8%	0	0	0	1	1	0	0	1	1	1	1	0	0	0	
32800	Repair lung hernia	090	578	629	51	9%	15.71	18.36	2.65	17%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	1	0	
32810	Close chest after drainage	090	523	569	46	9%	14.95	17.36	2.41	16%	-3	0	0	0	0	1.5	0	6.5	0	0	1	0	1	0	
32815	Close bronchial fistula	090	1147	1133	-14	-1%	50.03	55.68	5.65	11%	-4	0	0	1	1	2	0	1	7	6	1	0	1	0	
32820	Reconstruct injured chest	090	854	894.5	40.5	5%	22.51	24.65	2.14	10%	-2	0	0	0	2	1	0	3.5	0	0	1	0	4.5	0	
32851	Lung transplant single	090	1165	1182																					

32906	Revise & repair chest wall	090	751	792	41	5%	29.30	31.47	2.17	7%	-3	0	0	0	0	1.5	0	5.5	0	0	1	0	2.5	0
32940	Revision of lung	090	546	582	36	7%	21.34	23.27	1.93	9%	-3	0	0	0	0	1.5	0	4.5	0	0	1	0	1.5	0
32997	Total lung lavage	000	424	435	11	3%	7.31	8.83	1.52	21%	0	0	0	0	2	0	0	1	2	0	1	0	0	0
33020	Incision of heart sac	090	321	326	5	2%	14.31	15.70	1.39	10%	0	0	0	0	1	0	0	1	1	1	1	0	0	0
33025	Incision of heart sac	090	301	310	9	3%	13.20	14.39	1.19	9%	0	0	0	0	1	0	0	1	0	1	1	0	0	0
33030	Partial removal of heart sac	090	739	746	7	1%	36.00	38.41	2.41	7%	-2	0	0	0	1	1	0	1	2	2	1	0	2	0
33031	Partial removal of heart sac	090	839	852	13	2%	45.00	47.84	2.84	6%	-2	0	0	0	1	1	0	1	2	3	0	1	2	0
33050	Resect heart sac lesion	090	623	666.5	43.5	7%	16.97	19.26	2.29	13%	-3	0	0	0	0	1.5	0	6	0	0	1	0	2.5	0
33120	Removal of heart lesion	090	686	686	0	0%	38.45	40.53	2.08	5%	-2	0	0	0	0	1	0	1	2	2	1	0	1	0
33130	Removal of heart lesion	090	719	770	51	7%	24.17	26.82	2.65	11%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	2.5	0
33140	Heart revascularize (tmr)	090	621	622	1	0%	28.34	30.62	2.28	8%	-2	0	0	0	0	1	0	1	1	3	1	0	1	0
33141	Heart tmr w/other procedure	ZZZ	32.2	31.9	-0.3	-1%	2.54	2.58	0.04	2%	0	0	0	0	0	0	0	0	0	0.1	0	0	0.11	0
33202	Insert epicard eltrd open	090	301	309	8	3%	13.20	14.19	0.99	8%	0	0	0	0	1	0	0	1	1	0	1	0	0	0
33203	Insert epicard eltrd endo	090	326	334	8	2%	13.97	14.96	0.99	7%	0	0	0	0	1	0	0	1	1	0	1	0	0	0
33206	Insert heart pm atrial	090	248.5	269	20.5	8%	7.14	8.34	1.20	17%	0	0	0	0	1.5	0	0	2	0	0	1	0	0	0
33207	Insert heart pm ventricular	090	233.5	236.5	3	1%	7.80	8.55	0.75	10%	0	0	0	0	1	0	0	0	1	0	1	0	0	0
33208	Insrt heart pm atrial & vent	090	231	234	3	1%	8.52	9.27	0.75	9%	0	0	0	0	1	0	0	0	1	0	1	0	0	0
33212	Insert pulse gen sngl lead	090	124	131	7	6%	5.01	5.45	0.44	9%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33213	Insert pulse gen dual leads	090	125	132	7	6%	5.28	5.72	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33214	Upgrade of pacemaker system	090	262	266	4	2%	7.59	8.03	0.44	6%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33215	Reposition pacing-defib lead	090	179	186	7	4%	4.92	5.60	0.68	14%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
33216	Insert 1 electrode pm-defib	090	262	266	4	2%	5.62	6.06	0.44	8%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33217	Insert 2 electrode pm-defib	090	262	266	4	2%	5.59	6.03	0.44	8%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33218	Repair lead pace-defib one	090	246	260	14	6%	5.82	6.48	0.66	11%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
33220	Repair lead pace-defib dual	090	276	290	14	5%	5.90	6.56	0.66	11%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
33221	Insert pulse gen mult leads	090	129	136	7	5%	5.55	5.99	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33222	Relocation pocket pacemaker	090	275	281	6	2%	4.85	5.51	0.66	14%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
33223	Relocate pocket for defib	090	230	234	4	2%	6.30	6.74	0.44	7%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33224	Insert pacing lead & connect	000	204	204	0	0%	9.04	9.15	0.11	1%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
33226	Reposition l ventric lead	000	189	189	0	0%	8.68	8.79	0.11	1%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
33227	Remove&replace pm gen singl	090	124	131	7	6%	5.25	5.69	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33228	Remv&replc pm gen dual lead	090	129	136	7	5%	5.52	5.96	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33229	Remv&replc pm gen mult leads	090	139	146	7	5%	5.79	6.23	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33230	Insrt pulse gen w/dual leads	090	150	157	7	5%	6.07	6.51	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33231	Insrt pulse gen w/mult leads	090	150	157	7	5%	6.34	6.78	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33233	Removal of pm generator	090	150	154	4	3%	3.14	3.58	0.44	14%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33234	Removal of pacemaker system	090	292	296	4	1%	7.66	8.10	0.44	6%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
33235	Removal pacemaker electrode	090	390	420	30	8%	9.90	11.28	1.38	14%	-2	0	0	0	0	0	2	0	0	0	0	0	0	0
33236	Remove electrode/thoracotomy	090	346	372	26	8%	12.73	14.57	1.84	14%	0	0	0	3	0	0	0	4	0	0	1	0	0	0
33237	Remove electrode/thoracotomy	090	456	487	31	7%	13.84	15.92	2.08	15%	0	0	0	3	0	0	0	5	0	0	1	0	0	0
33238	Remove electrode/thoracotomy	090	472	505	33	7%	15.40	17.70	2.30	15%	0	0	0	4	0	0	0	5	0	0	1	0	0	0
33240	Insrt pulse gen w/singl lead	090	135	142	7	5%	5.80	6.24	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33241	Remove pulse generator	090	171	173	2	1%	3.04	3.26	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
33243	Remove eltrd/thoracotomy	090	537	583	46	9%	23.57	25.98	2.41	10%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
33244	Remove elctrd transvenously	090	310	320	10	3%	13.74	14.84	1.10	8%	0	0	0	5	0	0	0	0	0	0	0	0	0	0
33249	Insj/rplcmt defib w/lead(s)	090	239	260	21	9%	14.92	15.91	0.99	7%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
33250	Ablate heart dysrhythm focus	090	983	1034	51	5%	25.90	28.55	2.65	10%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	5	0
33251	Ablate heart dysrhythm focus	090	1001	1052	51	5%	28.92	31.57	2.65	9%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	5	0
33254	Ablate atria lmtd	090	416	433	17	4%	23.71	25.12	1.41	6%	-2	0	0	0	1	1	0	1	1	0	1	0	0	0
33255	Ablate atria w/o bypass ext	090	516	529	13	3%	29.04	30.65	1.61	6%	-2	0	0	0	1	1	0	1	2	0	1	0	0	0
33256	Ablate atria w/bypass exten	090	646	655	9	1%	34.90	36.71	1.81	5%	-2	0	0	0	1	1	0	1	3	0	1	0	1	0
33257	Ablate atria lmtd add-on	ZZZ	180.35	185.52	5.17	3%	9.63	10.31	0.68	7%	0	0	0	0	1	0	0	0	0	0.61	0.5	0	0.64	0
33258	Ablate atria x10sv add-on	ZZZ	190.3	196.28	5.98	3%	11.00	11.58	0.58	5%	0	0	0	0	1	0	0	0	0	0.34	0.5	0	0.78	0
33259	Ablate atria w/bypass add-on	ZZZ	222.75	234.92	12.17	5%	14.14	15.15	1.01	7%	0	0	0	0	2	0	0	0	0	0.61	0.5	0	0.66	0
33261	Ablate heart dysrhythm focus	090	1004	1055	51	5%	28.92	31.57	2.65	9%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	5	0
33262	Rmvl& replc pulse gen 1 lead	090	150	157	7	5%	5.81	6.25	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33263	Rmvl& replc dfb gen 2 lead	090	150	157	7	5%	6.08	6.52	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33264	Rmvl & rplcmt dfb gen mlt ld	090	150	157	7	5%	6.35	6.79	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33265	Ablate atria lmtd endo	090	446	463	17	4%	23.71	25.12	1.41	6%	-2	0	0	0	1	1	0	1	1	0	1	0	0	0
33266	Ablate atria x10sv endo	090	536	549	13	2%	33.04	34.65	1.61	5%	-2	0	0	0	1	1	0	1	2	0	1	0	0	0
33267	Excl laa open any method	090	401	400	-1	0%	18.50	19.45	0.95	5%	0	0	0	0	1	0	0	0	2	0	1	0	1	0
33269	Excl laa thrscp any method	090	323	323	0	0%	14.31	15.46	1.15	8%	0	0	0	0	1	0	0	0	1	1	1	0	0	0
33270	Ins/rep subq defibrillator	090	232	241	9	4%	9.10	9.74	0.64	7%	-2	0	0	0	0	1	0	0	0	0	1	0	0	0
33271	Insj subq impltbl dfb elctrd	090	202	211	9	4%	7.50	8.14	0.64	9%	-2	0	0	0	0	1	0	0	0	0	1	0	0	0
33272	Rmvl of subq defibrillator	090	151	158	7	5%	5.42	5.86	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33273	Repos prev impltbl subq dfb	090	202	211	9	4%	6.50	7.14	0.64	10%	-2	0	0	0	0	1	0	0	0	0	1	0	0	0
33274	Tcat insj/rpl perm ldls pm	090	173	180	7	4%	7.80	8.24	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
33275	Tcat rmvl perm ldls pm w/img	0																						

33321	Repair major vessel	090	754	808	54	7%	20.81	23.61	2.80	13%	0	0	0	0	2	0	0	8	0	0	1	0	0	0
33322	Repair major blood vessel(s)	090	884	935	51	6%	24.42	27.07	2.65	11%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	4.5	0
33330	Insert major vessel graft	090	916	969.5	53.5	6%	25.29	28.06	2.77	11%	-3	0	0	0	0	1.5	0	8	0	0	1	0	4.5	0
33335	Insert major vessel graft	090	963	1019	56	6%	33.91	36.80	2.89	9%	-3	0	0	0	0	1.5	0	8.5	0	0	1	0	4.5	0
33361	Replace aortic valve perq	000	275	275	0	0%	22.47	22.47	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	1	0
33362	Replace aortic valve open	000	303	303	0	0%	24.54	24.54	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	1	0
33363	Replace aortic valve open	000	300	300	0	0%	25.47	25.47	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	1	0
33364	Replace aortic valve open	000	294	294	0	0%	25.97	25.97	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	1	0
33365	Replace aortic valve open	000	320	320	0	0%	26.59	26.59	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	1	0
33366	Trcath replace aortic valve	000	320	320	0	0%	29.35	29.35	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	1	0
33390	Valvuloplasty aortic valve	090	622	625	3	0%	35.00	36.81	1.81	5%	0	0	0	1	1	0	0	1	2	1	1	0	1	0
33391	Valvuloplasty aortic valve	090	676	686	10	1%	41.50	43.51	2.01	5%	-2	0	0	0	1	1	0	1	2	1	1	0	1	0
33404	Prepare heart-aorta conduit	090	846	899.5	53.5	6%	31.37	34.14	2.77	9%	-3	0	0	0	0	1.5	0	8	0	0	1	0	2.5	0
33405	Replacement aortic valve opn	090	768	772	4	1%	41.32	44.13	2.81	7%	-2	0	0	0	1	1	0	1	2	3	1	0	1	0
33406	Replacement aortic valve opn	090	853	857	4	0%	52.68	55.49	2.81	5%	-2	0	0	0	1	1	0	1	2	3	1	0	1	0
33410	Replacement aortic valve opn	090	800	804	4	0%	46.41	49.22	2.81	6%	-2	0	0	0	1	1	0	1	2	3	1	0	1	0
33411	Replacement of aortic valve	090	1059	1052	-7	-1%	62.07	65.68	3.61	6%	-2	0	0	0	1	1	0	1	4	4	1	0	2	0
33412	Replacement of aortic valve	090	866	867	1	0%	59.00	61.28	2.28	4%	-2	0	0	0	0	1	0	1	1	3	1	0	2	0
33413	Replacement of aortic valve	090	898	906	8	1%	59.87	62.48	2.61	4%	-2	0	0	0	1	1	0	1	1	3	1	0	2	0
33414	Repair of aortic valve	090	763	764	1	0%	39.37	41.65	2.28	6%	-2	0	0	0	0	1	0	1	1	3	1	0	1	0
33415	Revision subvalvular tissue	090	679	679	0	0%	37.27	39.35	2.08	6%	-2	0	0	0	0	1	0	1	2	2	1	0	1	0
33416	Revise ventricle muscle	090	664	683	19	3%	36.56	38.61	2.05	6%	-2	0	0	0	1	1	0	2	1	1	1	0	1	0
33417	Repair of aortic valve	090	750	780.5	30.5	4%	29.33	30.99	1.66	6%	-4	0	0	0	0	2	0	2.5	0	0	1	0	2.5	0
33418	Repair tcat mitral valve	090	561	580	19	3%	32.25	33.74	1.49	5%	-4	0	0	0	0	2	0	0	2	0	0	1	1	0
33420	Revision of mitral valve	090	761	814.5	53.5	7%	25.79	28.56	2.77	11%	-3	0	0	0	0	1.5	0	8	0	0	1	0	3	0
33422	Revision of mitral valve	090	892	943	51	6%	29.73	32.38	2.65	9%	-3	0	0	0	0	1.5	0	7.5	0	0	1	0	4.5	0
33425	Repair of mitral valve	090	880	881	1	0%	49.96	53.17	3.21	6%	-2	0	0	0	1	1	0	1	2	4	1	0	1	0
33426	Repair of mitral valve	090	776	780	4	1%	43.28	46.09	2.81	6%	-2	0	0	0	1	1	0	1	2	3	1	0	1	0
33427	Repair of mitral valve	090	737	744	7	1%	44.83	47.24	2.41	5%	-2	0	0	0	1	1	0	1	2	2	1	0	1	0
33430	Replacement of mitral valve	090	913	933	20	2%	50.93	54.10	3.17	6%	-2	0	0	0	2	1	0	1	2	3	0	1	2	0
33440	Rplcmt a-valve tlcj autol pv	090	998	996	-2	0%	64.00	66.92	2.92	5%	-2	0	0	0	0	1	0	2	3	3	1	0	2	0
33460	Revision of tricuspid valve	090	877	867	-10	-1%	44.70	47.78	3.08	7%	-2	0	0	0	0	1	0	1	3	4	1	0	2	0
33463	Valvuloplasty tricuspid	090	1127	1108	-19	-2%	57.08	61.29	4.21	7%	-2	0	0	0	1	1	0	1	7	4	1	0	2	0
33464	Valvuloplasty tricuspid	090	871	868	-3	0%	44.62	48.03	3.41	8%	-2	0	0	0	1	1	0	1	3	4	1	0	1	0
33465	Replace tricuspid valve	090	972	964	-8	-1%	50.72	54.13	3.41	7%	-2	0	0	0	1	1	0	1	5	3	1	0	2	0
33468	Revision of tricuspid valve	090	806	807	1	0%	45.13	47.41	2.28	5%	-2	0	0	0	0	1	0	1	1	3	1	0	2	0
33471	Vlvt pv clsd hrt via p-art	090	572	608	36	6%	22.96	24.89	1.93	8%	-2	0	0	0	1	1	0	4	0	0	1	0	1	0
33474	Revision of pulmonary valve	090	738	745	7	1%	39.40	41.81	2.41	6%	-2	0	0	0	1	1	0	1	2	2	1	0	1	0
33475	Replacement pulmonary valve	090	750	757	7	1%	42.40	44.81	2.41	6%	-2	0	0	0	1	1	0	1	2	2	1	0	1	0
33476	Revision of heart chamber	090	859	877	18	2%	26.57	27.63	1.06	4%	-4	0	0	0	0	2	0	0	0	0	1	0	5	0
33478	Revision of heart chamber	090	882	900	18	2%	27.54	28.60	1.06	4%	-4	0	0	0	0	2	0	0	0	0	1	0	5	0
33496	Repair prosth valve clot	090	881	887	6	1%	29.84	32.29	2.45	8%	-2	0	0	0	1	1	0	2	5	0	1	0	0	0
33500	Repair heart vessel fistula	090	690	736	46	7%	27.94	30.35	2.41	9%	-3	0	0	0	0	1.5	0	6.5	0	0	1	0	2	0
33501	Repair heart vessel fistula	090	411	419	8	2%	19.51	21.56	2.05	11%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
33502	Coronary artery correction	090	688	718.5	30.5	4%	21.85	23.51	1.66	8%	-4	0	0	0	0	2	0	2.5	0	0	1	0	2.5	0
33503	Coronary artery graft	090	838	895.5	57.5	7%	22.51	25.43	2.92	13%	-2	0	0	0	0	0	2	5.5	0	0	1	0	2.5	0
33504	Coronary artery graft	090	789	829.5	40.5	5%	25.46	27.60	2.14	8%	-4	0	0	0	0	2	0	4.5	0	0	1	0	2.5	0
33505	Repair artery w/tunnel	090	678	727	49	7%	38.40	41.51	3.11	8%	0	0	0	0	1	0	0	9	0	1	1	0	1	0
33506	Repair artery translocation	090	678	727	49	7%	37.85	40.96	3.11	8%	0	0	0	0	1	0	0	9	0	1	1	0	1	0
33507	Repair art intramural	090	563.5	576.5	13	2%	31.40	32.63	1.23	4%	0	0	0	0	1	0	0	2	1	0	1	0	1	0
33510	Cabg vein single	090	718	717	-1	0%	34.98	37.68	2.70	8%	-2	0	0	1	0	1	0	1	2	3	1	0	1	0
33511	Cabg vein two	090	750	749	-1	0%	38.45	41.15	2.70	7%	-2	0	0	1	0	1	0	1	2	3	1	0	1	0
33512	Cabg vein three	090	832	828	-4	0%	43.98	47.08	3.10	7%	-2	0	0	1	0	1	0	1	2	4	1	0	1	0
33513	Cabg vein four	090	850	846	-4	0%	45.37	48.47	3.10	7%	-2	0	0	1	0	1	0	1	2	4	1	0	1	0
33514	Cabg vein five	090	867	863	-4	0%	48.08	51.18	3.10	6%	-2	0	0	1	0	1	0	1	2	4	1	0	1	0
33516	Cabg vein six or more	090	883	879	-4	0%	49.76	52.86	3.10	6%	-2	0	0	1	0	1	0	1	2	4	1	0	1	0
33517	Cabg artery-vein single	ZZZ	53.5	52.6	-0.9	-2%	3.61	3.73	0.12	3%	0	0	0	0	0	0	0	0	0	0.3	0	0	0.2	0
33518	Cabg artery-vein two	ZZZ	112.6	110.56	-2.04	-2%	7.93	8.20	0.27	3%	0	0	0	0	0	0	0	0	0	0.68	0	0	0.36	0
33519	Cabg artery-vein three	ZZZ	139.8	137.52	-2.28	-2%	10.49	10.79	0.30	3%	0	0	0	0	0	0	0	0	0	0.76	0	0	0.4	0
33521	Cabg artery-vein four	ZZZ	158.05	155.68	-2.37	-1%	12.59	12.91	0.32	3%	0	0	0	0	0	0	0	0	0.79	0	0	0.38	0	
33522	Cabg artery-vein five	ZZZ	174.45	171.72	-2.73	-2%	14.14	14.50	0.36	3%	0	0	0	0	0	0	0	0	0.91	0	0	0.32	0	
33523	Cabg art-vein six or more	ZZZ	193	190	-3	-2%	16.08	16.48	0.40	2%	0	0	0	0	0	0	0	0	0	1	0	0	0.4	0
33530	Coronary artery bypass/reop	ZZZ	112.4	111.08	-1.32	-1%	10.13	10.31	0.18	2%	0	0	0	0	0	0	0	0	0.44	0	0	0.26	0	
33533	Cabg arterial single	090	682	685	3	0%	33.75	36.25	2.50	7%	-2	0	0	1	0	1	0	1	1	3	1	0	1	0
33534	Cabg arterial two	090	717	720	3	0%	39.88	42.38	2.50	6%	-2	0	0	1	0	1	0	1	1	3	1	0	1	0
33535	Cabg arterial three	090	755	758	3	0%	44.75	47.25	2.50	6%	-2	0	0	1	0	1	0	1	1	3	1	0	1	0
33536	Cabg arterial four or more	090	783	786	3	0%	48.43	50.93	2.50	5%	-2	0	0	1	0	1	0	1	1	3	1	0	1	0
33542	Removal of heart lesion	090	848	852	4	0%	48.21	51.02	2.81	6%	-2	0	0	0	1</									

33608	Repair anomaly w/conduit	090	668	711	43	6%	31.88	34.14	2.26	7%	-4	0	0	0	0	2	0	5	0	0	1	0	0	0
33610	Repair by enlargement	090	648	701	53	8%	31.40	34.14	2.74	9%	-4	0	0	0	0	2	0	7	0	0	1	0	0	0
33611	Repair double ventricle	090	673	732	59	9%	35.57	38.61	3.04	9%	-2	0	0	0	0	1	0	10	0	0	1	0	0	0
33612	Repair double ventricle	090	673	732	59	9%	36.57	39.61	3.04	8%	-2	0	0	0	0	1	0	10	0	0	1	0	0	0
33615	Repair modified fontan	090	696	762	66	9%	35.89	39.26	3.37	9%	-2	0	0	0	1	1	0	10	0	0	1	0	0	0
33617	Repair single ventricle	090	811	868	57	7%	39.09	42.42	3.33	9%	-2	0	0	0	1	1	0	9	1	0	1	0	0	0
33619	Repair single ventricle	090	1039	1058	19	2%	48.76	52.90	4.14	8%	-12	0	5	1	0	1	0	7	6	1	1	0	0	0
33620	Apply r&l pulm art bands	090	609	630	21	3%	30.00	32.55	2.55	9%	0	0	0	0	1	0	0	5	2	1	1	0	1	0
33621	Transthor cath for stent	090	363.5	385.5	22	6%	16.18	17.23	1.05	6%	0	0	0	0	1	0	0	3	0	0	0	0	1	0
33622	Redo compl cardiac anomaly	090	986	1017	31	3%	64.00	67.72	3.72	6%	-2	0	0	0	0	1	0	7	1	3	1	0	2	0
33641	Repair heart septum defect	090	562	569	7	1%	29.58	31.06	1.48	5%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33645	Revision of heart veins	090	546	553	7	1%	31.30	32.78	1.48	5%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33647	Repair heart septum defects	090	614	618	4	1%	33.00	34.88	1.88	6%	-2	0	0	0	0	1	0	1	1	2	1	0	1	0
33660	Repair of heart defects	090	613	620	7	1%	31.83	33.31	1.48	5%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33665	Repair of heart defects	090	613	620	7	1%	34.85	36.33	1.48	4%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33670	Repair of heart chambers	090	626	645	19	3%	36.63	38.30	1.67	5%	0	0	0	0	1	0	0	3	0	1	1	0	1	0
33675	Close mult vsd	090	628	644	16	3%	35.95	37.71	1.76	5%	-2	0	0	0	0	1	0	3	2	0	1	0	1	0
33676	Close mult vsd w/resection	090	658	674	16	2%	36.95	38.71	1.76	5%	-2	0	0	0	0	1	0	3	2	0	1	0	1	0
33677	Cl mult vsd w/rem pul band	090	688	704	16	2%	38.45	40.21	1.76	5%	-2	0	0	0	0	1	0	3	2	0	1	0	1	0
33681	Repair heart septum defect	090	506.5	559.5	53	10%	32.34	35.08	2.74	8%	-2	0	0	0	2	1	0	6	0	0	1	0	0	0
33684	Repair heart septum defect	090	616	623	7	1%	34.37	35.85	1.48	4%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33688	Repair heart septum defect	090	628	635	7	1%	34.75	36.23	1.48	4%	-2	0	0	0	0	1	0	1	1	1	1	0	1	0
33690	Reinforce pulmonary artery	090	636	666.5	30.5	5%	20.36	22.02	1.66	8%	-4	0	0	0	0	2	0	2.5	0	0	1	0	2.5	0
33692	Repair of heart defects	090	684	697	13	2%	36.15	38.31	2.16	6%	-2	0	0	0	0	1	0	3	2	1	1	0	1	0
33694	Repair of heart defects	090	718	777	59	8%	35.57	38.61	3.04	9%	-2	0	0	0	0	1	0	10	0	0	1	0	0	0
33697	Repair of heart defects	090	693	752	59	9%	37.57	40.61	3.04	8%	-2	0	0	0	0	1	0	10	0	0	1	0	0	0
33702	Repair of heart defects	090	751	769.5	18.5	2%	27.24	28.33	1.09	4%	-2	0	0	0	1	1	0	0.5	0	0	1	0	3.5	0
33710	Repair of heart defects	090	656	663	7	1%	37.50	38.98	1.48	4%	-2	0	0	0	0	1	0	1	1	1	1	0	2	0
33720	Repair of heart defect	090	770	786	16	2%	27.26	28.23	0.97	4%	-2	0	0	0	1	1	0	0	0	0	1	0	4	0
33724	Repair venous anomaly	090	559	574	15	3%	27.63	28.95	1.32	5%	-2	0	0	0	0	1	0	2	1	0	1	0	1	0
33726	Repair pul venous stenosis	090	643	663	20	3%	37.12	38.68	1.56	4%	-2	0	0	0	0	1	0	3	1	0	1	0	1	0
33730	Repair heart-vein defect(s)	090	671	737	66	10%	36.14	39.51	3.37	9%	-2	0	0	0	1	1	0	10	0	0	1	0	0	0
33732	Repair heart-vein defect	090	578	621	43	7%	28.96	31.22	2.26	8%	-4	0	0	0	0	2	0	5	0	0	1	0	0	0
33735	Revision of heart chamber	090	770	800.5	30.5	4%	22.20	23.86	1.66	7%	-4	0	0	0	0	2	0	2.5	0	0	1	0	3.5	0
33736	Revision of heart chamber	090	548	591	43	8%	24.32	26.58	2.26	9%	-4	0	0	0	0	2	0	5	0	0	1	0	0	0
33737	Revision of heart chamber	090	706	732	26	4%	22.47	23.92	1.45	6%	-2	0	0	0	1	1	0	2	0	0	1	0	3	0
33750	Major vessel shunt	090	722	750	28	4%	22.22	23.76	1.54	7%	-4	0	0	0	0	2	0	2	0	0	1	0	3	0
33755	Major vessel shunt	090	750	775.5	25.5	3%	22.60	24.02	1.42	6%	-4	0	0	0	0	2	0	1.5	0	0	1	0	3.5	0
33762	Major vessel shunt	090	755	780.5	25.5	3%	22.60	24.02	1.42	6%	-4	0	0	0	0	2	0	1.5	0	0	1	0	3.5	0
33764	Major vessel shunt & graft	090	750	775.5	25.5	3%	22.60	24.02	1.42	6%	-4	0	0	0	0	2	0	1.5	0	0	1	0	3.5	0
33766	Major vessel shunt	090	756	781.5	25.5	3%	23.57	24.99	1.42	6%	-4	0	0	0	0	2	0	1.5	0	0	1	0	3.5	0
33767	Major vessel shunt	090	608	651	43	7%	25.30	27.56	2.26	9%	-4	0	0	0	0	2	0	5	0	0	1	0	0	0
33770	Repair great vessels defect	090	696	716	20	3%	39.07	41.18	2.11	5%	0	0	0	0	1	0	0	4	1	1	1	0	1	0
33771	Repair great vessels defect	090	716	736	20	3%	40.63	42.74	2.11	5%	0	0	0	0	1	0	0	4	1	1	1	0	1	0
33774	Repair great vessels defect	090	998	1024.5	26.5	3%	31.73	33.18	1.45	5%	-3	0	0	0	1	1	0.5	0	0	1	0	6.5	0	
33775	Repair great vessels defect	090	1043	1063.5	20.5	2%	32.99	34.17	1.18	4%	-4	0	0	0	0	2	0	0.5	0	0	1	0	6.5	0
33776	Repair great vessels defect	090	1096	1133.5	37.5	3%	34.75	36.71	1.96	6%	-2	0	0	0	0	0	2	1.5	0	0	1	0	6.5	0
33777	Repair great vessels defect	090	993	1040.5	47.5	5%	34.17	36.61	2.44	7%	-2	0	0	0	0	0	2	3.5	0	0	1	0	4.5	0
33778	Repair great vessels defect	090	838.5	887.5	49	6%	42.75	46.48	3.73	9%	-2	0	0	0	1	1	0	9	3	0	1	0	0	0
33779	Repair great vessels defect	090	733	755	22	3%	43.23	45.43	2.20	5%	-2	0	0	0	0	1	0	4	1	1	1	0	1	0
33780	Repair great vessels defect	090	731	760	29	4%	43.90	46.29	2.39	5%	0	0	0	0	1	0	0	6	2	0	1	0	1	0
33781	Repair great vessels defect	090	738	767	29	4%	43.21	45.60	2.39	6%	0	0	0	0	1	0	0	6	2	0	1	0	1	0
33782	Nikaidoh proc	090	866	867	1	0%	60.08	62.36	2.28	4%	-2	0	0	0	0	1	0	1	1	3	1	0	2	0
33783	Nikaidoh proc w/ostia implt	090	926	927	1	0%	65.08	67.36	2.28	4%	-2	0	0	0	0	1	0	1	1	3	1	0	2	0
33786	Repair arterial trunk	090	838.5	892.5	54	6%	41.87	45.84	3.97	9%	-2	0	0	0	1	1	0	10	3	0	1	0	0	0
33788	Revision of pulmonary artery	090	736	766.5	30.5	4%	27.42	29.08	1.66	6%	-4	0	0	0	0	2	0	2.5	0	0	1	0	2.5	0
33800	Aortic suspension	090	375	386	11	3%	17.28	18.61	1.33	8%	0	0	0	0	1	0	0	2	1.5	0	0	1	0	0
33802	Repair vessel defect	090	556	584.5	28.5	5%	18.37	19.94	1.57	9%	-2	0	0	0	1	1	0	2.5	0	0	1	0	1.5	0
33803	Repair vessel defect	090	586	614.5	28.5	5%	20.31	21.88	1.57	8%	-2	0	0	0	1	1	0	2.5	0	0	1	0	1.5	0
33813	Repair septal defect	090	664	685	21	3%	21.36	22.57	1.21	6%	-2	0	0	0	1	1	0	1	0	0	1	0	3	0
33814	Repair septal defect	090	838	856	18	2%	26.57	27.63	1.06	4%	-4	0	0	0	0	2	0	0	0	0	1	0	5	0
33820	Revise major vessel	090	414	428	14	3%	16.69	17.57	0.88	5%	-2	0	0	0	0	1	0	1	0	0	1	0	1	0
33822	Revise major vessel	090	463	472	9	2%	17.71	18.35	0.64	4%	-2	0	0	0	0	1	0	0	0	0	1	0	2	0
33824	Revise major vessel	090	615	633.5	18.5	3%	20.23	21.32	1.09	5%	-2	0	0	0	1	1	0	0.5	0	0	1	0	2.5	0
33840	Remove aorta constriction	090	639	662.5	23.5	4%	21.34	22.67	1.33	6%	-2	0	0	0	1	1	0	1.5	0	0	1	0	2.5	0
33845	Remove aorta constriction	090	726	749	23	3%	22.93	24.23	1.30	6%	-4	0	0	0	0	2	0	1	0	0	1	0	3	0
33851	Remove aorta constriction	090	700	726	26	4%	21.98	23.43	1.45	7%	-2	0	0	0	1	1	0	2	0	0	1	0	3	0
33852	Repair septal defect	090	719	745	26	4%	24.41	25.86	1.45	6%	-2	0												

33871	Transvrs a-arch grf hypthrm	090	901	905	4	0%	60.88	62.76	1.88	3%	-2	0	0	0	0	1	0	1	1	2	1	0	2	0
33875	Thoracic aortic graft	090	993	1006	13	1%	50.72	53.56	2.84	6%	-2	0	0	0	1	1	0	1	2	3	0	1	3	0
33877	Thoracoabdominal graft	090	1110	1130	20	2%	69.03	72.20	3.17	5%	-2	0	0	0	2	1	0	1	2	3	0	1	3	0
33880	Endovasc taa repr incl subcl	090	599	611	12	2%	34.58	36.30	1.72	5%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
33881	Endovasc taa repr w/o subcl	090	554	566	12	2%	29.58	31.30	1.72	6%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
33883	Insert endovasc prosth taa	090	404	419	15	4%	21.09	22.41	1.32	6%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
33886	Endovasc prosth delayed	090	379	394	15	4%	18.09	19.41	1.32	7%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
33910	Remove lung artery emboli	090	889	893	4	0%	48.21	51.02	2.81	6%	-2	0	0	0	1	1	0	1	2	3	1	0	3	0
33915	Remove lung artery emboli	090	858	904	46	5%	24.95	27.36	2.41	10%	-3	0	0	0	0	1.5	0	6.5	0	0	1	0	5	0
33916	Surgery of great vessel	090	1259	1258	-1	0%	78.00	82.05	4.05	5%	-2	0	0	0	1	1	0	2	3	5	1	0	3	1
33917	Repair pulmonary artery	090	608	651	43	7%	25.30	27.56	2.26	9%	-4	0	0	0	0	2	0	5	0	0	1	0	0	0
33920	Repair pulmonary atresia	090	658	706	48	7%	32.74	35.24	2.50	8%	-4	0	0	0	0	2	0	6	0	0	1	0	0	0
33922	Transect pulmonary artery	090	546	587	41	8%	24.22	26.39	2.17	9%	-2	0	0	0	1	1	0	5	0	0	1	0	0	0
33925	Rpr pul art unifocal w/o cpb	090	641	665	24	4%	31.30	33.21	1.91	6%	0	0	0	0	1	0	0	4	0	1	1	0	1	0
33926	Repr pul art unifocal w/cpb	090	846	891	45	5%	44.73	48.04	3.31	7%	0	0	0	0	1	0	0	9	1	1	1	0	1	0
33935	Transplantation heart/lung	090	1713	1708	-5	0%	91.78	97.71	5.93	6%	-3	0	0	0	1	1	1	1	8	6	0	1	3	1
33945	Transplantation of heart	090	1716	1745	29	2%	89.50	95.71	6.21	7%	-5	0	0	0	3	2	1	1	6	5	0	1	3	1
33951	Ecmo/ecls insj prph cannula	000	170	175	5	3%	8.15	8.39	0.24	3%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
33952	Ecmo/ecls insj prph cannula	000	158	163	5	3%	8.15	8.39	0.24	3%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
33953	Ecmo/ecls insj prph cannula	000	190	186	-4	-2%	9.11	9.31	0.20	2%	0	0	0	0	0	0	0	0	1	0	0	0	0	0
33954	Ecmo/ecls insj prph cannula	000	178	174	-4	-2%	9.11	9.31	0.20	2%	0	0	0	0	0	0	0	0	1	0	0	0	0	0
33955	Ecmo/ecls insj ctr cannula	000	250	250	0	0%	16.00	16.00	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	1	0
33956	Ecmo/ecls insj ctr cannula	000	250	250	0	0%	16.00	16.00	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	1	0
33957	Ecmo/ecls repos perph cnula	000	130	135	5	4%	3.51	3.75	0.24	7%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
33958	Ecmo/ecls repos perph cnula	000	118	123	5	4%	3.51	3.75	0.24	7%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
33959	Ecmo/ecls repos perph cnula	000	130	135	5	4%	4.47	4.71	0.24	5%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
33962	Ecmo/ecls repos perph cnula	000	118	123	5	4%	4.47	4.71	0.24	5%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
33963	Ecmo/ecls repos perph cnula	000	183	180	-3	-2%	9.00	9.40	0.40	4%	0	0	0	0	0	0	0	0	0	1	0	0	0	0
33964	Ecmo/ecls repos perph cnula	000	195	192	-3	-2%	9.50	9.90	0.40	4%	0	0	0	0	0	0	0	0	0	1	0	0	0	0
33965	Ecmo/ecls rmvl perph cannula	000	130	135	5	4%	3.51	3.75	0.24	7%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
33966	Ecmo/ecls rmvl prph cannula	000	133	138	5	4%	4.50	4.74	0.24	5%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
33969	Ecmo/ecls rmvl perph cannula	000	163	159	-4	-2%	5.22	5.42	0.20	4%	0	0	0	0	0	0	0	0	1	0	0	0	0	0
33971	Aortic circulation assist	090	494	518	24	5%	11.99	13.35	1.36	11%	-2	0	0	0	0	1	0	3	0	0	1	0	3	0
33974	Remove intra-aortic balloon	090	314	333	19	6%	15.03	16.15	1.12	7%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
33984	Ecmo/ecls rmvl prph cannula	000	153	149	-4	-3%	5.46	5.66	0.20	4%	0	0	0	0	0	0	0	0	1	0	0	0	0	0
33985	Ecmo/ecls rmvl ctr cannula	000	200	197	-3	-2%	9.89	10.29	0.40	4%	0	0	0	0	0	0	0	0	0	1	0	0	0	0
33986	Ecmo/ecls rmvl ctr cannula	000	205	202	-3	-1%	10.00	10.40	0.40	4%	0	0	0	0	0	0	0	0	0	1	0	0	0	0
33988	Insertion of left heart vent	000	250	250	0	0%	15.00	15.00	-	0%	0	0	0	0	0	0	0	0	0	0	0	0	1	0
33989	Removal of left heart vent	000	205	202	-3	-1%	9.50	9.90	0.40	4%	0	0	0	0	0	0	0	0	0	1	0	0	0	0
34001	Removal of artery clot	090	384	386	2	1%	17.88	19.36	1.48	8%	0	0	0	0	2	0	0	0	3	0	1	0	0	0
34051	Removal of artery clot	090	594	636.5	42.5	7%	16.99	19.56	2.57	15%	0	0	0	2.5	0	0	0	7.5	0	0	1	0	1.5	0
34101	Removal of artery clot	090	322	337	15	5%	10.93	12.38	1.45	13%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
34111	Removal of arm artery clot	090	307	322	15	5%	10.93	12.38	1.45	13%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
34151	Removal of artery clot	090	508	531	23	5%	26.52	28.87	2.35	9%	0	0	0	2	1	0	0	4	2	0	1	0	0	0
34201	Removal of artery clot	090	422	438	16	4%	19.48	21.24	1.76	9%	0	0	0	0	2	0	0	2	2	0	1	0	0	0
34203	Removal of leg artery clot	090	413	440	27	7%	17.86	19.88	2.02	11%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
34401	Removal of vein clot	090	503	526	23	5%	26.52	28.87	2.35	9%	0	0	0	2	1	0	0	4	2	0	1	0	0	0
34421	Removal of vein clot	090	412	428	16	4%	13.37	15.26	1.89	14%	0	0	0	1	1	0	0	3	2	0	1	0	0	0
34451	Removal of vein clot	090	533	556	23	4%	28.52	30.87	2.35	8%	0	0	0	2	1	0	0	4	2	0	1	0	0	0
34471	Removal of vein clot	090	453	475	22	5%	21.11	23.02	1.91	9%	0	0	0	2	1	0	0	3	1	0	1	0	0	0
34490	Removal of vein clot	090	367	387	20	5%	10.91	12.60	1.69	15%	0	0	0	1	1	0	0	3	1	0	1	0	0	0
34501	Repair valve femoral vein	090	393	405	12	3%	16.85	18.28	1.43	8%	0	0	0	2	1	0	0	1	1	0	1	0	0	0
34502	Reconstruct vena cava	090	741	796	55	7%	28.07	30.90	2.83	10%	-4	0	0	0	1	2	0	6	0	0	1	0	0	0
34510	Transposition of vein valve	090	448	465	17	4%	19.91	21.58	1.67	8%	0	0	0	2	1	0	0	2	1	0	1	0	0	0
34520	Cross-over vein graft	090	443	465	22	5%	19.18	20.96	1.78	9%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
34530	Leg vein fusion	090	436	460	24	6%	17.93	19.93	2.00	11%	0	0	0	2	2	0	0	2	1	0	1	0	0	0
34701	Evasc rpr a-ao ndgft	090	482	484	2	0%	23.71	25.08	1.37	6%	0	0	0	1	1	0	0	0	1	1	1	1	0	0
34702	Evasc rpr a-ao ndgft rpt	090	677	686	9	1%	36.00	38.63	2.63	7%	-2	0	0	1	1	1	0	1	2	2	1	0	1	0
34703	Evasc rpr a-unilac ndgft	090	507	509	2	0%	26.52	27.89	1.37	5%	0	0	0	1	1	0	0	0	1	1	1	1	0	0
34704	Evasc rpr a-unilac ndgft rpt	090	737	746	9	1%	45.00	47.63	2.63	6%	-2	0	0	1	1	1	0	1	2	2	1	0	1	0
34705	Evac rpr a-biiliac ndgft	090	512	514	2	0%	29.58	30.95	1.37	5%	0	0	0	1	1	0	0	0	1	1	1	1	0	0
34706	Evasc rpr a-biiliac rpt	090	735	744	9	1%	45.00	47.63	2.63	6%	-2	0	0	1	1	1	0	1	2	2	1	0	1	0
34707	Evasc rpr ilio-iliac ndgft	090	482	484	2	0%	22.28	23.65	1.37	6%	0	0	0	1	1	0	0	0	1	1	1	1	0	0
34708	Evasc rpr ilio-iliac rpt	090	677	686	9	1%	36.50	39.13	2.63	7%	-2	0	0	1	1	1	0	1	2	2	1	0	1	0
34710	Dlyd plmt xtn prosth 1st vsl	090	397	407	10	3%	15.00	16.21	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
34712	Tcat dlvr enhncd fixj dev	090	307	317	10	3%	12.00	13.21	1.21	10%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
34718	Evasc rpr n/a a-iliac ndgft	090	477	479	2	0%	24.00	25.37	1.37	6%	0	0	0	1	1	0	0	0	1	1	1	1	0	0
34830	Open aortic tube prosth repr	090	665	682	17	3%	35.23	38.25	3.02	9														

35011	Repair defect of artery	090	357	376	19	5%	18.58	19.83	1.25	7%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35013	Repair artery rupture arm	090	433	455	22	5%	23.23	25.01	1.78	8%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
35021	Repair defect of artery	090	745	797.5	52.5	7%	22.17	25.22	3.05	14%	0	0	0	2.5	0	0	0	9.5	0	0	1	0	2.5	0
35022	Repair artery rupture chest	090	764	816.5	52.5	7%	25.70	28.75	3.05	12%	0	0	0	2.5	0	0	0	9.5	0	0	1	0	2.5	0
35045	Repair defect of arm artery	090	329	342	13	4%	18.01	18.91	0.90	5%	0	0	0	0.5	1	0	0	1	0	0	1	0	0	0
35081	Repair defect of artery	090	677	693	16	2%	33.53	35.80	2.27	7%	-2	0	0	1	1	1	0	2	3	0	1	0	1	0
35082	Repair artery rupture aorta	090	792	810	18	2%	42.09	45.00	2.91	7%	-2	0	0	1	1	1	0	3	3	1	1	0	2	0
35091	Repair defect of artery	090	790	845	55	7%	35.35	38.21	2.86	8%	0	0	0	0	0	0	0	11	0	0	1	0	2	0
35092	Repair artery rupture aorta	090	1172	1179	7	1%	50.97	54.44	3.47	7%	-2	0	0	1	1	1	0	2	3	3	1	0	5	0
35102	Repair defect of artery	090	732	748	16	2%	36.53	38.80	2.27	6%	-2	0	0	1	1	1	0	2	3	0	1	0	1	0
35103	Repair artery rupture aorta	090	740	764	24	3%	43.62	46.28	2.66	6%	0	0	0	1	2	0	0	4	3	0	1	0	2	0
35111	Repair defect of artery	090	483	496	13	3%	26.28	28.15	1.87	7%	0	0	0	2	1	0	0	2	2	0	1	0	0	0
35112	Repair artery rupture spleen	090	690	708	18	3%	32.57	34.55	1.98	6%	0	0	0	1	2	0	0	2	2	0	1	0	2	0
35121	Repair defect of artery	090	563	586	23	4%	31.52	33.87	2.35	7%	0	0	0	2	1	0	0	4	2	0	1	0	0	0
35122	Repair artery rupture belly	090	770	784	14	2%	37.89	40.07	2.18	6%	0	0	0	1	2	0	0	2	3	0	1	0	2	0
35131	Repair defect of artery	090	528	546	18	3%	26.40	28.51	2.11	8%	0	0	0	2	1	0	0	3	2	0	1	0	0	0
35132	Repair artery rupture groin	090	655	673	18	3%	32.57	34.55	1.98	6%	0	0	0	1	2	0	0	2	2	0	1	0	2	0
35141	Repair defect of artery	090	427	442	15	4%	20.91	22.36	1.45	7%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
35142	Repair artery rupture thigh	090	555	582	27	5%	25.16	27.18	2.02	8%	0	0	0	1	2	0	0	3	1	0	1	0	1	0
35151	Repair defect of artery	090	473	495	22	5%	23.72	25.63	1.91	8%	0	0	0	2	1	0	0	3	1	0	1	0	0	0
35152	Repair ruptd popliteal art	090	590	605	15	3%	27.66	30.04	2.38	9%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
35180	Repair blood vessel lesion	090	500	541	41	8%	15.10	17.66	2.56	17%	0	0	0	3	0	0	0	7	0	0	1	0	1	0
35182	Repair blood vessel lesion	090	553	572	19	3%	31.71	33.89	2.18	7%	0	0	0	1	2	0	0	2	1	1	1	0	0	0
35184	Repair blood vessel lesion	090	413	424	11	3%	18.82	20.14	1.32	7%	0	0	0	1.5	1	0	0	1	1	0	1	0	0	0
35188	Repair blood vessel lesion	090	380	390	10	3%	18.00	19.21	1.21	7%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35189	Repair blood vessel lesion	090	548	560.5	12.5	2%	29.98	32.24	2.26	8%	0	0	0	1	2	0	0	1.5	2	1	1	0	0	0
35190	Repair blood vessel lesion	090	416	444.5	28.5	7%	13.42	15.38	1.96	15%	0	0	0	3	0	0	0	4.5	0	0	1	0	0	0
35201	Repair blood vessel lesion	090	382	415.5	33.5	9%	16.93	19.13	2.20	13%	0	0	0	3	0	0	0	5.5	0	0	1	0	0	0
35206	Repair blood vessel lesion	090	282	301	19	7%	13.84	15.09	1.25	9%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35207	Repair blood vessel lesion	090	376	409.5	33.5	9%	10.94	13.14	2.20	20%	0	0	0	3	0	0	0	5.5	0	0	1	0	0	0
35211	Repair blood vessel lesion	090	806	856	50	6%	24.58	27.51	2.93	12%	0	0	0	2.5	0	0	0	9	0	0	1	0	2.5	0
35216	Repair blood vessel lesion	090	658	677	19	3%	36.61	38.90	2.29	6%	-4	0	1	0	1	1	0	3	3	0	1	0	1	0
35221	Repair blood vessel lesion	090	545	553	8	1%	26.62	28.67	2.05	8%	0	0	0	1	1	0	0	2	2	1	1	0	1	0
35226	Repair blood vessel lesion	090	327	337	10	3%	15.30	16.51	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35231	Repair blood vessel lesion	090	382	384	2	1%	21.16	22.53	1.37	6%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
35236	Repair blood vessel lesion	090	367	382	15	4%	18.02	19.47	1.45	8%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
35241	Repair blood vessel lesion	090	797	847	50	6%	25.58	28.51	2.93	11%	0	0	0	2.5	0	0	0	9	0	0	1	0	2.5	0
35246	Repair blood vessel lesion	090	577	584	7	1%	28.23	29.84	1.61	6%	0	0	0	1	1	0	0	1	1	1	1	0	1	0
35251	Repair blood vessel lesion	090	532	540	8	2%	31.91	33.96	2.05	6%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
35256	Repair blood vessel lesion	090	347	371	24	7%	19.06	20.55	1.49	8%	0	0	0	1	1	0	0	3	0	0	1	0	0	0
35261	Repair blood vessel lesion	090	382	384	2	1%	18.96	20.33	1.37	7%	0	0	0	1	1	0	0	0	1	1	1	1	0	0
35266	Repair blood vessel lesion	090	337	352	15	4%	15.83	17.28	1.45	9%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
35271	Repair blood vessel lesion	090	778	828	50	6%	24.58	27.51	2.93	12%	0	0	0	2.5	0	0	0	9	0	0	1	0	2.5	0
35276	Repair blood vessel lesion	090	553.5	572	18.5	3%	25.83	27.45	1.62	6%	0	0	0	1	1.5	0	0	2	1	0	1	0	1	0
35281	Repair blood vessel lesion	090	595	613	18	3%	30.06	32.04	1.98	7%	0	0	0	1	2	0	0	2	2	0	1	0	1	0
35286	Repair blood vessel lesion	090	350	381	31	9%	17.19	19.01	1.82	11%	0	0	0	1	2	0	0	3	0	0	1	0	0	0
35301	Rechannelling of artery	090	404	411	7	2%	21.16	22.64	1.48	7%	0	0	0	0	2	0	0	0	1	1	1	1	0	0
35302	Rechannelling of artery	090	392	402	10	3%	21.35	22.56	1.21	6%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35303	Rechannelling of artery	090	392	402	10	3%	23.60	24.81	1.21	5%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35304	Rechannelling of artery	090	422	432	10	2%	24.60	25.81	1.21	5%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35305	Rechannelling of artery	090	402	412	10	2%	23.60	24.81	1.21	5%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35311	Rechannelling of artery	090	532	535	3	1%	28.60	30.41	1.81	6%	0	0	0	1	1	0	0	1	2	1	1	0	0	0
35321	Rechannelling of artery	090	337	356	19	6%	16.59	17.84	1.25	8%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35331	Rechannelling of artery	090	558	581	23	4%	27.72	30.07	2.35	8%	0	0	0	2	1	0	0	4	2	0	1	0	0	0
35341	Rechannelling of artery	090	549	596	47	9%	26.21	29.12	2.91	11%	0	0	0	3.5	0	0	0	8	0	0	1	0	0	0
35351	Rechannelling of artery	090	502	505	3	1%	24.61	26.42	1.81	7%	0	0	0	1	1	0	0	1	2	1	1	0	0	0
35355	Rechannelling of artery	090	457	473	16	4%	19.86	21.75	1.89	10%	0	0	0	1	1	0	0	3	2	0	1	0	0	0
35361	Rechannelling of artery	090	605	620	15	2%	30.24	32.62	2.38	8%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
35363	Rechannelling of artery	090	655	675	20	3%	32.35	34.97	2.62	8%	0	0	0	1	2	0	0	3	2	1	1	0	0	0
35371	Rechannelling of artery	090	325	344	19	6%	15.31	16.56	1.25	8%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35372	Rechannelling of artery	090	347	366	19	5%	18.58	19.83	1.25	7%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35501	Art byp grft ipsilat carotid	090	449	464	15	3%	29.09	30.41	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
35506	Art byp grft subclav-carotid	090	452	464	12	3%	25.33	27.05	1.72	7%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
35508	Art byp grft carotid-vertbrl	090	404	419	15	4%	26.09	27.41	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
35509	Art byp grft contral carotid	090	439	454	15	3%	28.09	29.41	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
35510	Art byp grft carotid-brchial	090	497	508	11	2%	24.39	25.91	1.52	6%	0	0	0	0	2	0	0	1	2	0	1	0	0	0
35511	Art byp grft subclav-subclav	090	407	408	1	0%	22.20	23.37	1.17	5%	0	0	0	1	1	0	0	0	2	0	1	0	0	0
35512	Art byp grft subclav-brchial	090	462	473	11	2%	23.89	25.41	1.52	6%	0	0	0	0	2	0	0	1	2</					

35523	Art byp grft brchl-ulnr-rdl	090	485	498	13	3%	24.13	25.87	1.74	7%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
35525	Art byp grft brachial-brchl	090	415	430	15	4%	21.69	23.01	1.32	6%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
35526	Art byp grft aor/carot/innom	090	562	565	3	1%	31.55	33.36	1.81	6%	0	0	0	1	1	0	0	1	2	1	1	0	0	0
35531	Art byp grft aorcel/aormesen	090	740	747	7	1%	39.11	41.65	2.54	6%	0	0	0	1	2	0	0	1	2	2	1	0	1	0
35533	Art byp grft axill/fem/fem	090	615	625	10	2%	29.92	32.06	2.14	7%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35535	Art byp grft hepatorenal	090	690	705	15	2%	38.13	40.51	2.38	6%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
35536	Art byp grft splenorenal	090	550	565	15	3%	33.73	36.11	2.38	7%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
35537	Art byp grft aortoiliac	090	683	696	13	2%	41.88	43.62	1.74	4%	0	0	0	1	2	0	0	1	2	0	1	0	1	0
35538	Art byp grft aortobi-iliac	090	798	820	22	3%	47.03	49.19	2.16	5%	-2	0	0	1	2	1	0	1	2	0	1	0	1	0
35539	Art byp grft aortofemoral	090	720	738	18	2%	44.11	46.09	1.98	4%	0	0	0	1	2	0	0	2	2	0	1	0	1	0
35540	Art byp grft aortbifemoral	090	780	798	18	2%	49.33	51.31	1.98	4%	0	0	0	1	2	0	0	2	2	0	1	0	1	0
35556	Art byp grft fem-popliteal	090	586	605	19	3%	26.75	28.93	2.18	8%	0	0	0	1	2	0	0	2	1	1	1	0	0	0
35558	Art byp grft fem-femoral	090	530	540	10	2%	23.13	25.27	2.14	9%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35560	Art byp grft aortorenal	090	590	605	15	3%	34.03	36.41	2.38	7%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
35563	Art byp grft ilioliac	090	535	545	10	2%	26.12	28.26	2.14	8%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35565	Art byp grft iliofemoral	090	535	545	10	2%	25.13	27.27	2.14	9%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35566	Art byp fem-ant-post tib/prl	090	718	747	29	4%	32.35	35.00	2.65	8%	0	0	0	1	2	0	0	3	2	1	0	1	0	0
35570	Art byp tibial-tib/peroneal	090	667	683	16	2%	29.15	31.84	2.69	9%	0	0	0	0	3	0	0	2	3	1	1	0	0	0
35571	Art byp pop-tib-prl-other	090	510	542	32	6%	25.52	27.78	2.26	9%	0	0	0	1	2	0	0	4	1	0	1	0	0	0
35583	Vein byp grft fem-popliteal	090	588	607	19	3%	27.75	29.93	2.18	8%	0	0	0	1	2	0	0	2	1	1	1	0	0	0
35585	Vein byp fem-tibial peroneal	090	717	746	29	4%	32.35	35.00	2.65	8%	0	0	0	1	2	0	0	3	2	1	0	1	0	0
35587	Vein byp pop-tib peroneal	090	523	555	32	6%	26.21	28.47	2.26	9%	0	0	0	1	2	0	0	4	1	0	1	0	0	0
35601	Art byp common ipsi carotid	090	484	496	12	2%	27.09	28.81	1.72	6%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
35606	Art byp carotid-subclavian	090	414	421	7	2%	22.46	23.94	1.48	7%	0	0	0	0	2	0	0	0	1	1	1	1	0	0
35612	Art byp subclav-subclavian	090	485	498	13	3%	20.35	22.09	1.74	9%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
35616	Art byp subclav-axillary	090	367	377	10	3%	21.82	23.03	1.21	6%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
35621	Art byp axillary-femoral	090	412	432	20	5%	21.03	22.72	1.69	8%	0	0	0	1	1	0	0	3	1	0	1	0	0	0
35623	Art byp axillary-pop-tibial	090	475	485	10	2%	25.92	28.06	2.14	8%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35626	Art byp aorsubcl/carot/innom	090	520	532	12	2%	29.14	30.99	1.85	6%	0	0	0	1	1	0	0	2	1	1	1	0	0	0
35631	Art byp aor-celiac-msn-renal	090	648	663	15	2%	36.03	38.41	2.38	7%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
35632	Art byp ilio-celiac	090	690	705	15	2%	36.13	38.51	2.38	7%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
35633	Art byp ilio-mesenteric	090	705	723	18	3%	39.11	41.09	1.98	5%	0	0	0	1	2	0	0	2	2	0	1	0	2	0
35634	Art byp iliorenal	090	680	695	15	2%	35.33	37.71	2.38	7%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
35636	Art byp spenorenal	090	603	609	6	1%	31.75	34.09	2.34	7%	0	0	0	1	2	0	0	1	3	1	1	0	0	0
35637	Art byp aortoiliac	090	605	623	18	3%	33.05	35.03	1.98	6%	0	0	0	1	2	0	0	2	2	0	1	0	1	0
35638	Art byp aortobi-iliac	090	635	653	18	3%	33.60	35.58	1.98	6%	0	0	0	1	2	0	0	2	2	0	1	0	1	0
35642	Art byp carotid-vertebral	090	463	504	41	9%	18.94	21.50	2.56	14%	0	0	0	3	0	0	0	7	0	0	1	0	0	0
35645	Art byp subclav-vertebrl	090	463	504	41	9%	18.43	20.99	2.56	14%	0	0	0	3	0	0	0	7	0	0	1	0	0	0
35646	Art byp aortobifemoral	090	645	662	17	3%	32.98	35.58	2.60	8%	-2	0	0	2	0	1	0	3	2	1	1	0	0	0
35647	Art byp aortofemoral	090	573	587	14	2%	29.73	32.04	2.31	8%	0	0	0	2	1	0	0	3	3	0	1	0	0	0
35650	Art byp axillary-axillary	090	382	384	2	1%	20.16	21.53	1.37	7%	0	0	0	1	1	0	0	0	1	1	1	1	0	0
35654	Art byp axill-fem-femoral	090	513	526	13	3%	26.28	28.15	1.87	7%	0	0	0	2	1	0	0	2	2	0	1	0	0	0
35656	Art byp femoral-popliteal	090	447	481	34	8%	20.47	22.44	1.97	10%	0	0	0	1	1	0	0	5	0	0	1	0	0	0
35661	Art byp femoral-femoral	090	440	467	27	6%	20.35	22.37	2.02	10%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
35663	Art byp ilioliac	090	503	513	10	2%	23.93	26.07	2.14	9%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
35665	Art byp iliofemoral	090	480	507	27	6%	22.35	24.37	2.02	9%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
35666	Art byp fem-ant-post tib/prl	090	490	522	32	7%	23.66	25.92	2.26	10%	0	0	0	1	2	0	0	4	1	0	1	0	0	0
35671	Art byp pop-tib-prl-other	090	435	448	13	3%	20.77	22.51	1.74	8%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
35691	Art trnsposj vertbrl carotid	090	417	433	16	4%	18.41	19.77	1.36	7%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
35693	Art trnsposj subclavian	090	372	388	16	4%	15.73	17.09	1.36	9%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
35694	Art trnsposj subclav carotid	090	456	472	16	4%	19.28	20.64	1.36	7%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
35695	Art trnsposj carotid subclav	090	532	535	3	1%	20.06	21.58	1.52	8%	0	0	0	3	0	0	0	1	2	0	1	0	0	0
35701	Expl n/flwd surg neck art	090	229	236	7	3%	7.50	8.18	0.68	9%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
35702	Expl n/flwd surg uxtr art	090	219	226	7	3%	7.12	7.80	0.68	10%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
35703	Expl n/flwd surg lxtr art	090	229	236	7	3%	7.50	8.18	0.68	9%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
35800	Explore neck vessels	090	336	345	9	3%	12.00	13.83	1.83	15%	0	0	0	2	1	0	0	1	1	1	1	0	0	0
35820	Explore chest vessels	090	799	787	-12	-2%	36.89	40.57	3.68	10%	-2	0	0	0	0	1	0	1	2	6	1	0	1	0
35840	Explore abdominal vessels	090	431	433	2	0%	20.75	23.18	2.43	12%	0	0	0	2	1	0	0	1	2	2	1	0	0	0
35860	Explore limb vessels	090	406	411	5	1%	15.25	17.28	2.03	13%	0	0	0	2	1	0	0	1	2	1	1	0	0	0
35870	Repair vessel graft defect	090	715	759.5	44.5	6%	24.50	27.29	2.79	11%	0	0	0	3.5	0	0	0	7.5	0	0	1	0	2.5	0
35875	Removal of clot in graft	090	297	316	19	6%	10.72	11.97	1.25	12%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
35876	Removal of clot in graft	090	402	431	29	7%	17.82	19.55	1.73	10%	0	0	0	1	1	0	0	4	0	0	1	0	0	0
35879	Revise graft w/vein	090	421	448	27	6%	17.41	19.30	1.89	11%	-2	0	0	0	1	1	0	3	1	0	1	0	0	0
35881	Revise graft w/vein	090	450	477	27	6%	19.35	21.37	2.02	10%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
35883	Revj fem anast nonautog grf	090	462	468	6	1%	23.15	24.56	1.41	6%	0	0	0	1	1	0	0	1	2	0	1	0	0	0
35884	Revj fem anast autog vn grf	090	482	488	6	1%	24.65	26.06	1.41	6%	0	0	0	1	1	0	0	1	2	0	1	0	0	0
35901	Excision graft neck	090	482	510	28	6%	8.38	10.44	2.06	25%	0	0	0	4	0	0	0	4	0	0	1			

36557	Insert tunneled cv cath	010	117	119	2	2%	4.89	5.22	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36558	Insert tunneled cv cath	010	111	113	2	2%	4.59	4.92	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36560	Insert tunneled cv cath	010	134	136	2	1%	6.04	6.37	0.33	5%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36561	Insert tunneled cv cath	010	120	122	2	2%	5.79	6.12	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36563	Insert tunneled cv cath	010	140	142	2	1%	5.99	6.32	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36565	Insert tunneled cv cath	010	120	122	2	2%	5.79	6.12	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36566	Insert tunneled cv cath	010	135	137	2	1%	6.29	6.62	0.33	5%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36570	Insert picvad cath	010	135	137	2	1%	5.11	5.44	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36571	Insert picvad cath	010	130	132	2	2%	5.09	5.42	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36576	Repair tunneled cv cath	010	114	116	2	2%	2.99	3.32	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36578	Replace tunneled cv cath	010	106	108	2	2%	3.29	3.62	0.33	10%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36581	Replace tunneled cv cath	010	110	112	2	2%	3.23	3.56	0.33	10%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36582	Replace tunneled cv cath	010	146	148	2	1%	4.99	5.32	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36583	Replace tunneled cv cath	010	147	149	2	1%	5.04	5.37	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36585	Replace picvad cath	010	131	133	2	2%	4.59	4.92	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36589	Removal tunneled cv cath	010	79	79	0	0%	2.28	2.39	0.11	5%	-2	0	1	0	0	0	0	0	0	0	0.5	0	0	0
36590	Removal tunneled cv cath	010	105	107	2	2%	3.10	3.43	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
36818	Av fuse uppr arm cephalic	090	248	257	9	4%	12.39	13.05	0.66	5%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36819	Av fuse uppr arm basilic	090	283	292	9	3%	13.29	13.95	0.66	5%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36820	Av fusion/forearm vein	090	258	267	9	3%	13.07	13.73	0.66	5%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36821	Av fusion direct any site	090	233	242	9	4%	11.90	12.56	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36823	Insertion of cannula(s)	090	606	618	12	2%	22.98	25.34	2.36	10%	0	0	0	2	2	0	0	1	2	1	1	0	0	0
36825	Artery-vein autograft	090	306	322	16	5%	14.17	15.16	0.99	7%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
36830	Artery-vein nonautograft	090	248	257	9	4%	12.03	12.69	0.66	5%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36831	Open thrombect av fistula	090	248	257	9	4%	11.00	11.66	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
36832	Av fistula revision open	090	276	292	16	6%	13.50	14.49	0.99	7%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
36833	Av fistula revision	090	306	322	16	5%	14.50	15.49	0.99	7%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
36835	Artery to vein shunt	090	242	257	15	6%	7.51	8.76	1.25	17%	0	0	0	2.5	0	0	0	2	0	0	1	0	0	0
36838	Dist revas ligation hemo	090	424	439	15	4%	21.69	23.01	1.32	6%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
37140	Revision of circulation	090	845	866	21	2%	40.00	42.93	2.93	7%	0	0	0	0	3	0	0	3	3	1	1	0	2	0
37145	Revision of circulation	090	798	823	25	3%	37.00	39.73	2.73	7%	0	0	0	0	3	0	0	3	2	1	1	0	2	0
37160	Revision of circulation	090	785	810	25	3%	38.00	40.73	2.73	7%	0	0	0	0	3	0	0	3	2	1	1	0	2	0
37180	Revision of circulation	090	805	830	25	3%	36.50	39.23	2.73	7%	0	0	0	0	3	0	0	3	2	1	1	0	2	0
37181	Splice spleen/kidney veins	090	785	801	16	2%	40.00	42.69	2.69	7%	0	0	0	0	3	0	0	2	3	1	1	0	1	0
37215	Transcath stent cca w/eps	090	337	347	10	3%	17.75	18.83	1.08	6%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
37216	Transcath stent cca w/o eps	090	341	351	10	3%	17.98	19.06	1.08	6%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
37217	Stent placemnt retro carotid	090	403	410	7	2%	20.38	21.86	1.48	7%	0	0	0	0	2	0	0	0	1	1	1	0	0	0
37218	Stent placemnt ante carotid	090	255	274	19	7%	14.75	15.87	1.12	8%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
37500	Endoscopy ligate perf veins	090	261	277	16	6%	11.67	12.66	0.99	8%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
37565	Ligation of neck vein	090	312	314	2	1%	12.05	13.42	1.37	11%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
37600	Ligation of neck artery	090	322	324	2	1%	12.42	13.79	1.37	11%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
37605	Ligation of neck artery	090	342	344	2	1%	14.28	15.65	1.37	10%	0	0	0	1	1	0	0	0	1	1	1	0	0	0
37606	Ligation of neck artery	090	606	637	31	5%	8.81	10.89	2.08	24%	0	0	0	3	0	0	0	5	0	0	1	0	3.5	0
37607	Ligation of a-v fistula	090	242	246	4	2%	6.25	6.69	0.44	7%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
37609	Temporal artery procedure	010	130	132	2	2%	3.05	3.38	0.33	11%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
37615	Ligation of neck artery	090	489	511.5	22.5	5%	7.80	9.41	1.61	21%	0	0	0	2.5	0	0	0	3.5	0	0	1	0	3	0
37616	Ligation of chest artery	090	656	696	40	6%	18.97	21.42	2.45	13%	0	0	0	2.5	0	0	0	7	0	0	1	0	3	0
37617	Ligation of abdomen artery	090	475	483	8	2%	23.79	25.84	2.05	9%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
37618	Ligation of extremity artery	090	359	376.5	17.5	5%	6.03	7.40	1.37	23%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	1.5	0
37619	Ligation of inf vena cava	090	683	698	15	2%	30.00	32.38	2.38	8%	0	0	0	1	2	0	0	2	2	1	1	0	2	0
37650	Revision of major vein	090	262	267	5	2%	8.49	9.46	0.97	11%	0	0	0	1	1	0	0	0	1	0	1	0	0	0
37660	Revision of major vein	090	397	404	7	2%	22.28	23.89	1.61	7%	0	0	0	1	1	0	0	1	1	1	1	0	0	0
37700	Revise leg vein	090	152	156	4	3%	3.82	4.37	0.55	14%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
37718	Ligate/strip short leg vein	090	178	187	9	5%	7.13	7.79	0.66	9%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
37722	Ligate/strip long leg vein	090	198	207	9	5%	8.16	8.82	0.66	8%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
37735	Removal of leg veins/lesion	090	365	381	16	4%	10.90	12.26	1.36	12%	0	0	0	3	0	0	0	2	0	0	1	0	0	0
37760	Ligate leg veins radical	090	335	348.5	13.5	4%	10.78	12.02	1.24	12%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
37761	Ligate leg veins open	090	224	240	16	7%	9.13	10.12	0.99	11%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
37765	Stab phleb veins xtr 10-20	010	117	124	7	6%	4.80	5.13	0.33	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
37766	Phleb veins - extrem 20+	010	133	140	7	5%	6.00	6.33	0.33	5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
37780	Revision of leg vein	090	179	183	4	2%	3.93	4.59	0.66	17%	0	0	0	2	0	0	0	0	0	0	1	0	0	0
37785	Ligate/divide/excise vein	090	177	181	4	2%	3.93	4.48	0.55	14%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
37788	Revascularization penis	090	627	624	-3	0%	23.33	25.23	1.90	8%	0	0	0	4	0	0	0	0	2	1	1	0	0	0
37790	Penile venous occlusion	090	257	261	4	2%	8.43	8.87	0.44	5%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
38100	Removal of spleen total	090	442	459	17	4%	19.55	21.64	2.09	11%	0	0	0	1	1	0	0	3	1	1	1	0	0	0
38101	Removal of spleen partial	090	442	459	17	4%	19.55	21.64	2.09	11%	0	0	0	1	1	0	0	3	1	1	1	0	0	0
38115	Repair of ruptured spleen	090	492	505	13	3%	21.88	24.17	2.29	10%	0	0	0	1	1	0	0	3	2	1	1	0	0	0
38120	Laparoscopy splenectomy	090	434	468	34	8%	17.07	18.91	1.84	11%	0	0	0	0	2	0	0	4	0	0</				

38382	Thoracic duct procedure	090	335	359	24	7%	10.65	12.58	1.93	18%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
38500	Biopsy/removal lymph nodes	010	115	117	2	2%	3.79	4.12	0.33	9%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
38510	Biopsy/removal lymph nodes	010	152	159	7	5%	6.74	7.18	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
38520	Biopsy/removal lymph nodes	090	193	202	9	5%	7.03	7.69	0.66	9%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
38525	Biopsy/removal lymph nodes	090	178	187	9	5%	6.43	7.09	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
38530	Biopsy/removal lymph nodes	090	205.5	214.5	9	4%	8.34	9.00	0.66	8%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
38531	Open bx/exc inguinofem nodes	090	223	237	14	6%	6.74	7.51	0.77	11%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
38542	Explore deep node(s) neck	090	198	212	14	7%	7.95	8.72	0.77	10%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
38550	Removal neck/armpit lesion	090	211	219	8	4%	7.11	8.10	0.99	14%	0	0	0	4	0	0	0	0	0	0	0.5	0	0	0
38555	Removal neck/armpit lesion	090	536	564.5	28.5	5%	15.59	17.86	2.27	15%	0	0	0	5.5	0	0	0	3.5	0	0	1	0	1.5	0
38562	Removal pelvic lymph nodes	090	326	350	24	7%	11.06	12.99	1.93	17%	0	0	0	4.5	0	0	0	3	0	0	1	0	0	0
38564	Removal abdomen lymph nodes	090	349	372.5	23.5	7%	11.38	13.10	1.72	15%	0	0	0	3	0	0	0	3.5	0	0	1	0	0	0
38570	Laparoscopy lymph node biop	010	220	229	9	4%	8.49	9.26	0.77	9%	0	0	0	1	1	0	0	0	0	0	1	0	0	0
38571	Laparoscopy lymphadenectomy	010	250	259	9	4%	12.00	12.77	0.77	6%	0	0	0	1	1	0	0	0	0	0	1	0	0	0
38572	Laparoscopy lymphadenectomy	010	321	337	16	5%	15.60	16.57	0.97	6%	-2	0	0	0	1	1	0	0	0	0	1	0	0	0
38573	Laps pelvic lymphadec	010	360	376	16	4%	20.00	20.86	0.86	4%	-2	0	0	0	1	1	1	0	0	0	0.5	0	0	0
38700	Removal of lymph nodes neck	090	300	321	21	7%	12.81	14.15	1.34	10%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
38720	Removal of lymph nodes neck	090	482	518	36	7%	21.95	24.26	2.31	11%	-2	0	0	0	3	1	0	2	1	0	1	0	0	0
38724	Removal of lymph nodes neck	090	512	548	36	7%	23.95	26.26	2.31	10%	-2	0	0	0	3	1	0	2	1	0	1	0	0	0
38740	Remove armpit lymph nodes	090	231	247	16	7%	10.70	11.69	0.99	9%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
38745	Remove armpit lymph nodes	090	270.5	288.5	18	7%	13.87	14.95	1.08	8%	-2	0	0	1	1	1	0	0	0	0	0.5	0	0	0
38760	Remove groin lymph nodes	090	241	257	16	7%	13.62	14.61	0.99	7%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
38765	Remove groin lymph nodes	090	465	475	10	2%	21.91	24.05	2.14	10%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
38770	Remove pelvis lymph nodes	090	403	438	35	9%	14.06	16.27	2.21	16%	0	0	0	2.5	0	0	0	6	0	0	1	0	0	0
38780	Remove abdomen lymph nodes	090	551	597.5	46.5	8%	17.70	20.71	3.01	17%	0	0	0	4.5	0	0	0	7.5	0	0	1	0	0	0
38794	Access thoracic lymph duct	090	207	214	7	3%	4.62	5.61	0.99	21%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
39000	Exploration of chest	090	381.5	412	30.5	8%	7.57	9.25	1.68	22%	0	0	0	0	1.5	0	0	4	0	0	1	0	1	0
39010	Exploration of chest	090	423.5	451.5	28	7%	13.19	14.75	1.56	12%	0	0	0	0	1.5	0	0	3.5	0	0	1	0	1	0
39200	Resect mediastinal cyst	090	459	493.5	34.5	8%	15.09	16.96	1.87	12%	0	0	0	0	1	0	0	5.5	0	0	1	0	1	0
39220	Resect mediastinal tumor	090	436	442	6	1%	19.55	20.96	1.41	7%	0	0	0	1	1	0	0	1	2	0	1	0	0	0
39401	Mediastinoscopy w/medstrnl bx	000	142	142	0	0%	5.44	5.55	0.11	2%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
39402	Mediastinoscopy w/lmph nod bx	000	157	157	0	0%	7.25	7.36	0.11	2%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
39501	Repair diaphragm laceration	090	378	411.5	33.5	9%	13.98	16.18	2.20	16%	0	0	0	3	0	0	0	5.5	0	0	1	0	0	0
39503	Repair of diaphragm hernia	090	2138	2139	1	0%	108.91	113.68	4.77	4%	-2	0	0	2	2	1	0	0	5	5	0	1	14	6
39540	Repair of diaphragm hernia	090	490	521.5	31.5	6%	14.57	16.55	1.98	14%	0	0	0	2	0	0	0	5.5	0	0	1	0	1	0
39541	Repair of diaphragm hernia	090	522	557	35	7%	15.75	17.96	2.21	14%	0	0	0	2.5	0	0	0	6	0	0	1	0	1	0
39545	Revision of diaphragm	090	466	499.5	33.5	7%	14.67	16.87	2.20	15%	0	0	0	3	0	0	0	5.5	0	0	1	0	1	0
39560	Resect diaphragm simple	090	323	350	27	8%	13.06	15.12	2.06	16%	0	0	0	3	0	0	0	5	1	0	0	0	0	0
39561	Resect diaphragm complex	090	505	549	44	9%	19.99	22.85	2.86	14%	-6	0	0	0	0	3	0	5	2	0	0	0	0	0
40500	Partial excision of lip	090	206	214	8	4%	4.47	5.35	0.88	20%	0	0	0	4	0	0	0	0	0	0	0	0	0	0
40510	Partial excision of lip	090	153	158	5	3%	4.82	5.37	0.55	11%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
40520	Partial excision of lip	090	151	156	5	3%	4.79	5.34	0.55	11%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
40525	Reconstruct lip with flap	090	270	277	7	3%	7.72	8.60	0.88	11%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
40527	Reconstruct lip with flap	090	316	324	8	3%	9.32	10.42	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
40530	Partial removal of lip	090	191	197	6	3%	5.54	6.31	0.77	14%	0	0	0	3	0	0	0	0	0	0	0.5	0	0	0
40650	Repair lip	090	126	132	6	5%	3.78	4.44	0.66	17%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
40652	Repair lip	090	154	161	7	5%	4.43	5.20	0.77	17%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
40654	Repair lip	090	183	190	7	4%	5.48	6.25	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
40700	Repair cleft lip/nasal	090	337	370	33	10%	14.17	15.95	1.78	13%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
40701	Repair cleft lip/nasal	090	380	413	33	9%	17.23	19.01	1.78	10%	0	0	0	0	4	0	0	1	0	0	1	0	0	0
40702	Repair cleft lip/nasal	090	348.5	378	29.5	8%	14.27	15.89	1.62	11%	0	0	0	0	3.5	0	0	1	0	0	1	0	0	0
40720	Repair cleft lip/nasal	090	357.5	384.5	27	8%	14.72	16.22	1.50	10%	0	0	0	0	3.5	0	0	0.5	0	0	1	0	0	0
40761	Repair cleft lip/nasal	090	387	415.5	28.5	7%	15.84	17.41	1.57	10%	0	0	0	0	3	0	0	1.5	0	0	1	0	0	0
40800	Drainage of mouth lesion	010	63	65	2	3%	1.23	1.45	0.22	18%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
40801	Drainage of mouth lesion	010	87	91	4	5%	2.63	3.07	0.44	17%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
40804	Removal foreign body mouth	010	78	80	2	3%	1.30	1.52	0.22	17%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
40805	Removal foreign body mouth	010	97	101	4	4%	2.79	3.23	0.44	16%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
40808	Biopsy of mouth lesion	010	46	48	2	4%	1.05	1.27	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
40810	Excision of mouth lesion	010	56	58	2	4%	1.36	1.58	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
40812	Excise/repair mouth lesion	010	68	70	2	3%	2.37	2.59	0.22	9%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
40814	Excise/repair mouth lesion	090	96	100	4	4%	3.52	3.96	0.44	13%	-2	0	1	2	0	0	0	0	0	0	0	0	0	0
40816	Excision of mouth lesion	090	114	118	4	4%	3.77	4.21	0.44	12%	-2	0	1	2	0	0	0	0	0	0	0	0	0	0
40818	Excise oral mucosa for graft	090	123	134	11	9%	2.83	3.60	0.77	27%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
40819	Excise lip or cheek fold	090	77	81	4	5%	2.51	2.95	0.44	18%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
40820	Treatment of mouth lesion	010	68	70	2	3%	1.34	1.56	0.22	16%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
40830	Repair mouth laceration	010	68	70	2	3%	1.82	2.04	0.22	12%	-2	0	1	1	0	0	0	0	0	0	0	0	0	0
40831	Repair mouth laceration	010	99	103	4	4%	2.57	3.01	0.44	17%	-2	0	1	2	0	0	0	0	0	0	0	0	0	0
40840	Reconstruction of mouth	090	272	283	11	4%	9.15	9.92	0.77	8%	-2	0	1											

43180	Esophagoscopy rigid trnso	090	201	208	7	3%	9.03	9.58	0.55	6%	0	0	0	0	1	0	0	0	0	0	1	0	0	0
43279	Lap myotomy heller	090	404	419	15	4%	22.10	23.42	1.32	6%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
43280	Laparoscopy fundoplasty	090	404	428	24	6%	18.10	19.46	1.36	8%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
43281	Lap paraesophag hern repair	090	424	439	15	4%	26.60	27.92	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
43282	Lap paraesoph her rpr w/mesh	090	454	469	15	3%	30.10	31.42	1.32	4%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
43284	Laps esophgl sphnctr agmntj	090	218	232	14	6%	10.13	10.90	0.77	8%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
43285	Rmvl esophgl sphnctr dev	090	233	247	14	6%	10.47	11.24	0.77	7%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
43286	Espgh tot w/laps moblj	090	957	983	26	3%	55.00	58.43	3.43	6%	-2	0	0	1	2	1	0	2	3	2	0	1	1	0
43287	Espgh dstl 2/3 w/laps moblj	090	1097	1123	26	2%	63.00	66.43	3.43	5%	-2	0	0	1	2	1	0	2	3	2	0	1	2	0
43288	Espgh thrsc moblj	090	1157	1183	26	2%	66.42	69.85	3.43	5%	-2	0	0	1	2	1	0	2	3	2	0	1	2	0
43300	Repair of esophagus	090	312	320	8	3%	9.33	10.43	1.10	12%	0	0	0	4	0	0	0	0	0	0	1	0	0	0
43305	Repair esophagus and fistula	090	403	433.5	30.5	8%	18.10	20.28	2.18	12%	0	0	0	4	0	0	0	4.5	0	0	1	0	0	0
43310	Repair of esophagus	090	528	565.5	37.5	7%	26.26	28.59	2.33	9%	0	0	0	2.5	0	0	0	6.5	0	0	1	0	0	0
43312	Repair esophagus and fistula	090	563	599	36	6%	29.25	31.26	2.01	7%	0	0	0	0.5	0	0	0	7	0	0	1	0	0	0
43313	Esophagoplasty congenital	090	713	758	45	6%	48.45	51.72	3.27	7%	-2	0	0	0	4	1	0	2	2	1	0	1	0	0
43314	Tracheo-esophagoplasty cong	090	713	758	45	6%	53.43	56.70	3.27	6%	-2	0	0	0	4	1	0	2	2	1	0	1	0	0
43320	Fuse esophagus & stomach	090	740	748	8	1%	23.31	26.29	2.98	13%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
43325	Revise esophagus & stomach	090	600	612	12	2%	22.60	25.38	2.78	12%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43327	Esoph fundoplasty lap	090	412	424	12	3%	13.35	15.07	1.72	13%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
43328	Esoph fundoplasty thor	090	514	523	9	2%	19.91	22.03	2.12	11%	0	0	0	0	2	0	0	1	1	2	1	0	0	0
43330	Esophagomyotomy abdominal	090	550	557	7	1%	22.19	24.73	2.54	11%	0	0	0	1	2	0	0	1	2	2	1	0	0	0
43331	Esophagomyotomy thoracic	090	620	627	7	1%	23.06	25.60	2.54	11%	0	0	0	1	2	0	0	1	2	2	1	0	1	0
43332	Transab esoph hiat hern rpr	090	482	490	8	2%	19.62	21.54	1.92	10%	0	0	0	0	2	0	0	1	2	1	1	0	0	0
43333	Transab esoph hiat hern rpr	090	512	520	8	2%	21.46	23.38	1.92	9%	0	0	0	0	2	0	0	1	2	1	1	0	0	0
43334	Transthor diaphrag hern rpr	090	549	562	13	2%	22.12	24.28	2.16	10%	0	0	0	0	2	0	0	2	2	1	1	0	0	0
43335	Transthor diaphrag hern rpr	090	569	582	13	2%	23.97	26.13	2.16	9%	0	0	0	0	2	0	0	2	2	1	1	0	0	0
43336	Thorabd diaphr hern repair	090	695	710	15	2%	25.81	28.19	2.38	9%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43337	Thorabd diaphr hern repair	090	715	730	15	2%	27.65	30.03	2.38	9%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43340	Fuse esophagus & intestine	090	770	778	8	1%	22.99	25.97	2.98	13%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
43341	Fuse esophagus & intestine	090	770	778	8	1%	24.23	27.21	2.98	12%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
43351	Surgical opening esophagus	090	778	793	15	2%	22.05	25.36	3.31	15%	0	0	0	1	3	0	0	2	3	2	1	0	1	0
43352	Surgical opening esophagus	090	570	582	12	2%	17.81	20.59	2.78	16%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43360	Gastrointestinal repair	090	830	852	22	3%	40.11	43.75	3.64	9%	-2	0	0	1	2	1	0	3	3	2	1	0	0	0
43361	Gastrointestinal repair	090	1108	1120	12	1%	45.68	49.39	3.71	8%	0	0	0	1	3	0	0	2	3	3	1	0	3	0
43400	Ligate esophagus veins	090	835	843	8	1%	25.60	28.58	2.98	12%	0	0	0	1	2	0	0	2	3	2	1	0	3	0
43405	Ligate/staple esophagus	090	873	888	15	2%	24.73	28.04	3.31	13%	0	0	0	1	3	0	0	2	3	2	1	0	3	0
43410	Repair esophagus wound	090	590	597	7	1%	16.41	18.95	2.54	15%	0	0	0	1	2	0	0	1	2	2	1	0	1	0
43415	Repair esophagus wound	090	842	863	21	2%	44.88	47.53	2.65	6%	-4	0	0	1	1	2	0	1	2	1	1	0	3	0
43420	Repair esophagus opening	090	520	527	7	1%	16.78	19.32	2.54	15%	0	0	0	1	2	0	0	1	2	2	1	0	0	0
43425	Repair esophagus opening	090	845	858	13	2%	25.04	28.26	3.22	13%	0	0	0	1	2	0	0	3	3	2	1	0	2	0
43497	Transorl lwr esophgl myotomy	090	281	295	14	5%	13.29	14.06	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
43500	Surgical opening of stomach	090	402	410	8	2%	12.79	14.84	2.05	16%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43501	Surgical repair of stomach	090	555	570	15	3%	22.60	24.98	2.38	11%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43502	Surgical repair of stomach	090	555	570	15	3%	25.69	28.07	2.38	9%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43510	Surgical opening of stomach	090	485	500	15	3%	15.14	17.52	2.38	16%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
43520	Incision of pyloric muscle	090	342	349	7	2%	11.29	12.90	1.61	14%	0	0	0	1	1	0	0	1	1	1	1	0	0	0
43605	Biopsy of stomach	090	402	410	8	2%	13.72	15.77	2.05	15%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43610	Excision of stomach lesion	090	432	440	8	2%	16.34	18.39	2.05	13%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43611	Excision of stomach lesion	090	520	532	12	2%	20.38	23.16	2.78	14%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43620	Removal of stomach	090	695	711	16	2%	34.04	36.86	2.82	8%	0	0	0	1	2	0	0	3	3	1	1	0	1	0
43621	Removal of stomach	090	790	803	13	2%	39.53	42.75	3.22	8%	0	0	0	1	2	0	0	3	3	2	1	0	1	0
43622	Removal of stomach	090	790	803	13	2%	40.03	43.25	3.22	8%	0	0	0	1	2	0	0	3	3	2	1	0	1	0
43631	Removal of stomach partial	090	535	568	33	6%	24.51	27.21	2.70	11%	0	0	0	1	2	0	0	5	2	0	1	0	0	0
43632	Removal of stomach partial	090	725	743	18	2%	35.14	38.60	3.46	10%	0	0	0	1	2	0	0	4	3	2	1	0	0	0
43633	Removal of stomach partial	090	740	758	18	2%	33.14	36.60	3.46	10%	0	0	0	1	2	0	0	4	3	2	1	0	0	0
43634	Removal of stomach partial	090	740	758	18	2%	36.64	40.10	3.46	9%	0	0	0	1	2	0	0	4	3	2	1	0	0	0
43640	Vagotomy & pylorus repair	090	540	552	12	2%	19.56	22.34	2.78	14%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43641	Vagotomy & pylorus repair	090	570	582	12	2%	19.81	22.59	2.78	14%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43644	Lap gastric bypass/roux-en-y	090	502	517	15	3%	29.40	31.23	1.83	6%	-2	0	0	1	1	1	0	1	2	0	1	0	0	0
43645	Lap gastr bypass incl smll i	090	537	552	15	3%	31.53	33.36	1.83	6%	-2	0	0	1	1	1	0	1	2	0	1	0	0	0
43653	Laparoscopy gastrostomy	090	264	283	19	7%	8.48	9.60	1.12	13%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
43770	Lap place gastr adj device	090	367	384	17	5%	18.00	19.41	1.41	8%	0	0	0	0	3	0	0	0	1	0	0	1	0	0
43771	Lap revise gastr adj device	090	377	394	17	5%	20.79	22.20	1.41	7%	0	0	0	0	3	0	0	0	1	0	1	0	0	0
43772	Lap rmvl gastr adj device	090	317	322	5	2%	15.70	16.67	0.97	6%	0	0	0	1	1	0	0	0	1	0	1	0	0	0
43773	Lap replace gastr adj device	090	377	394	17	5%	20.79	22.20	1.41	7%	0	0	0	0	3	0	0	0	1	0	1	0	0	0
43774	Lap rmvl gastr adj all parts	090	304	323	19	6%	15.76	16.88	1.12	7%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
43775	Lap sleeve gastrectomy	090	412	431	19	5%	20.38	22.01	1.63	8%	-2	0	0	1	1	1	0	1	1	0	1	0	0	0
43800	Reconstruction of pylorus	090	432	440	8	2%	15.43	17.48	2.05	13%	0													

43832	Place gastrostomy tube	090	417	425	8	2%	17.34	19.39	2.05	12%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43840	Repair of stomach lesion	090	565	590	25	4%	22.83	25.69	2.86	13%	0	0	0	1	2	0	0	4	2	1	1	0	1	0
43842	V-band gastroplasty	090	585	600	15	3%	21.03	23.41	2.38	11%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43843	Gastroplasty w/o v-band	090	585	600	15	3%	21.21	23.59	2.38	11%	0	0	0	1	2	0	0	2	2	1	1	0	1	0
43845	Gastroplasty duodenal switch	090	628	648	20	3%	33.30	35.37	2.07	6%	0	0	0	1	3	0	0	1	2	0	1	0	1	0
43846	Gastric bypass for obesity	090	693	712	19	3%	27.41	30.52	3.11	11%	0	0	0	1	3	0	0	2	2	2	1	0	1	0
43847	Gastric bypass incl small i	090	733	752	19	3%	30.28	33.39	3.11	10%	0	0	0	1	3	0	0	2	2	2	1	0	1	0
43848	Revision gastroplasty	090	708	727	19	3%	32.75	35.86	3.11	9%	0	0	0	1	3	0	0	2	2	2	1	0	1	0
43860	Revise stomach-bowel fusion	090	675	702	27	4%	27.89	31.39	3.50	13%	0	0	0	1	2	0	0	5	2	2	1	0	0	0
43865	Revise stomach-bowel fusion	090	615	627	12	2%	29.05	31.83	2.78	10%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43870	Repair stomach opening	090	402	410	8	2%	11.44	13.49	2.05	18%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
43880	Repair stomach-bowel fistula	090	540	552	12	2%	27.18	29.96	2.78	10%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
43886	Revise gastric port open	090	155	169	14	9%	4.64	5.41	0.77	17%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
43887	Remove gastric port open	090	148	157	9	6%	4.32	4.98	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
43888	Change gastric port open	090	180	194	14	8%	6.44	7.21	0.77	12%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
44005	Freeing of bowel adhesion	090	517	522	5	1%	18.46	20.91	2.45	13%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44010	Incision of small bowel	090	432	440	8	2%	14.26	16.31	2.05	14%	0	0	0	1	1	0	0	2	2	1	1	0	0	0
44020	Explore small intestine	090	487	492	5	1%	16.22	18.67	2.45	15%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44021	Decompress small bowel	090	487	492	5	1%	16.31	18.76	2.45	15%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44025	Incision of large bowel	090	487	492	5	1%	16.51	18.96	2.45	15%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44050	Reduce bowel obstruction	090	409.5	430.5	21	5%	15.52	17.65	2.13	14%	0	0	0	1	1	0	0	4	2	0	1	0	0	0
44055	Correct malrotation of bowel	090	663	659	-4	-1%	25.63	28.15	2.52	10%	0	0	0	0	2	0	0	1	5	1	1	0	1	1
44110	Excise intestine lesion(s)	090	487	492	5	1%	14.04	16.49	2.45	17%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44111	Excision of bowel lesion(s)	090	517	522	5	1%	16.52	18.97	2.45	15%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44120	Removal of small intestine	090	611	622	11	2%	20.82	23.95	3.13	15%	0	0	0	1	1	0	0	4	3	2	1	0	0	0
44125	Removal of small intestine	090	524	534	10	2%	20.03	22.59	2.56	13%	0	0	0	0	2	0	0	2	2	2	1	0	0	0
44126	Enterectomy w/o taper cong	090	1125	1167	42	4%	42.23	48.55	6.32	15%	-2	0	0	1	2	1	0	10	6	3	1	0	2	0
44127	Enterectomy w/taper cong	090	1357	1416	59	4%	49.30	56.97	7.67	16%	-2	0	0	1	2	1	0	13	7	4	0	1	2	1
44130	Bowel to bowel fusion	090	516	550	34	7%	22.11	25.01	2.90	13%	0	0	0	1	2	0	0	5	1	1	1	0	0	0
44140	Partial removal of colon	090	480	517	37	8%	22.59	25.09	2.50	11%	0	0	0	1	2	0	0	5	1	0	1	0	0	0
44141	Partial removal of colon	090	672	696	24	4%	29.91	33.26	3.35	11%	-2	0	0	1	1	1	0	4	2	2	1	0	0	0
44143	Partial removal of colon	090	607	626	19	3%	27.79	30.90	3.11	11%	-2	0	0	1	1	1	0	3	2	2	1	0	0	0
44144	Partial removal of colon	090	677	701	24	4%	29.91	33.26	3.35	11%	-2	0	0	1	1	1	0	4	2	2	1	0	0	0
44145	Partial removal of colon	090	615	635	20	3%	28.58	31.20	2.62	9%	0	0	0	1	2	0	0	3	2	1	1	0	0	0
44146	Partial removal of colon	090	692	714	22	3%	35.30	38.01	2.71	8%	-2	0	0	1	1	1	0	3	2	1	1	0	0	0
44147	Partial removal of colon	090	710	727	17	2%	33.69	36.71	3.02	9%	0	0	0	1	2	0	0	3	2	2	1	0	0	0
44150	Removal of colon	090	638	658	20	3%	30.18	33.31	3.13	10%	-2	0	0	2	1	1	0	3	3	1	1	0	0	0
44151	Removal of colon/ileostomy	090	738	768	30	4%	34.92	38.53	3.61	10%	-2	0	0	2	1	1	0	5	3	1	1	0	0	0
44155	Removal of colon/ileostomy	090	738	768	30	4%	34.42	38.03	3.61	10%	-2	0	0	2	1	1	0	5	3	1	1	0	0	0
44156	Removal of colon/ileostomy	090	798	828	30	4%	37.42	41.03	3.61	10%	-2	0	0	2	1	1	0	5	3	1	1	0	0	0
44157	Colectomy w/ileoanal anast	090	705	743	38	5%	35.70	39.02	3.32	9%	-2	0	0	1	2	1	0	5	3	0	1	0	0	0
44158	Colectomy w/neo-rectum pouch	090	725	763	38	5%	36.70	40.02	3.32	9%	-2	0	0	1	2	1	0	5	3	0	1	0	0	0
44160	Removal of colon	090	551	558	7	1%	20.89	23.56	2.67	13%	0	0	0	2	1	0	0	2	2	2	1	0	0	0
44180	Lap enterolysis	090	407	436	29	7%	15.27	17.00	1.73	11%	0	0	0	1	1	0	0	4	0	0	1	0	0	0
44186	Lap jejunostomy	090	267	286	19	7%	10.38	11.63	1.25	12%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
44187	Lap ileo/jejuno-stomy	090	385	398	13	3%	17.40	19.14	1.74	10%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
44188	Lap colostomy	090	407	425	18	4%	19.35	21.20	1.85	10%	0	0	0	0	3	0	0	1	2	0	1	0	0	0
44202	Lap enterectomy	090	505	532	27	5%	23.39	25.41	2.02	9%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
44204	Laparo partial colectomy	090	455	482	27	6%	26.42	28.44	2.02	8%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
44205	Lap colectomy part w/ileum	090	428.5	459.5	31	7%	22.95	25.03	2.08	9%	0	0	0	3	0	0	0	5	0	0	1	0	0	0
44206	Lap part colectomy w/stoma	090	647	662	15	2%	29.79	32.86	3.07	10%	-2	0	0	1	1	1	0	2	1	3	1	0	0	0
44207	L colectomy/coloproctostomy	090	560	570	10	2%	31.92	34.06	2.14	7%	0	0	0	1	2	0	0	1	2	1	1	0	0	0
44208	L colectomy/coloproctostomy	090	595	614	19	3%	33.99	36.41	2.42	7%	0	0	0	1	2	0	0	3	3	0	1	0	0	0
44210	Laparo total proctocolectomy	090	630	662	32	5%	30.09	32.73	2.64	9%	-2	0	0	1	2	1	0	3	2	0	1	0	0	0
44211	Lap colectomy w/proctectomy	090	695	727	32	5%	37.08	39.72	2.64	7%	-2	0	0	1	2	1	0	3	2	0	1	0	0	0
44212	Laparo total proctocolectomy	090	660	692	32	5%	34.58	37.22	2.64	8%	-2	0	0	1	2	1	0	3	2	0	1	0	0	0
44227	Lap close enterostomy	090	530	541	11	2%	28.62	30.96	2.34	8%	0	0	0	1	2	0	0	1	1	2	1	0	0	0
44300	Open bowel to skin	090	389	410	21	5%	13.75	15.75	2.00	15%	0	0	0	0	2	0	0	3	2	0	1	0	0	0
44310	Ileostomy/jejunostomy	090	391.5	412.5	21	5%	17.59	19.59	2.00	11%	0	0	0	0	2	0	0	3	2	0	1	0	0	0
44312	Revision of ileostomy	090	349	360	11	3%	9.43	10.95	1.52	16%	0	0	0	0	2	0	0	1	2	0	1	0	0	0
44314	Revision of ileostomy	090	465	488	23	5%	16.74	18.96	2.22	13%	0	0	0	1	2	0	0	3	2	0	1	0	0	0
44316	Devise bowel pouch	090	590	606	16	3%	23.59	26.41	2.82	12%	0	0	0	1	2	0	0	3	3	1	1	0	0	0
44320	Colostomy	090	507	529	22	4%	19.91	22.62	2.71	14%	-2	0	0	1	1	1	0	3	2	1	1	0	0	0
44322	Colostomy with biopsies	090	483	539	56	12%	13.32	16.91	3.59	27%	0	0	0	5.5	0	0	0	9	0	0	1	0	0	0
44340	Revision of colostomy	090	382	397	15	4%	9.28	11.11	1.83	20%	-2	0	0	1	1	1	0	1	2	0	1	0	0	0
44345	Revision of colostomy	090	482	507	25	5%	17.22	19.53	2.31	13%	-2	0	0	1	1	1	0	3	2	0	1	0	0	0
44346	Revision of colostomy	090	572	586	14	2%	19.63	22.50	2.87	15%	-2	0	0	1	1	1	0	2	2	2	1	0	0	0
44602	Suture small intestine	090	562	571	9	2%	24.72	27.21	2.49	10%	0	0	0	1	1	0	0							

44625	Repair bowel opening	090	517	522	5	1%	17.28	19.73	2.45	14%	0	0	0	1	1	0	0	2	2	2	1	0	0	0
44626	Repair bowel opening	090	587	588	1	0%	27.90	30.55	2.65	9%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44640	Repair bowel-skin fistula	090	587	588	1	0%	24.20	26.85	2.65	11%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44650	Repair bowel fistula	090	587	588	1	0%	25.12	27.77	2.65	11%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44660	Repair bowel-bladder fistula	090	587	588	1	0%	23.91	26.56	2.65	11%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44661	Repair bowel-bladder fistula	090	617	618	1	0%	27.35	30.00	2.65	10%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44680	Surgical revision intestine	090	602	603	1	0%	17.96	20.61	2.65	15%	0	0	0	1	1	0	0	2	3	2	1	0	0	0
44700	Suspend bowel w/prosthesis	090	402	418	16	4%	17.48	19.37	1.89	11%	0	0	0	1	1	0	0	3	2	0	1	0	0	0
44800	Excision of bowel pouch	090	366	400.5	34.5	9%	12.05	14.36	2.31	19%	0	0	0	3.5	0	0	0	5.5	0	0	1	0	0	0
44820	Excision of mesentery lesion	090	404	425	21	5%	13.73	15.73	2.00	15%	0	0	0	0	2	0	0	3	2	0	1	0	0	0
44850	Repair of mesentery	090	367	383	16	4%	12.11	14.00	1.89	16%	0	0	0	1	1	0	0	3	2	0	1	0	0	0
44900	Drain appendix abscess open	090	450	457	7	2%	12.57	15.11	2.54	20%	0	0	0	1	2	0	0	1	2	2	1	0	0	0
44950	Appendectomy	090	252	271	19	8%	10.60	11.85	1.25	12%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
44960	Appendectomy	090	458	460	2	0%	14.50	16.93	2.43	17%	0	0	0	2	1	0	0	1	2	2	1	0	0	0
44970	Laparoscopy appendectomy	090	242	261	19	8%	9.45	10.57	1.12	12%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
45000	Drainage of pelvic abscess	090	384	387	3	1%	6.30	7.98	1.68	27%	0	0	0	0	2	0	0	0	2	1	1	0	0	0
45005	Drainage of rectal abscess	010	54	55	1	2%	2.02	2.13	0.11	5%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
45020	Drainage of rectal abscess	090	255	276	21	8%	8.56	9.90	1.34	16%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
45100	Biopsy of rectum	090	178	187	9	5%	4.04	4.70	0.66	16%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
45108	Removal of anorectal lesion	090	193	202	9	5%	5.12	5.78	0.66	13%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
45110	Removal of rectum	090	678	703	25	4%	30.76	34.13	3.37	11%	-2	0	0	2	1	1	0	4	3	1	1	0	0	0
45111	Partial removal of rectum	090	496	539	43	9%	18.01	20.79	2.78	15%	0	0	0	4	0	0	0	7	0	0	1	0	1	0
45112	Removal of rectum	090	675	692	17	3%	33.18	36.20	3.02	9%	0	0	0	1	2	0	0	3	2	2	1	0	0	0
45113	Partial proctectomy	090	675	692	17	3%	33.22	36.24	3.02	9%	0	0	0	1	2	0	0	3	2	2	1	0	0	0
45114	Partial removal of rectum	090	792	802	10	1%	30.79	33.86	3.07	10%	-2	0	0	1	1	1	0	2	3	2	1	0	1	0
45116	Partial removal of rectum	090	702	716	14	2%	27.72	30.59	2.87	10%	-2	0	0	1	1	1	0	2	2	2	1	0	1	0
45119	Remove rectum w/reservoir	090	685	702	17	2%	33.48	36.50	3.02	9%	0	0	0	1	2	0	0	3	2	2	1	0	0	0
45120	Removal of rectum	090	689	744	55	8%	26.40	29.88	3.48	13%	0	0	0	5	0	0	0	9	0	0	1	0	1	0
45121	Removal of rectum and colon	090	741	806	65	9%	29.08	33.04	3.96	14%	0	0	0	5	0	0	0	11	0	0	1	0	1	0
45123	Partial proctectomy	090	687	704	17	2%	18.86	21.33	2.47	13%	-2	0	0	1	1	1	0	2	2	1	1	0	0	0
45126	Pelvic exenteration	090	755	776	21	3%	49.10	52.30	3.20	7%	-2	0	0	1	2	1	0	2	2	2	1	0	2	0
45130	Excision of rectal prolapse	090	520	535	15	3%	18.50	20.88	2.38	13%	0	0	0	1	2	0	0	2	2	1	1	0	0	0
45135	Excision of rectal prolapse	090	735	761	26	4%	22.36	25.80	3.44	15%	-2	0	0	1	2	1	0	3	2	2	1	0	0	0
45136	Excise ileoanal reservoir	090	783	795	12	2%	30.82	34.11	3.29	11%	-2	0	0	2	1	1	0	2	3	2	1	0	1	0
45150	Excision of rectal stricture	090	184	191.5	7.5	4%	5.85	6.74	0.89	15%	0	0	0	2.5	0	0	0	0.5	0	0	1	0	0	0
45160	Excision of rectal lesion	090	342	370	28	8%	16.33	18.00	1.67	10%	-2	0	0	1	1	1	0	2	0	0	1	0	0	0
45171	Exc rect tum transanal part	090	209	225	16	8%	8.13	9.12	0.99	12%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
45172	Exc rect tum transanal full	090	290	311	21	7%	12.13	13.47	1.34	11%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
45190	Destruction rectal tumor	090	266	282	16	6%	10.42	11.41	0.99	10%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
45395	Lap removal of rectum	090	645	669	24	4%	33.00	35.80	2.80	8%	-2	0	0	1	2	1	0	2	2	1	1	0	0	0
45397	Lap remove rectum w/pouch	090	675	699	24	4%	36.50	39.30	2.80	8%	-2	0	0	1	2	1	0	2	2	1	1	0	0	0
45400	Laparoscopic proc	090	410	437	27	7%	19.44	21.46	2.02	10%	0	0	0	1	2	0	0	3	1	0	1	0	0	0
45402	Lap proctopexy w/sig resect	090	470	483	13	3%	26.51	28.25	1.74	7%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
45500	Repair of rectum	090	266	284.5	18.5	7%	7.73	9.21	1.48	19%	0	0	0	3	0	0	0	2.5	0	0	1	0	0	0
45505	Repair of rectum	090	300.5	318.5	18	6%	8.36	9.44	1.08	13%	-2	0	0	1	1	1	0	0	0	0	0.5	0	0	0
45540	Correct rectal prolapse	090	481.5	493.5	12	2%	18.12	20.08	1.96	11%	0	0	0	0	2	0	0	2	3	0	1	0	0	0
45541	Correct rectal prolapse	090	420	433	13	3%	14.85	16.59	1.74	12%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
45550	Repair rectum/remove sigmoid	090	540	568	28	5%	24.80	27.26	2.46	10%	0	0	0	1	2	0	0	4	2	0	1	0	0	0
45560	Repair of rectocele	090	367	382	15	4%	11.50	12.95	1.45	13%	0	0	0	1	1	0	0	2	1	0	1	0	0	0
45562	Exploration/repair of rectum	090	561	575	14	2%	17.98	20.98	3.00	17%	0	0	0	2	2	0	0	2	2	2	1	0	0	0
45563	Exploration/repair of rectum	090	636	646	10	2%	26.38	29.58	3.20	12%	0	0	0	2	2	0	0	2	3	2	1	0	0	0
45800	Repair rect/bladder fistula	090	570	582	12	2%	20.31	23.09	2.78	14%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
45805	Repair fistula w/colostomy	090	595	607	12	2%	23.32	26.10	2.78	12%	0	0	0	1	2	0	0	2	2	2	1	0	0	0
45820	Repair rectourethral fistula	090	480	494	14	3%	20.37	22.55	2.18	11%	0	0	0	1	2	0	0	2	3	0	1	0	0	0
45825	Repair fistula w/colostomy	090	646	656	10	2%	24.17	27.37	3.20	13%	0	0	0	2	2	0	0	2	3	2	1	0	0	0
45900	Reduction of rectal prolapse	010	219	217	-2	-1%	2.99	3.63	0.64	21%	0	0	0	1	0	0	0	0	1	0	1	0	0	0
45905	Dilation of anal sphincter	010	130	132	2	2%	2.35	2.68	0.33	14%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
45910	Dilation of rectal narrowing	010	130	132	2	2%	2.85	3.18	0.33	12%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
45915	Remove rectal obstruction	010	145	147	2	1%	3.19	3.52	0.33	10%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
46040	Incision of rectal abscess	090	184	195	11	6%	5.37	6.25	0.88	16%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46045	Incision of rectal abscess	090	197	206	9	5%	5.87	6.64	0.77	13%	0	0	0	1	1	0	0	0	0	0	1	0	0	0
46050	Incision of anal abscess	010	59	61	2	3%	1.24	1.46	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46060	Incision of rectal abscess	090	201	217	16	8%	6.37	7.36	0.99	16%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
46070	Incision of anal septum	090	74	77	3	4%	2.79	3.12	0.33	12%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
46080	Incision of anal sphincter	010	99	100	1	1%	2.52	2.74	0.22	9%	0	0	0	0.5	0	0	0	0	0	0	0.5	0	0	0
46083	Incise external hemorrhoid	010	51	53	2	4%	1.45	1.67	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46200	Removal of anal fissure	090	171	178	7	4%	3.59	4.47	0.88	25%	0	0	0	3.5	0	0	0	0	0	0	0.5	0	0	0
46220	Excise anal ext tag/papilla	010	67	69	2	3%	1.61	1.83	0.22	14%	0	0	0	1	0	0	0							

46258	Remove in/ex hem grp w/fistu	090	241	257	16	7%	6.41	7.40	0.99	15%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
46260	Remove in/ex hem groups 2+	090	208	217	9	4%	6.73	7.39	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46261	Remove in/ex hem grps & fiss	090	241	257	16	7%	7.76	8.75	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
46262	Remove in/ex hem grps w/fist	090	179	190	11	6%	7.91	8.79	0.88	11%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46270	Remove anal fist subq	090	169	180	11	7%	4.92	5.80	0.88	18%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46275	Remove anal fist inter	090	184	195	11	6%	5.42	6.30	0.88	16%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46280	Remove anal fist complex	090	199	210	11	6%	6.39	7.27	0.88	14%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46285	Remove anal fist 2 stage	090	184	195	11	6%	5.42	6.30	0.88	16%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46288	Repair anal fistula	090	236	252	16	7%	7.81	8.80	0.99	13%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
46320	Removal of hemorrhoid clot	010	55	56	1	2%	1.64	1.75	0.11	7%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
46500	Injection into hemorrhoid(s)	010	61	68	7	11%	1.74	2.07	0.33	19%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
46505	Chemodenevation anal musc	010	102	109	7	7%	3.18	3.62	0.44	14%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
46700	Repair of anal stricture	090	283.5	299.5	16	6%	9.81	10.80	0.99	10%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
46705	Repair of anal stricture	090	277	299	22	8%	7.43	9.14	1.71	23%	0	0	0	3.5	0	0	0	3	0	0	1	0	0	0
46706	Repr of anal fistula w/glue	010	100	102	2	2%	2.44	2.77	0.33	14%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
46707	Repair anorectal fist w/plug	090	187	198	11	6%	6.39	7.27	0.88	14%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
46710	Repr per/vag pouch sngl proc	090	370	387	17	5%	17.14	18.68	1.54	9%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
46712	Repr per/vag pouch dbl proc	090	670	677	7	1%	36.45	38.99	2.54	7%	0	0	0	1	2	0	0	1	2	2	1	0	0	0
46715	Rep perf anoper fistu	090	265	282.5	17.5	7%	7.62	8.99	1.37	18%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	0	0
46716	Rep perf anoper/vestib fistu	090	530	594	64	12%	17.54	20.37	2.83	16%	-10	0	0	0	0	5	0	2	0	0	0	1	0	0
46730	Construction of absent anus	090	775	832	57	7%	30.65	34.46	3.81	12%	-12	0	0	0	0	6	0	1	2	1	0	1	0	0
46735	Construction of absent anus	090	850	916	66	8%	36.14	40.23	4.09	11%	-12	0	0	0	0	6	0	3	3	0	0	1	0	0
46740	Construction of absent anus	090	775	832	57	7%	33.90	37.71	3.81	11%	-12	0	0	0	0	6	0	1	2	1	0	1	0	0
46742	Repair of imperforated anus	090	895	953	58	6%	40.14	44.39	4.25	11%	-12	0	0	0	0	6	0	2	3	1	0	1	0	0
46744	Repair of cloacal anomaly	090	1303	1355	52	4%	58.94	63.99	5.05	9%	-12	0	0	0	0	6	0	2	3	3	0	1	2	0
46746	Repair of cloacal anomaly	090	1566	1625	59	4%	65.44	71.20	5.76	9%	-11	0	0	0	0	5	1	3	4	3	0	1	3	0
46748	Repair of cloacal anomaly	090	1686	1745	59	3%	71.42	77.18	5.76	8%	-11	0	0	0	0	5	1	3	4	3	0	1	3	0
46750	Repair of anal sphincter	090	475	489	14	3%	12.15	14.33	2.18	18%	0	0	0	1	2	0	0	2	3	0	1	0	0	0
46751	Repair of anal sphincter	090	299	321	22	7%	9.30	11.01	1.71	18%	0	0	0	3.5	0	0	0	3	0	0	1	0	0	0
46753	Reconstruction of anus	090	297	316	19	6%	8.89	10.14	1.25	14%	0	0	0	1	1	0	0	2	0	0	1	0	0	0
46754	Removal of suture from anus	010	175	196	21	12%	3.01	4.35	1.34	45%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
46760	Repair of anal sphincter	090	676	699	23	3%	17.45	20.87	3.42	20%	-2	0	0	2	2	1	0	2	2	2	1	0	0	0
46761	Repair of anal sphincter	090	410	423	13	3%	15.29	17.03	1.74	11%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
46900	Destruction anal lesion(s)	010	63	70	7	11%	1.91	2.24	0.33	17%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
46910	Destruction anal lesion(s)	010	73	75	2	3%	1.91	2.13	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46916	Cryosurgery anal lesion(s)	010	67	69	2	3%	1.91	2.13	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46917	Laser surgery anal lesions	010	73	75	2	3%	1.91	2.13	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46922	Excision of anal lesion(s)	010	83	85	2	2%	1.91	2.13	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46924	Destruction anal lesion(s)	010	93	95	2	2%	2.81	3.03	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
46930	Destroy internal hemorrhoids	090	46	53	7	15%	1.61	1.94	0.33	20%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
46940	Treatment of anal fissure	010	63	64	1	2%	2.35	2.46	0.11	5%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
46942	Treatment of anal fissure	010	67	68	1	1%	2.07	2.18	0.11	5%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
46945	Int hrhc lig 1 hroid w/o img	090	133	142	9	7%	3.69	4.35	0.66	18%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46946	Int hrhc lig 2+hroid w/o img	090	148	157	9	6%	4.50	5.16	0.66	15%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46947	Hemorrhoidopexy by stapling	090	170	179	9	5%	5.57	6.23	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
46948	Int hrhc tranal dartljz 2+	090	163	172	9	6%	5.57	6.23	0.66	12%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
47010	Open drainage liver lesion	090	645	653	8	1%	19.40	22.38	2.98	15%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
47015	Inject/aspirate liver cyst	090	665	673	8	1%	18.50	21.48	2.98	16%	0	0	0	1	2	0	0	2	3	2	1	0	1	0
47100	Wedge biopsy of liver	090	345	367	22	6%	12.91	14.69	1.78	14%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
47120	Partial removal of liver	090	803	815	12	1%	39.01	42.30	3.29	8%	-2	0	0	2	1	1	0	2	3	2	1	0	1	0
47122	Extensive removal of liver	090	1000	1008	8	1%	59.48	62.46	2.98	5%	0	0	0	1	2	0	0	2	3	2	1	0	3	0
47125	Partial removal of liver	090	855	863	8	1%	53.04	56.02	2.98	6%	0	0	0	1	2	0	0	2	3	2	1	0	2	0
47130	Partial removal of liver	090	870	878	8	1%	57.19	60.17	2.98	5%	0	0	0	1	2	0	0	2	3	2	1	0	2	0
47135	Transplantation of liver	090	1648	1708	60	4%	90.00	97.03	7.03	8%	-13	0	0	0	1	6	1	1	3	6	0	1	2	1
47140	Partial removal donor liver	090	1073	1088	15	1%	59.40	63.95	4.55	8%	0	0	0	1	3	0	0	3	2	5	1	0	0	0
47141	Partial removal donor liver	090	1101	1135	34	3%	71.50	76.02	4.52	6%	0	0	0	1	4	0	0	4	1	4	1	0	0	0
47142	Partial removal donor liver	090	1221	1256	35	3%	79.44	84.40	4.96	6%	0	0	0	1	4	0	0	5	2	4	1	0	0	0
47300	Surgery for liver lesion	090	605	617	12	2%	18.14	20.92	2.78	15%	0	0	0	1	2	0	0	2	2	2	1	0	1	0
47350	Repair liver wound	090	575	582	7	1%	22.49	25.03	2.54	11%	0	0	0	1	2	0	0	1	2	2	1	0	1	0
47360	Repair liver wound	090	857.5	865.5	8	1%	31.31	34.29	2.98	10%	0	0	0	1	2	0	0	2	3	2	1	0	3	0
47361	Repair liver wound	090	1035	1045	10	1%	52.60	56.22	3.62	7%	0	0	0	1	2	0	0	3	3	3	1	0	4	0
47362	Repair liver wound	090	880	893	13	1%	23.54	26.76	3.22	14%	0	0	0	1	2	0	0	3	3	2	1	0	4	0
47370	Laparo ablate liver tumor rf	090	450	467	17	4%	20.80	22.34	1.54	7%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
47371	Laparo ablate liver cryosurg	090	455	472	17	4%	20.80	22.34	1.54	7%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
47380	Open ablate liver tumor rf	090	550	568	18	3%	24.56	26.54	1.98	8%	0	0	0	1	2	0	0	2	2	0	1	0	0	0
47381	Open ablate liver tumor cryo	090	576	596	20	3%	24.88	27.08	2.20	9%	0	0	0	2	2	0	0	2	2	0	1	0	0	0
47382	Percut ablate liver rf	010	265	267	2	1%	14.97	15.30	0.33	2%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
47383	Perq abltj lvr cryoablation	010	196	198	2	1%	8.88	9.21	0.33	4%	0	0	0	1	0	0	0	0						

47490	Incision of gallbladder	010	133	143	10	8%	4.76	5.24	0.48	10%	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
47562	Laparoscopic cholecystectomy	090	251	267	16	6%	10.47	11.46	0.99	9%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0	0
47563	Laparo cholecystectomy/graph	090	238	247	9	4%	11.47	12.13	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0	0
47564	Laparo cholecystectomy/explr	090	415	428	13	3%	18.00	19.74	1.74	10%	0	0	0	1	2	0	0	1	2	0	1	0	0	0	0
47600	Removal of gallbladder	090	475	485	10	2%	17.48	19.62	2.14	12%	0	0	0	1	2	0	0	1	2	1	1	0	0	0	0
47605	Removal of gallbladder	090	490	500	10	2%	18.48	20.62	2.14	12%	0	0	0	1	2	0	0	1	2	1	1	0	0	0	0
47610	Removal of gallbladder	090	512	512	0	0%	20.92	23.13	2.21	11%	0	0	0	1	1	0	0	1	2	2	1	0	0	0	0
47612	Removal of gallbladder	090	597	593	-4	-1%	21.21	23.62	2.41	11%	0	0	0	1	1	0	0	1	3	2	1	0	0	0	0
47620	Removal of gallbladder	090	627	623	-4	-1%	23.07	25.48	2.41	10%	0	0	0	1	1	0	0	1	3	2	1	0	0	0	0
47700	Exploration of bile ducts	090	456	493	37	8%	16.50	18.93	2.43	15%	0	0	0	3.5	0	0	0	6	0	0	1	0	0	0	0
47701	Bile duct revision	090	498	537.5	39.5	8%	28.73	31.28	2.55	9%	0	0	0	3.5	0	0	0	6.5	0	0	1	0	0	0	0
47711	Excision of bile duct tumor	090	670	678	8	1%	25.90	28.88	2.98	12%	0	0	0	1	2	0	0	2	3	2	1	0	0	0	0
47712	Excision of bile duct tumor	090	790	803	13	2%	33.72	36.94	3.22	10%	0	0	0	1	2	0	0	3	3	2	1	0	1	0	0
47715	Excision of bile duct cyst	090	650	653	3	0%	21.55	24.29	2.74	13%	0	0	0	1	2	0	0	1	3	2	1	0	0	0	0
47720	Fuse gallbladder & bowel	090	520	527	7	1%	18.34	20.88	2.54	14%	0	0	0	1	2	0	0	1	2	2	1	0	0	0	0
47721	Fuse upper gi structures	090	610	618	8	1%	21.99	24.97	2.98	14%	0	0	0	1	2	0	0	2	3	2	1	0	0	0	0
47740	Fuse gallbladder & bowel	090	590	593	3	1%	21.23	23.97	2.74	13%	0	0	0	1	2	0	0	1	3	2	1	0	0	0	0
47741	Fuse gallbladder & bowel	090	640	648	8	1%	24.21	27.19	2.98	12%	0	0	0	1	2	0	0	2	3	2	1	0	0	0	0
47760	Fuse bile ducts and bowel	090	759	783	24	3%	38.32	41.54	3.22	8%	-2	0	0	0	2	1	0	3	2	2	1	0	1	0	0
47765	Fuse liver ducts & bowel	090	882	911	29	3%	52.19	55.65	3.46	7%	-2	0	0	0	2	1	0	4	2	2	1	0	1	0	0
47780	Fuse bile ducts and bowel	090	799	823	24	3%	42.32	45.54	3.22	8%	-2	0	0	0	2	1	0	3	2	2	1	0	1	0	0
47785	Fuse bile ducts and bowel	090	939	968	29	3%	56.19	59.65	3.46	6%	-2	0	0	0	2	1	0	4	2	2	1	0	1	0	0
47800	Reconstruction of bile ducts	090	652.5	660.5	8	1%	26.17	29.15	2.98	11%	0	0	0	1	2	0	0	2	3	2	1	0	0	0	0
47801	Placement bile duct support	090	525	532	7	1%	17.60	20.14	2.54	14%	0	0	0	1	2	0	0	1	2	2	1	0	0	0	0
47802	Fuse liver duct & intestine	090	705	713	8	1%	24.93	27.91	2.98	12%	0	0	0	1	2	0	0	2	3	2	1	0	1	0	0
47900	Suture bile duct injury	090	570	582	12	2%	22.44	25.22	2.78	12%	0	0	0	1	2	0	0	2	2	2	1	0	0	0	0
48000	Drainage of abdomen	090	743	751	8	1%	31.95	34.93	2.98	9%	0	0	0	1	2	0	0	2	3	2	1	0	2	0	0
48001	Placement of drain pancreas	090	815.5	815.5	0	0%	39.69	42.83	3.14	8%	0	0	0	1	2	0	0	1	3	3	1	0	2	0	0
48020	Removal of pancreatic stone	090	678	686	8	1%	19.09	22.07	2.98	16%	0	0	0	1	2	0	0	2	3	2	1	0	1	0	0
48100	Biopsy of pancreas open	090	497.5	502.5	5	1%	14.46	16.91	2.45	17%	0	0	0	1	1	0	0	2	2	2	1	0	0	0	0
48102	Needle biopsy pancreas	010	120	121	1	1%	4.70	4.92	0.22	5%	0	0	0	0.5	0	0	0	0	0	0	0.5	0	0	0	0
48105	Resect/debride pancreas	090	1220	1250.5	30.5	2%	49.26	55.18	5.92	12%	-2	0	0	1	2	1	0	7.5	5	4	1	0	3	0	0
48120	Removal of pancreas lesion	090	595	596	1	0%	18.41	21.06	2.65	14%	0	0	0	1	1	0	0	2	3	2	1	0	0	0	0
48140	Partial removal of pancreas	090	725	733	8	1%	26.32	29.30	2.98	11%	0	0	0	1	2	0	0	2	3	2	1	0	1	0	0
48145	Partial removal of pancreas	090	762.5	770.5	8	1%	27.39	30.37	2.98	11%	0	0	0	1	2	0	0	2	3	2	1	0	1	0	0
48146	Pancreatectomy	090	893	908	15	2%	30.60	33.91	3.31	11%	0	0	0	1	3	0	0	2	3	2	1	0	2	0	0
48148	Removal of pancreatic duct	090	700	712	12	2%	20.39	23.17	2.78	14%	0	0	0	1	2	0	0	2	2	2	1	0	1	0	0
48150	Partial removal of pancreas	090	1110	1133	23	2%	52.84	56.92	4.08	8%	-2	0	0	1	2	1	0	4	4	2	1	0	2	0	0
48152	Pancreatectomy	090	1063	1085	22	2%	48.65	52.84	4.19	9%	0	0	0	1	3	0	0	4	3	3	1	0	2	0	0
48153	Pancreatectomy	090	1078	1100	22	2%	52.79	56.98	4.19	8%	0	0	0	1	3	0	0	4	3	3	1	0	2	0	0
48154	Pancreatectomy	090	1033	1050	17	2%	48.88	52.83	3.95	8%	0	0	0	1	3	0	0	3	3	3	1	0	2	0	0
48155	Removal of pancreas	090	1043	1060	17	2%	29.45	33.40	3.95	13%	0	0	0	1	3	0	0	3	3	3	1	0	2	0	0
48500	Surgery of pancreatic cyst	090	603	611	8	1%	18.16	21.14	2.98	16%	0	0	0	1	2	0	0	2	3	2	1	0	0	0	0
48510	Drain pancreatic pseudocyst	090	580.5	588.5	8	1%	17.19	20.17	2.98	17%	0	0	0	1	2	0	0	2	3	2	1	0	0	0	0
48520	Fuse pancreas cyst and bowel	090	580	581	1	0%	18.15	20.80	2.65	15%	0	0	0	1	1	0	0	2	3	2	1	0	0	0	0
48540	Fuse pancreas cyst and bowel	090	560	565	5	1%	21.94	24.39	2.45	11%	0	0	0	1	1	0	0	2	2	2	1	0	0	0	0
48545	Pancreatorrhaphy	090	773	782	9	1%	22.23	25.41	3.18	14%	0	0	0	1	2	0	0	2	2	3	1	0	2	0	0
48547	Duodenal exclusion	090	903	912	9	1%	30.38	33.56	3.18	10%	0	0	0	1	2	0	0	2	2	3	1	0	3	0	0
48548	Fuse pancreas and bowel	090	765	773	8	1%	28.09	31.07	2.98	11%	0	0	0	1	2	0	0	2	3	2	1	0	1	0	0
48554	Transpl allograft pancreas	090	1237	1337	100	8%	37.80	42.45	4.65	12%	-9	0	0	0	4	3	3	0	0	0	0	0	0	0	0
48556	Removal allograft pancreas	090	952	1011	59	6%	19.47	24.06	4.59	24%	-2	0	0	0	3	1	0	9	4	0	1	0	0	0	0
49000	Exploration of abdomen	090	304	328	24	8%	12.54	13.90	1.36	11%	0	0	0	0	2	0	0	2	0	0	1	0	0	0	0
49002	Reopening of abdomen	090	437	450	13	3%	17.63	19.92	2.29	13%	0	0	0	1	1	0	0	3	2	1	1	0	0	0	0
49010	Exploration behind abdomen	090	357	377	20	6%	16.06	17.75	1.69	11%	0	0	0	1	1	0	0	3	1	0	1	0	0	0	0
49020	Drainage abdom abscess open	090	710	746	36	5%	26.67	30.59	3.92	15%	-2	0	0	1	2	1	0	5	2	2	1	0	1	0	0
49040	Drain open abdom abscess	090	603	601	-2	0%	16.52	19.15	2.63	16%	0	0	0	2	1	0	0	1	3	2	1	0	1	0	0
49060	Drain open retroperi abscess	090	563	565	2	0%	18.53	20.96	2.43	13%	0	0	0	2	1	0	0	1	2	2	1	0	1	0	0
49062	Drain to peritoneal cavity	090	334	358	24	7%	12.22	13.58	1.36	11%	0	0	0	0	2	0	0	2	0	0	1	0	0	0	0
49203	Exc abd tum 5 cm or less	090	420	447	27	6%	20.13	22.15	2.02	10%	0	0	0	1	2	0	0	3	1	0	1	0	0	0	0
49204	Exc abd tum over 5 cm	090	511	548	37	7%	26.13	28.63	2.50	10%	0	0	0	1	2	0	0	5	1	0	1	0	0	0	0
49205	Exc abd tum over 10 cm	090	645	670	25	4%	30.13	32.99	2.86	9%	0	0	0	1	2	0	0	4	2	1	1	0	0	0	0
49215	Excise sacral spine tumor	090	855	859	4	0%	37.81	40.62	2.81	7%	0	0	0	0	3	0	0	0	2	3	1	0	2	1	0
49250	Excision of umbilicus	090	292	319.5	27.5	9%	9.01	10.86	1.85	21%	0	0	0	2.5	0	0	0	4.5	0	0	1	0	0	0	0
49255	Removal of omentum	090	345	386	41	12%	12.56	14.73	2.17	17%	0	0	0	0	3	0	0	4	0	0	1	0	0	0	0
49320	Diag laparo separate proc	010	157	164	7	4%	5.14	5.58	0.44	9%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0	0
49321	Laparoscopy biopsy	010	201	213	12	6%	5.44																		

49426	Revise abdomen-venous shunt	090	330	362.5	32.5	10%	10.41	12.50	2.09	20%	0	0	0	2.5	0	0	0	5.5	0	0	1	0	0	0
49428	Ligation of shunt	010	239.5	249.5	10	4%	6.87	8.08	1.21	18%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
49429	Removal of shunt	010	317	349	32	10%	7.44	9.32	1.88	25%	0	0	0	1	0	0	0	6	0	0	1	0	0	0
49436	Embedded ip cath exit-site	010	93	95	2	2%	2.72	3.05	0.33	12%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
49440	Place gastrostomy tube perc	010	116	121	5	4%	3.93	4.17	0.24	6%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
49441	Place duod/jej tube perc	010	123	128	5	4%	4.52	4.76	0.24	5%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
49442	Place cecostomy tube perc	010	108	113	5	5%	3.75	3.99	0.24	6%	0	0	0	0	0	0	0	1	0	0	0	0	0	0
49491	Rpr hern preemie reduc	090	398	406	8	2%	12.53	13.92	1.39	11%	0	0	0	2	1	0	0	0	0	1	1	0	1	0
49492	Rpr ing hern premie blocked	090	398	406	8	2%	15.43	16.82	1.39	9%	0	0	0	2	1	0	0	0	0	1	1	0	1	0
49495	Rpr ing hernia baby reduc	090	148	155	7	5%	6.20	6.53	0.33	5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
49496	Rpr ing hernia baby blocked	090	246	260	14	6%	9.42	10.08	0.66	7%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
49500	Rpr ing hernia init reduce	090	178	187	9	5%	5.84	6.50	0.66	11%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49501	Rpr ing hernia init blocked	090	232	246	14	6%	9.36	10.37	1.01	11%	0	0	0	1	1	0	0	1	0	0	1	0	0	0
49505	Prp i/hern init reduc >5 yr	090	198	207	9	5%	7.96	8.62	0.66	8%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49507	Prp i/hern init block >5 yr	090	231	240	9	4%	9.09	9.75	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49520	Rerepair ing hernia reduce	090	185.5	194.5	9	5%	9.99	10.65	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49521	Rerepair ing hernia blocked	090	251	260	9	4%	11.48	12.14	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49525	Repair ing hernia sliding	090	193	202	9	5%	8.93	9.59	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49540	Repair lumbar hernia	090	218	227	9	4%	10.74	11.40	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49550	Rpr rem hernia init reduce	090	193	202	9	5%	8.99	9.65	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49553	Rpr fem hernia init blocked	090	247	261	14	6%	9.92	10.93	1.01	10%	0	0	0	1	1	0	0	1	0	0	1	0	0	0
49555	Rerepair fem hernia reduce	090	218	227	9	4%	9.39	10.05	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
49557	Rerepair fem hernia blocked	090	262	276	14	5%	11.62	12.63	1.01	9%	0	0	0	1	1	0	0	1	0	0	1	0	0	0
49600	Repair umbilical lesion	090	286	311	25	9%	11.55	13.28	1.73	15%	0	0	0	2.5	0	0	0	4	0	0	1	0	0	0
49605	Repair umbilical lesion	090	1720	1746	26	2%	87.09	92.80	5.71	7%	-6	0	0	0	0	3	0	5	5	5	0	1	9	2
49606	Repair umbilical lesion	090	297	314.5	17.5	6%	19.00	20.37	1.37	7%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	0	0
49610	Repair umbilical lesion	090	282	299.5	17.5	6%	10.91	12.28	1.37	13%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	0	0
49611	Repair umbilical lesion	090	270	287.5	17.5	6%	9.34	10.71	1.37	15%	0	0	0	2.5	0	0	0	2.5	0	0	1	0	0	0
49650	Lap ing hernia repair init	090	147	151	4	3%	6.36	6.80	0.44	7%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
49651	Lap ing hernia repair recur	090	193	199	6	3%	8.38	9.04	0.66	8%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
49900	Repair of abdominal wall	090	567	658	91	16%	12.41	16.98	4.57	37%	0	0	0	0	3	0	0	14	0	0	1	0	0	2
49904	Omental flap extra-abdom	090	670	703	33	5%	22.35	25.69	3.34	15%	0	0	0	3	2	0	0	5	3	0	1	0	0	0
5X005	Transcrv abltj utrn fibrd rf	010	153	160	7	5%	7.21	7.65	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
50010	Sprchoroidal spc njx rx agt	090	341	377	36	11%	12.28	14.21	1.93	16%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
50020	Ins sk-mnt crnl nstm pg/rcvr	090	650	697	47	7%	18.08	22.10	4.02	22%	0	0	0	0	4	0	0	7	4	0	1	0	0	0
50040	Rev/rplcmt sk-mnt crnl nstm	090	405	453	48	12%	16.68	19.18	2.50	15%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
50045	Rmv sk-mnt crnl nstm pg/rcvr	090	382	420.5	38.5	10%	16.82	18.87	2.05	12%	0	0	0	0	3	0	0	3.5	0	0	1	0	0	0
50060	Ins/rplcmt prq eltrd ra pn 1	090	440	491	51	12%	20.95	23.60	2.65	13%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50065	Ins/rplcm prq eltrd ra pn ea	090	471	517	46	10%	22.32	24.73	2.41	11%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
50070	Rev/rmvln nea pn w/intg nstim	090	482	528	46	10%	21.85	24.26	2.41	11%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
50075	Dx intraop thoracic aorta us	090	569.5	621.5	52	9%	27.09	29.79	2.70	10%	0	0	0	0	3.5	0	0	5.5	0	0	1	0	0	0
50080	Dx intraop thoracic aorta us	090	244	258	14	6%	12.41	13.18	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
50081	Dx intraop thoracic aorta us	090	302	316	14	5%	20.91	21.68	0.77	4%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
50100	Dx intraop epicar car us chd	090	400	438.5	38.5	10%	17.45	19.50	2.05	12%	0	0	0	0	3	0	0	3.5	0	0	1	0	0	0
50120	Dx intraop epicar car us chd	090	362	398	36	10%	17.21	19.14	1.93	11%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
50125	Dx intraop epicar car us chd	090	364	400	36	10%	17.82	19.75	1.93	11%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
50130	Dx ntrop epcr us chd img acq	090	427	473	46	11%	18.82	21.23	2.41	13%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
50135	Dx ntrop epcr us chd img acq	090	443	484	41	9%	20.59	22.76	2.17	11%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50205	Renal bx surg exposure kdn	090	324	353	29	9%	12.29	13.89	1.60	13%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
50220	Remove kidney open	090	432	478	46	11%	18.68	21.09	2.41	13%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
50225	Removal kidney open complex	090	512	563	51	10%	21.88	24.53	2.65	12%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50230	Removal kidney open radical	090	573.5	631	57.5	10%	23.81	26.78	2.97	12%	0	0	0	0	2.5	0	0	8	0	0	1	0	0	0
50234	Removal of kidney & ureter	090	512	563	51	10%	24.05	26.70	2.65	11%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50236	Removal of kidney & ureter	090	570	633	63	11%	26.94	30.16	3.22	12%	0	0	0	0	4	0	0	7	0	0	1	0	0	0
50240	Partial removal of kidney	090	605	673	68	11%	24.21	27.67	3.46	14%	0	0	0	0	4	0	0	8	0	0	1	0	0	0
50250	Cryoablate renal mass open	090	541	563	22	4%	22.22	25.06	2.84	13%	0	0	0	2	2	0	0	3	2	1	1	0	0	0
50280	Removal of kidney lesion	090	379	420	41	11%	17.09	19.26	2.17	13%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50290	Removal of kidney lesion	090	386	427	41	11%	16.15	18.32	2.17	13%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50320	Remove kidney living donor	090	524	554	30	6%	22.43	24.71	2.28	10%	0	0	0	5	0	0	0	4	0	0	1	0	0	0
50340	Removal of kidney	090	436.5	493.5	57	13%	14.04	16.98	2.94	21%	0	0	0	0	3.5	0	0	6.5	0	0	1	0	0	0
50360	Transplantation of kidney	090	774	805	31	4%	39.88	43.40	3.52	9%	-5	0	0	0	1	2	1	1	2	2	1	0	0	0
50365	Transplantation of kidney	090	1446	1455	9	1%	46.13	52.02	5.89	13%	0	0	0	0	9	0	0	0	13.5	0	1	0	4	0
50370	Remove transplanted kidney	090	898	961	63	7%	18.88	22.10	3.22	17%	0	0	0	0	4	0	0	7	0	0	1	0	6	0
50380	Reimplantation of kidney	090	1469	1478	9	1%	30.11	36.00	5.89	20%	0	0	0	0	9	0	0	0	13.5	0	1	0	4	0
50400	Revision of kidney/ureter	090	483	539	56	12%	21.27	24.16	2.89	14%	0	0	0	0	3	0	0	7	0	0	1	0	0	0
50405	Revision of kidney/ureter	090	550.5	610	59.5	11%	25.86	28.92	3.06	12%	0	0	0	0	3.5	0	0	7	0	0	1	0	0	0
50500	Repair of kidney wound	090	463	514	51	11%	21.22	23.87	2.65	12%	0	0	0	0	3	0	0	6	0					

50543	Laparo partial nephrectomy	090	557	593	36	6%	27.41	29.72	2.31	8%	-2	0	0	0	3	1	0	2	1	0	1	0	0	0
50544	Laparoscopy pyeloplasty	090	459	488	29	6%	23.37	24.97	1.60	7%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
50545	Laparo radical nephrectomy	090	491	522	31	6%	25.06	26.75	1.69	7%	-2	0	0	0	1	1	0	3	0	0	1	0	0	0
50546	Laparoscopic nephrectomy	090	466.5	504.5	38	8%	21.87	23.89	2.02	9%	-2	0	0	0	2	1	0	3	0	0	1	0	0	0
50547	Laparo removal donor kidney	090	501.5	525.5	24	5%	26.34	27.70	1.36	5%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
50548	Laparo remove w/ureter	090	494	523	29	6%	25.36	26.96	1.60	6%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
50562	Renal scope w/tumor resect	090	187.5	187.5	0	0%	10.90	11.01	0.11	1%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
50590	Fragmenting of kidney stone	090	207	223	16	8%	9.77	10.76	0.99	10%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
50592	Perc rf ablate renal tumor	010	145	147	2	1%	6.55	6.88	0.33	5%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
50593	Perc cryo ablate renal tum	010	207	214	7	3%	8.88	9.32	0.44	5%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
50600	Exploration of ureter	090	361.5	401.5	40	11%	17.17	19.30	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
50605	Insert ureteral support	090	361.5	401.5	40	11%	16.79	18.92	2.13	13%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
50610	Removal of ureter stone	090	354.5	394.5	40	11%	17.25	19.38	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
50620	Removal of ureter stone	090	330.5	368	37.5	11%	16.43	18.44	2.01	12%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
50630	Removal of ureter stone	090	339.5	377	37.5	11%	16.21	18.22	2.01	12%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
50650	Removal of ureter	090	387	428	41	11%	18.82	20.99	2.17	12%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50660	Removal of ureter	090	434	477.5	43.5	10%	21.02	23.31	2.29	11%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
50688	Change of ureter tube/stent	010	52	53	1	2%	1.20	1.31	0.11	9%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
50700	Revision of ureter	090	415	458.5	43.5	10%	16.69	18.98	2.29	14%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
50715	Release of ureter	090	467	504	37	8%	20.64	23.01	2.37	11%	0	0	0	0	3	0	0	4	1	0	1	0	0	0
50722	Release of ureter	090	423	471.5	48.5	11%	17.95	20.48	2.53	14%	0	0	0	0	3	0	0	5.5	0	0	1	0	0	0
50725	Release/revise ureter	090	486	539.5	53.5	11%	20.20	22.97	2.77	14%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
50727	Revise ureter	090	225	241	16	7%	8.28	9.51	1.23	15%	0	0	0	2	1	0	0	1	0	0	1	0	0	0
50728	Revise ureter	090	286	314	28	10%	12.18	13.85	1.67	14%	0	0	0	1	3	0	0	1	0	0	1	0	0	0
50740	Fusion of ureter & kidney	090	465	516	51	11%	20.07	22.72	2.65	13%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50750	Fusion of ureter & kidney	090	507	560.5	53.5	11%	21.22	23.99	2.77	13%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
50760	Fusion of ureters	090	451	502	51	11%	20.07	22.72	2.65	13%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
50770	Splicing of ureters	090	489	542.5	53.5	11%	21.22	23.99	2.77	13%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
50780	Reimplant ureter in bladder	090	413	461.5	48.5	12%	19.95	22.48	2.53	13%	0	0	0	0	3	0	0	5.5	0	0	1	0	0	0
50782	Reimplant ureter in bladder	090	384	415	31	8%	19.66	21.35	1.69	9%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
50783	Reimplant ureter in bladder	090	427	460	33	8%	20.70	22.61	1.91	9%	0	0	0	1	3	0	0	2	0	0	1	0	0	0
50785	Reimplant ureter in bladder	090	485	538.5	53.5	11%	22.23	25.00	2.77	12%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
50800	Implant ureter in bowel	090	470.5	527.5	57	12%	16.41	19.35	2.94	18%	0	0	0	0	3.5	0	0	6.5	0	0	1	0	0	0
50810	Fusion of ureter & bowel	090	731.5	810.5	79	11%	22.61	26.60	3.99	18%	0	0	0	0	4.5	0	0	9.5	0	0	1	0	0	0
50815	Urine shunt to intestine	090	630	703	73	12%	22.26	25.96	3.70	17%	0	0	0	0	4	0	0	9	0	0	1	0	0	0
50820	Construct bowel bladder	090	606.5	676	69.5	11%	24.07	27.61	3.54	15%	0	0	0	0	3.5	0	0	9	0	0	1	0	0	0
50825	Construct bowel bladder	090	761	841.5	80.5	11%	30.68	34.74	4.06	13%	0	0	0	0	4	0	0	10.5	0	0	1	0	0	0
50830	Revise urine flow	090	761	841.5	80.5	11%	33.77	37.83	4.06	12%	0	0	0	0	4	0	0	10.5	0	0	1	0	0	0
50840	Replace ureter by bowel	090	678	753.5	75.5	11%	22.39	26.21	3.82	17%	0	0	0	0	4	0	0	9.5	0	0	1	0	0	0
50845	Appendico-vesicostomy	090	613	673	60	10%	22.46	25.53	3.07	14%	0	0	0	0	5	0	0	5	0	0	1	0	0	0
50860	Transplant ureter to skin	090	434	487.5	53.5	12%	17.08	19.85	2.77	16%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
50900	Repair of ureter	090	363	404	41	11%	15.04	17.21	2.17	14%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50920	Closure ureter/skin fistula	090	409	452.5	43.5	11%	15.81	18.10	2.29	14%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
50930	Closure ureter/bowel fistula	090	438	481.5	43.5	10%	20.19	22.48	2.29	11%	0	0	0	0	3	0	0	4.5	0	0	1	0	0	0
50940	Release of ureter	090	383	424	41	11%	15.93	18.10	2.17	14%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
50945	Laparoscopy ureterolithotomy	090	341.5	370.5	29	8%	17.97	19.57	1.60	9%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
50947	Laparo new ureter/bladder	090	512	548	36	7%	25.78	27.71	1.93	7%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
50948	Laparo new ureter/bladder	090	506	524	18	4%	23.82	25.43	1.61	7%	-2	0	0	0	1	1	0	1	0	1	1	0	0	0
51020	Incise & treat bladder	090	266.5	291.5	25	9%	7.69	9.10	1.41	18%	0	0	0	0	2.5	0	0	1.5	0	0	1	0	0	0
51030	Incise & treat bladder	090	284.5	312	27.5	10%	7.81	9.34	1.53	20%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
51040	Incise & drain bladder	090	139	143	4	3%	4.49	5.04	0.55	12%	0	0	0	2	0	0	0	0	0	0.5	0	0	0	0
51045	Incise bladder/drain ureter	090	271.5	299	27.5	10%	7.81	9.34	1.53	20%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
51050	Removal of bladder stone	090	276	307.5	31.5	11%	7.97	9.69	1.72	22%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
51060	Removal of ureter stone	090	319.5	349.5	30	9%	9.95	11.60	1.65	17%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
51065	Remove ureter calculus	090	318.5	348.5	30	9%	9.95	11.60	1.65	17%	0	0	0	0	2.5	0	0	2.5	0	0	1	0	0	0
51080	Drainage of bladder abscess	090	238	257	19	8%	6.71	7.83	1.12	17%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
51500	Removal of bladder cyst	090	290.5	313	22.5	8%	11.05	12.34	1.29	12%	0	0	0	0	2.5	0	0	1	0	0	1	0	0	0
51520	Removal of bladder lesion	090	271.5	294	22.5	8%	10.21	11.50	1.29	13%	0	0	0	0	2.5	0	0	1	0	0	1	0	0	0
51525	Removal of bladder lesion	090	386.5	431.5	45	12%	15.42	17.79	2.37	15%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
51530	Removal of bladder lesion	090	357.5	397.5	40	11%	13.71	15.84	2.13	15%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
51535	Repair of ureter lesion	090	374.5	414.5	40	11%	13.90	16.03	2.13	15%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
51550	Partial removal of bladder	090	419.5	469.5	50	12%	17.23	19.84	2.61	15%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	0	0
51555	Partial removal of bladder	090	534	597.5	63.5	12%	23.18	26.43	3.25	14%	0	0	0	0	3	0	0	8.5	0	0	1	0	0	0
51565	Revise bladder & ureter(s)	090	571.5	636	64.5	11%	23.68	26.98	3.30	14%	0	0	0	0	3.5	0	0	8	0	0	1	0	0	0
51570	Removal of bladder	090	710	773.5	63.5	9%	27.46	30.71	3.25	12%	0	0	0	0	3	0	0	8.5	0	0	1	0	2.5	0
51575	Removal of bladder & nodes	090	863.5	945.5	82	9%	34.18	38.32	4.14	12%	0	0	0	0	3.5	0	0	11.5	0	0	1	0	2.5	0

54015	Drain penis lesion	010	119	121	2	2%	5.36	5.69	0.33	6%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
54050	Destruction penis lesion(s)	010	54	56	2	4%	1.29	1.51	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54055	Destruction penis lesion(s)	010	44	45	1	2%	1.25	1.36	0.11	9%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
54056	Cryosurgery penis lesion(s)	010	56	58	2	4%	1.29	1.51	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54057	Laser surg penis lesion(s)	010	73	75	2	3%	1.29	1.51	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54060	Excision of penis lesion(s)	010	66	68	2	3%	1.98	2.20	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54065	Destruction penis lesion(s)	010	68	70	2	3%	2.47	2.69	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54105	Biopsy of penis	010	102	104	2	2%	3.54	3.76	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54110	Treatment of penis lesion	090	256.5	274	17.5	7%	10.92	11.97	1.05	10%	0	0	0	0	2.5	0	0	0	0	0	1	0	0	0
54111	Treat penis lesion graft	090	318.5	338.5	20	6%	14.42	15.59	1.17	8%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
54112	Treat penis lesion graft	090	368	396.5	28.5	8%	16.98	18.55	1.57	9%	0	0	0	0	3	0	0	1.5	0	0	1	0	0	0
54115	Treatment of penis lesion	090	207.5	225	17.5	8%	6.95	8.00	1.05	15%	0	0	0	0	2.5	0	0	0	0	0	1	0	0	0
54120	Partial removal of penis	090	272.5	300	27.5	10%	11.01	12.54	1.53	14%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
54125	Removal of penis	090	298.5	326	27.5	9%	14.56	16.09	1.53	10%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
54130	Remove penis & nodes	090	502.5	552	49.5	10%	21.84	24.42	2.58	12%	0	0	0	0	3.5	0	0	5	0	0	1	0	0	0
54135	Remove penis & nodes	090	599.5	654	54.5	9%	28.17	30.99	2.82	10%	0	0	0	0	3.5	0	0	6	0	0	1	0	0	0
54160	Circumcision neonate	010	83	85	2	2%	2.53	2.75	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54161	Circum 28 days or older	010	88	90	2	2%	3.32	3.54	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54162	Lysis penil circumic lesion	010	107	114	7	7%	3.32	3.76	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
54163	Repair of circumcision	010	107	114	7	7%	3.32	3.76	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
54164	Frenulotomy of penis	010	97	104	7	7%	2.82	3.26	0.44	16%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
54200	Treatment of penis lesion	010	71	73	2	3%	1.11	1.33	0.22	20%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54205	Treatment of penis lesion	090	262.5	290	27.5	10%	8.97	10.50	1.53	17%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
54300	Revision of penis	090	268.5	286	17.5	7%	11.20	12.14	0.94	8%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
54304	Revision of penis	090	273.5	291	17.5	6%	13.28	14.22	0.94	7%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
54308	Reconstruction of urethra	090	234.5	252	17.5	7%	12.62	13.45	0.83	7%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
54312	Reconstruction of urethra	090	317	338	21	7%	14.51	15.61	1.10	8%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
54316	Reconstruction of urethra	090	401	434.5	33.5	8%	18.05	19.86	1.81	10%	0	0	0	0	3	0	0	2.5	0	0	1	0	0	0
54318	Reconstruction of urethra	090	309	340	31	10%	12.43	14.12	1.69	14%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
54322	Reconstruction of urethra	090	307.5	332.5	25	8%	13.98	15.39	1.41	10%	0	0	0	0	2.5	0	0	1.5	0	0	1	0	0	0
54324	Reconstruction of urethra	090	374	407.5	33.5	9%	17.55	19.36	1.81	10%	0	0	0	0	3	0	0	2.5	0	0	1	0	0	0
54326	Reconstruction of urethra	090	437	473	36	8%	17.02	18.95	1.93	11%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
54328	Revise penis/urethra	090	395	428.5	33.5	8%	16.89	18.70	1.81	11%	0	0	0	0	3	0	0	2.5	0	0	1	0	0	0
54332	Revise penis/urethra	090	421	457	36	9%	18.37	20.30	1.93	11%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
54336	Revise penis/urethra	090	450.5	495	44.5	10%	21.62	23.96	2.34	11%	0	0	0	0	3.5	0	0	4	0	0	1	0	0	0
54340	Rpr hypospad comp simple	090	234.5	252	17.5	7%	9.71	10.65	0.94	10%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
54344	Rrp hypospad comp mobil&urtp	090	371	399.5	28.5	8%	17.06	18.63	1.57	9%	0	0	0	0	3	0	0	1.5	0	0	1	0	0	0
54348	Rpr hypospad comp dsj & urtp	090	408	439	31	8%	18.32	20.01	1.69	9%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
54352	Revj prior hypospad repair	090	497.5	534.5	37	7%	26.13	28.11	1.98	8%	0	0	0	0	3.5	0	0	2.5	0	0	1	0	0	0
54360	Penis plastic surgery	090	280.5	300.5	20	7%	12.78	13.95	1.17	9%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
54380	Repair penis	090	337	360.5	23.5	7%	14.18	15.51	1.33	9%	0	0	0	0	3	0	0	0.5	0	0	1	0	0	0
54385	Repair penis	090	424.5	451.5	27	6%	16.56	18.06	1.50	9%	0	0	0	0	3.5	0	0	0.5	0	0	1	0	0	0
54390	Repair penis and bladder	090	464.5	491.5	27	6%	22.77	24.27	1.50	7%	0	0	0	0	3.5	0	0	0.5	0	0	1	0	0	0
54400	Insert semi-rigid prosthesis	090	237	244.5	7.5	3%	9.17	10.06	0.89	10%	0	0	0	2.5	0	0	0	0.5	0	0	1	0	0	0
54401	Insert self-contd prosthesis	090	248	271	23	9%	10.44	11.63	1.19	11%	-2	0	0	0	2	1	0	0	0	0	0.5	0	0	0
54405	Insert multi-comp penis pros	090	272.5	290	17.5	6%	14.52	15.46	0.94	6%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
54406	Remove multi-comp penis pros	090	295	316	21	7%	12.89	14.23	1.34	10%	0	0	0	1	2	0	0	1	0	0	1	0	0	0
54408	Repair multi-comp penis pros	090	334	362	28	8%	13.91	15.45	1.54	11%	-2	0	0	0	2	1	0	1	0	0	1	0	0	0
54410	Remove/replace penis prosth	090	329	352	23	7%	15.18	16.50	1.32	9%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
54411	Remov/replc penis pros comp	090	580	622	42	7%	18.35	21.47	3.12	17%	-2	0	0	1	2	1	0	5	2	0	1	0	0	0
54415	Remove self-contd penis pros	090	221	237	16	7%	8.88	9.87	0.99	11%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
54416	Remv/repl penis contain pros	090	315	345	30	10%	12.08	13.84	1.76	15%	-2	0	0	1	2	1	0	1	0	0	1	0	0	0
54417	Remv/replc penis pros compl	090	465	495	30	6%	16.10	18.65	2.55	16%	-2	0	0	1	1	1	0	4	2	0	1	0	0	0
54420	Revision of penis	090	324.5	349.5	25	8%	12.39	13.80	1.41	11%	0	0	0	0	2.5	0	0	1.5	0	0	1	0	0	0
54430	Revision of penis	090	273.5	296	22.5	8%	11.06	12.35	1.29	12%	0	0	0	0	2.5	0	0	1	0	0	1	0	0	0
54435	Revision of penis	090	193	209.5	16.5	9%	6.81	7.81	1.00	15%	0	0	0	0	2	0	0	0.5	0	0	1	0	0	0
54437	Repair corporeal tear	090	264	287	23	9%	11.50	12.93	1.43	12%	0	0	0	1	3	0	0	0	0	0	1	0	0	0
54438	Replantation of penis	090	531	548	17	3%	24.50	26.84	2.34	10%	0	0	0	0	4	0	0	0	2	1	1	0	0	0
54505	Biopsy of testis	010	97	99	2	2%	3.50	3.72	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54512	Excise lesion testis	090	216	235	19	9%	9.33	10.23	0.90	10%	0	0	0	0	2	0	0	1	0	0	0	0	0	0
54520	Removal of testis	090	144	147	3	2%	5.30	5.74	0.44	8%	0	0	0	1.5	0	0	0	0	0	0	0.5	0	0	0
54522	Orchiectomy partial	090	211	230	19	9%	10.25	11.15	0.90	9%	0	0	0	0	2	0	0	1	0	0	0	0	0	0
54530	Removal of testis	090	246.5	257.5	11	4%	8.46	9.34	0.88	10%	0	0	0	2	1	0	0	0	0	0	0.5	0	0	0
54535	Extensive testis surgery	090	298.5	326	27.5	9%	13.19	14.72	1.53	12%	0	0	0	0	2.5	0	0	2	0	0	1	0	0	0
54550	Exploration for testis	090	228	242	14	6%	8.41	9.29	0.88	10%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
54560	Exploration for testis	090	303.5	328.5	25	8%	12.10	13.51	1.41	12%	0	0	0	0	2.5	0	0	1.5	0	0	1	0	0	0
54600	Reduce testis torsion	090	202	216	14	7%	7.64	8.52	0.88	12%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
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54690	Laparoscopy orchiectomy	090	329	348	19	6%	11.70	12.82	1.12	10%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
54692	Laparoscopy orchiopexy	090	319	343	24	8%	13.74	15.10	1.36	10%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
54700	Drainage of scrotum	010	97	99	2	2%	3.47	3.69	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
54830	Remove epididymis lesion	090	170	184	14	8%	6.01	6.78	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
54840	Remove epididymis lesion	090	146	149	3	2%	5.27	5.71	0.44	8%	0	0	0	1.5	0	0	0	0	0	0	0.5	0	0	0
54860	Removal of epididymis	090	194	208	14	7%	6.95	7.72	0.77	11%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
54861	Removal of epididymis	090	245.5	263	17.5	7%	9.70	10.64	0.94	10%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
54865	Explore epididymis	090	182	196	14	8%	5.77	6.65	0.88	15%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
54900	Fusion of spermatic ducts	090	345	368.5	23.5	7%	14.20	15.53	1.33	9%	0	0	0	0	3	0	0	0.5	0	0	1	0	0	0
54901	Fusion of spermatic ducts	090	445.5	472.5	27	6%	19.10	20.60	1.50	8%	0	0	0	0	3.5	0	0	0.5	0	0	1	0	0	0
55040	Removal of hydrocele	090	162	166	4	2%	5.45	6.00	0.55	10%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
55041	Removal of hydroceles	090	232.5	250	17.5	8%	8.54	9.48	0.94	11%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
55060	Repair of hydrocele	090	185	199	14	8%	6.15	6.92	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55100	Drainage of scrotum abscess	010	90	97	7	8%	2.45	2.78	0.33	13%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
55110	Explore scrotum	090	194	208	14	7%	6.33	7.21	0.88	14%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
55120	Removal of scrotum lesion	090	165	179	14	8%	5.72	6.49	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55150	Removal of scrotum	090	279.5	302	22.5	8%	8.14	9.43	1.29	16%	0	0	0	0	2.5	0	0	1	0	0	1	0	0	0
55175	Revision of scrotum	090	186	200	14	8%	5.87	6.64	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55180	Revision of scrotum	090	297	323	26	9%	11.78	13.23	1.45	12%	0	0	0	0	3	0	0	1	0	0	1	0	0	0
55200	Incision of sperm duct	090	98	105	7	7%	4.55	4.88	0.33	7%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
55250	Removal of sperm duct(s)	090	105	108	3	3%	3.37	3.70	0.33	10%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
55400	Repair of sperm duct	090	186	191	5	3%	8.61	9.27	0.66	8%	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0	0
55500	Removal of hydrocele	090	184	198	14	8%	6.22	6.99	0.77	12%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55520	Removal of sperm cord lesion	090	188	202	14	7%	6.66	7.43	0.77	12%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55530	Revise spermatic cord veins	090	152	156	4	3%	5.75	6.30	0.55	10%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
55535	Revise spermatic cord veins	090	187	201	14	7%	7.19	7.96	0.77	11%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55540	Revise hernia & sperm veins	090	224	238	14	6%	8.30	9.18	0.88	11%	0	0	0	0	2	0	0	0	0	0	1	0	0	0
55550	Laparo ligate spermatic vein	090	196	210	14	7%	7.20	7.86	0.66	9%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
55600	Incise sperm duct pouch	090	204	218	14	7%	7.01	7.78	0.77	11%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55605	Incise sperm duct pouch	090	198.5	216	17.5	9%	8.76	9.70	0.94	11%	0	0	0	0	2.5	0	0	0	0	0	0.5	0	0	0
55650	Remove sperm duct pouch	090	304.5	324.5	20	7%	12.65	13.82	1.17	9%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
55680	Remove sperm pouch lesion	090	206.5	217	10.5	5%	5.67	6.39	0.72	13%	0	0	0	0	1.5	0	0	0	0	0	1	0	0	0
55705	Biopsy of prostate	010	122	124	2	2%	4.61	4.94	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
55706	Prostate saturation sampling	010	195	211	16	8%	6.28	7.14	0.86	14%	-2	0	0	0	1	1	0	0	0	0	0.5	0	0	0
55720	Drainage of prostate abscess	090	150	154	4	3%	7.73	8.17	0.44	6%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
55725	Drainage of prostate abscess	090	305	343.5	38.5	13%	10.05	12.10	2.05	20%	0	0	0	0	3	0	0	3.5	0	0	1	0	0	0
55801	Removal of prostate	090	497.5	559.5	62	12%	19.80	22.98	3.18	16%	0	0	0	0	3.5	0	0	7.5	0	0	1	0	0	0
55810	Extensive prostate surgery	090	515	568.5	53.5	10%	24.29	27.06	2.77	11%	0	0	0	0	3	0	0	6.5	0	0	1	0	0	0
55812	Extensive prostate surgery	090	684	759.5	75.5	11%	29.89	33.71	3.82	13%	0	0	0	0	4	0	0	9.5	0	0	1	0	0	0
55815	Extensive prostate surgery	090	771	851.5	80.5	10%	32.95	37.01	4.06	12%	0	0	0	0	4	0	0	10.5	0	0	1	0	0	0
55821	Removal of prostate	090	315	325	10	3%	15.18	16.26	1.08	7%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
55831	Removal of prostate	090	322	332	10	3%	15.60	16.68	1.08	7%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
55840	Extensive prostate surgery	090	448	472	24	5%	21.36	23.10	1.74	8%	-2	0	0	0	2	1	0	1	1	0	1	0	0	0
55842	Extensive prostate surgery	090	448	472	24	5%	21.36	23.10	1.74	8%	-2	0	0	0	2	1	0	1	1	0	1	0	0	0
55845	Extensive prostate surgery	090	466	490	24	5%	25.18	26.92	1.74	7%	-2	0	0	0	2	1	0	1	1	0	1	0	0	0
55860	Surgical exposure prostate	090	371.5	414	42.5	11%	15.84	18.09	2.25	14%	0	0	0	0	2.5	0	0	5	0	0	1	0	0	0
55862	Extensive prostate surgery	090	450	501	51	11%	20.04	22.69	2.65	13%	0	0	0	0	3	0	0	6	0	0	1	0	0	0
55865	Extensive prostate surgery	090	492.5	542	49.5	10%	24.57	27.15	2.58	10%	0	0	0	0	3.5	0	0	5	0	0	1	0	0	0
55866	Laps surg prst8ect rpbic rad	090	362	376	14	4%	22.46	23.23	0.77	3%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55867	Laps surg prst8ect smpl stot	090	354	368	14	4%	19.53	20.30	0.77	4%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
55873	Cryoablate prostate	090	274	295	21	8%	13.60	14.70	1.10	8%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
55875	Transperi needle place pros	090	249	270	21	8%	13.46	14.45	0.99	7%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
55880	Abtj mal prst8 tiss hifu	090	373	396	23	6%	17.73	18.92	1.19	7%	-2	0	0	0	2	1	0	0	0	0	0.5	0	0	0
56405	I & d of vulva/perineum	010	56	58	2	4%	1.49	1.71	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
56420	Drainage of gland abscess	010	56	58	2	4%	1.44	1.66	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
56440	Surgery for vulva lesion	010	93	95	2	2%	2.89	3.11	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
56441	Lysis of labial lesion(s)	010	67	69	2	3%	2.02	2.24	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
56501	Destroy vulva lesions sim	010	55	57	2	4%	1.58	1.80	0.22	14%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
56515	Destroy vulva lesion/s compl	010	157	164	7	4%	3.08	3.52	0.44	14%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
56620	Partial removal of vulva	090	239	262	23	10%	7.53	8.85	1.32	18%	0	0	0	1	3	0	0	0	0	0	0.5	0	0	0
56625	Complete removal of vulva	090	341.5	379	37.5	11%	9.68	11.69	2.01	21%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
56630	Extensive vulva surgery	090	562.5	627.5	65	12%	14.80	18.13	3.33	22%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	1	0
56631	Extensive vulva surgery	090	658.5	680.5	22	3%	18.99	21.56	2.57	14%	-2	0	0	0	2	1	0	1	3	1	0	1	0	0
56632	Extensive vulva surgery	090	683	753	70	10%	21.86	25.41	3.55	16%	0	0	0	0	5	0	0	7	0	0	1	0	0	0
56633	Extensive vulva surgery	090	602	615	13	2%	19.62	22.71	3.09	16%	0	0	0	0	3	0	0	2	3	2	1	0	0	0
56634	Extensive vulva surgery	090	686	708	22	3%	20.66	23.23	2.57	12%	-2	0	0	0	2	1	0	1	3	1	0	1	0	0
56637	Extensive vulva surgery	090	726	748	22	3%	24.75	27.32	2.57	10%	-2	0	0	0	2	1	0	1	3	1	0	1	0	0
56640	Extensive vulva surgery	090	640.5	713	72.5																			

58200	Extensive hysterectomy	090	459	475	16	3%	23.10	24.86	1.76	8%	0	0	0	0	2	0	0	2	2	0	1	0	0	0
58210	Extensive hysterectomy	090	627	660	33	5%	30.91	33.48	2.57	8%	0	0	0	0	3	0	0	4	2	0	1	0	0	0
58240	Removal of pelvis contents	090	1118	1157	39	3%	49.33	53.46	4.13	8%	-2	0	0	1	4	1	0	3	6	0	0	1	0	0
58260	Vaginal hysterectomy	090	311	328	17	5%	14.15	15.56	1.41	10%	-2	0	0	0	1	1	0	1	1	0	1	0	0	0
58262	Vag hyst including t/o	090	342	359	17	5%	15.94	17.35	1.41	9%	-2	0	0	0	1	1	0	1	1	0	1	0	0	0
58263	Vag hyst w/t/o & vag repair	090	363	380	17	5%	17.23	18.64	1.41	8%	-2	0	0	0	1	1	0	1	1	0	1	0	0	0
58267	Vag hyst w/urinary repair	090	392.5	432.5	40	10%	18.36	20.49	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
58270	Vag hyst w/enterocele repair	090	304	335.5	31.5	10%	15.30	17.02	1.72	11%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
58275	Hysterectomy/revise vagina	090	365.5	403	37.5	10%	17.03	19.04	2.01	12%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
58280	Hysterectomy/revise vagina	090	387.5	427.5	40	10%	18.33	20.46	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
58285	Extensive hysterectomy	090	499.5	505.5	6	1%	23.38	24.79	1.41	6%	0	0	0	1	1	0	0	1	2	0	1	0	0	0
58290	Vag hyst complex	090	389	395	6	2%	20.27	21.55	1.28	6%	0	0	0	0	2	0	0	0	2	0	1	0	0	0
58291	Vag hyst incl t/o complex	090	410	416	6	1%	22.06	23.34	1.28	6%	0	0	0	0	2	0	0	0	2	0	1	0	0	0
58292	Vag hyst t/o & repair compl	090	423	429	6	1%	23.35	24.63	1.28	5%	0	0	0	0	2	0	0	0	2	0	1	0	0	0
58294	Vag hyst w/enterocele compl	090	405	411	6	1%	21.55	22.83	1.28	6%	0	0	0	0	2	0	0	0	2	0	1	0	0	0
58345	Reopen fallopian tube	010	116	118	2	2%	4.70	5.03	0.33	7%	0	0	0	1	0	0	0	0	0	0	0.5	0	0	0
58346	Insert heyman uteri capsule	090	267	277	10	4%	7.56	8.77	1.21	16%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58350	Reopen fallopian tube	010	53	55	2	4%	1.06	1.28	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
58353	Endometr ablate thermal	010	151.5	153.5	2	1%	3.60	4.04	0.44	12%	0	0	0	1	0	0	0	0	0	0	1	0	0	0
58356	Endometrial cryoablation	010	167	174	7	4%	6.41	6.85	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
58400	Suspension of uterus	090	241.5	264.5	23	10%	7.14	8.46	1.32	18%	0	0	0	0	1.5	0	0	2.5	0	0	1	0	0	0
58410	Suspension of uterus	090	354	369	15	4%	13.80	15.12	1.32	10%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
58520	Repair of ruptured uterus	090	379	391	12	3%	13.48	15.20	1.72	13%	0	0	0	0	2	0	0	1	1	1	1	0	0	0
58540	Revision of uterus	090	364	379	15	4%	15.71	17.03	1.32	8%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
58541	Lsh uterus 250 g or less	090	226	240	14	6%	12.29	13.06	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58542	Lsh w/t/o ut 250 g or less	090	239	253	14	6%	14.16	14.93	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58543	Lsh uterus above 250 g	090	261	275	14	5%	14.39	15.16	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58544	Lsh w/t/o uterus above 250 g	090	271	285	14	5%	15.60	16.37	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58545	Laparoscopic myomectomy	090	334	344	10	3%	15.55	16.63	1.08	7%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
58546	Laparo-myomectomy complex	090	394	404	10	3%	19.94	21.02	1.08	5%	0	0	0	0	2	0	0	0	1	0	1	0	0	0
58548	Lap radical hyst	090	564	593	29	5%	31.63	33.61	1.98	6%	-2	0	0	0	2	1	0	2	1	0	1	0	0	0
58550	Laparo-asst vag hysterectomy	090	330	356	26	8%	15.10	16.68	1.58	10%	0	0	0	1	2	0	0	2	0	0	1	0	0	0
58552	Laparo-vag hyst incl t/o	090	350	376	26	7%	16.91	18.49	1.58	9%	0	0	0	1	2	0	0	2	0	0	1	0	0	0
58553	Laparo-vag hyst complex	090	391.5	406.5	15	4%	20.06	21.38	1.32	7%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
58554	Laparo-vag hyst w/t/o compl	090	425	442	17	4%	23.11	24.65	1.54	7%	0	0	0	1	2	0	0	1	1	0	1	0	0	0
58565	Hysteroscopy sterilization	090	191	195	4	2%	7.12	7.67	0.55	8%	0	0	0	2	0	0	0	0	0	0	0.5	0	0	0
58570	Tlh uterus 250 g or less	090	241	255	14	6%	13.36	14.13	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58571	Tlh w/t/o 250 g or less	090	241	255	14	6%	15.00	15.77	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58572	Tlh uterus over 250 g	090	271	285	14	5%	17.71	18.48	0.77	4%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58573	Tlh w/t/o uterus over 250 g	090	281	295	14	5%	20.79	21.56	0.77	4%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58575	Laps tot hyst resj mal	090	510	529	19	4%	32.60	34.10	1.50	5%	-2	0	0	0	2	1	0	0	1	0	1	0	0	0
58600	Division of fallopian tube	090	166	173	7	4%	5.91	6.46	0.55	9%	0	0	0	0	1	0	0	0	0	0	1	0	0	0
58605	Division of fallopian tube	090	141	153	12	9%	5.28	5.98	0.70	13%	0	0	0	1	0	0	0	2	0	0	0	0	0	0
58615	Occlude fallopian tube(s)	010	99	101	2	2%	3.94	4.16	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
58660	Laparoscopy lysis	090	209.5	216.5	7	3%	11.59	12.03	0.44	4%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
58661	Laparoscopy remove adnexa	010	217	224	7	3%	11.35	11.79	0.44	4%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
58662	Laparoscopy excise lesions	090	186.5	194.5	8	4%	12.15	12.53	0.38	3%	-1	0	0	0	0.5	0.5	0	0	0	0	0	0	0	0
58670	Laparoscopy tubal cautery	090	118	125	7	6%	5.91	6.24	0.33	6%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
58671	Laparoscopy tubal block	090	118	125	7	6%	5.91	6.24	0.33	6%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
58672	Laparoscopy fimbrioplasty	090	96	98	2	2%	12.91	13.13	0.22	2%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
58673	Laparoscopy salpingostomy	090	185	192	7	4%	14.04	14.37	0.33	2%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
58674	Laps abltj uterine fibroids	090	266	280	14	5%	14.08	14.85	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
58700	Removal of fallopian tube	090	321.5	333.5	12	4%	12.95	14.25	1.30	10%	-2	0	0	1	0	1	0	1	1	0	1	0	0	0
58720	Removal of ovary/tube(s)	090	309	319	10	3%	12.16	13.37	1.21	10%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58740	Adhesiolysis tube ovary	090	374	386	12	3%	14.90	16.20	1.30	9%	-2	0	0	1	0	1	0	1	1	0	1	0	0	0
58750	Repair oviduct	090	357	367	10	3%	15.64	16.85	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58752	Revise ovarian tube(s)	090	377	387	10	3%	15.64	16.85	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58760	Fimbrioplasty	090	357	367	10	3%	13.93	15.14	1.21	9%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58770	Create new tubal opening	090	347	357	10	3%	14.77	15.98	1.21	8%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58800	Drainage of ovarian cyst(s)	090	159.5	170	10.5	7%	4.62	5.34	0.72	15%	0	0	0	0	1.5	0	0	0	0	0	1	0	0	0
58805	Drainage of ovarian cyst(s)	090	198.5	211.5	13	7%	6.42	7.26	0.84	13%	0	0	0	0	1.5	0	0	0.5	0	0	1	0	0	0
58820	Drain ovary abscess open	090	131.5	142	10.5	8%	4.70	5.31	0.61	13%	0	0	0	0	1.5	0	0	0	0	0	0.5	0	0	0
58822	Drain ovary abscess percut	090	399	416	17	4%	11.81	13.77	1.96	17%	0	0	0	0	2	0	0	2	1	1	1	0	0	0
58825	Transposition ovary(s)	090	282	292	10	4%	11.78	12.99	1.21	10%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
58900	Biopsy of ovary(s)	090	205.5	221	15.5	8%	6.59	7.55	0.96	14%	0	0	0	0	1.5	0	0	1	0	0	1	0	0	0
58920	Partial removal of ovary(s)	090	214.5	230	15.5	7%	11.95	12.91	0.96	8%	0	0	0	0	1.5	0	0	1	0	0	1	0	0	0
58925	Removal of ovarian cyst(s)	090	329	344	15	5%	12.43	13.75	1.32	11%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
58940</																								

58954	Tah rad debulk/lymph remove	090	757	774	17	2%	37.13	39.60	2.47	7%	-2	0	0	1	1	1	0	2	2	1	1	0	0	0
58956	Bso omentectomy w/tah	090	534.5	558.5	24	4%	22.80	25.09	2.29	10%	0	0	0	0	3	0	0	2	1	1	1	0	0	0
58957	Resect recurrent gyn mal	090	552	572	20	4%	26.22	28.29	2.07	8%	-2	0	0	1	1	1	0	2	2	2	0	1	0	0
58958	Resect recur gyn mal w/lym	090	582	602	20	3%	29.22	31.29	2.07	7%	-2	0	0	1	1	1	0	2	2	0	1	0	0	0
58960	Exploration of abdomen	090	449	471	22	5%	15.79	17.57	1.78	11%	-2	0	0	1	0	1	0	3	1	0	1	0	0	0
59100	Remove uterus lesion	090	329	346	17	5%	13.37	14.91	1.54	12%	-2	0	0	1	0	1	0	2	1	0	1	0	0	0
59120	Treat ectopic pregnancy	090	384	402	18	5%	12.67	14.41	1.74	14%	-2	0	0	1	0	1	0	2	0	1	1	0	0	0
59121	Treat ectopic pregnancy	090	324	339	15	5%	12.74	14.06	1.32	10%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
59130	Treat ectopic pregnancy	090	349	373	24	7%	15.08	16.44	1.36	9%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
59136	Treat ectopic pregnancy	090	334	349	15	4%	14.25	15.57	1.32	9%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
59140	Treat ectopic pregnancy	090	186.5	197	10.5	6%	5.94	6.66	0.72	12%	0	0	0	0	1.5	0	0	0	0	0	1	0	0	0
59150	Treat ectopic pregnancy	090	225	239	14	6%	12.29	13.06	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
59151	Treat ectopic pregnancy	090	235	249	14	6%	12.11	12.88	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
59160	D & c after delivery	010	79	81	2	3%	2.76	2.98	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
59400	Obstetrical care	MMM	739.5	835.5	96	13%	37.00	37.00	4.84	0%	0	1	0	2	9	2	0	0	1	0	1	0	0	0
59410	Obstetrical care	MMM	398.5	401.5	3	1%	18.76	18.76	0.75	0%	0	0	0	0	1	0	0	0	1	0	1	0	0	0
59425	Antepartum care only	MMM	137	180	43	31%	7.80	7.80	1.49	0%	0	1	0	0	4	0	0	0	0	0	0	0	0	0
59426	Antepartum care only	MMM	252	330	78	31%	14.30	14.30	3.14	0%	0	1	0	0	9	0	0	0	0	0	0	0	0	0
59430	Care after delivery	MMM	63	79	16	25%	3.22	3.22	0.75	0%	0	0	0	0	1	1	0	0	0	0	0	0	0	0
59510	Cesarean delivery	MMM	817.5	925.5	108	13%	41.05	41.05	5.41	0%	0	1	0	2	10	2	0	1	1	0	1	0	0	0
59515	Cesarean delivery	MMM	476.5	491.5	15	3%	22.79	22.79	1.32	0%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
59610	Vbac delivery	MMM	739.5	835.5	96	13%	38.71	38.71	4.84	0%	0	1	0	2	9	2	0	0	1	0	1	0	0	0
59614	Vbac care after delivery	MMM	398.5	401.5	3	1%	20.48	20.48	0.75	0%	0	0	0	0	1	0	0	0	1	0	1	0	0	0
59618	Attempted vbac delivery	MMM	792.5	900.5	108	14%	41.57	41.57	5.41	0%	0	1	0	2	10	2	0	1	1	0	1	0	0	0
59622	Attempted vbac after care	MMM	451.5	466.5	15	3%	23.32	23.32	1.32	0%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
59812	Treatment of miscarriage	090	135.5	147.5	12	9%	4.44	5.01	0.57	13%	0	0	0	0	1	0	0	1	0	0	0	0	0	0
59820	Care of miscarriage	090	162	180	18	11%	4.84	5.68	0.84	17%	-4	0	0	0	0	2	0	0	0	0	0	0	0	0
59821	Treatment of miscarriage	090	148	161.5	13.5	9%	5.09	5.72	0.63	12%	-3	0	0	0	0	1.5	0	0	0	0	0	0	0	0
59830	Treat uterus infection	090	115.5	126	10.5	9%	6.59	7.09	0.50	8%	0	0	0	0	1.5	0	0	0	0	0	0	0	0	0
59841	Abortion	010	203	212	9	4%	5.65	6.29	0.64	11%	-2	0	0	0	0	1	0	0	0	0	1	0	0	0
59855	Abortion	090	158	165	7	4%	6.43	6.76	0.33	5%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
59856	Abortion	090	183	190	7	4%	7.79	8.12	0.33	4%	0	0	0	0	1	0	0	0	0	0	0	0	0	0
59857	Abortion	090	301	303	2	1%	9.33	9.55	0.22	2%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
59870	Evacuate mole of uterus	090	256	271	15	6%	6.57	7.87	1.30	20%	-2	0	0	3	0	1	0	0	0	0	1	0	0	0
60000	Ins sk-mnt crnl nstm pg/rcvr	010	59	61	2	3%	1.81	2.03	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
60200	Rmv sk-mnt crnl nstm pg/rcvr	090	297	316.5	19.5	7%	10.02	11.61	1.59	16%	0	0	0	3.5	0	0	0	2.5	0	0	1	0	0	0
60210	Ins/rplcmt prq eltrd ra pn 1	090	264	273	9	3%	11.23	11.78	0.55	5%	0	0	0	1	1	0	0	0	0	0	0	0	0	0
60212	Ins/rplcm prq eltrd ra pn ea	090	358	369	11	3%	16.43	17.20	0.77	5%	0	0	0	2	1	0	0	0	0	0	0	0	0	0
60220	Rev/rmvl nea pn w/intg nstim	090	267	281	14	5%	11.19	11.96	0.77	7%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
60225	Dx intraop thoracic aorta us	090	374	399.5	25.5	7%	14.79	16.73	1.94	13%	0	0	0	4	0	0	0	3.5	0	0	1	0	0	0
60240	Dx intraop thoracic aorta us	090	327	341	14	4%	15.04	15.81	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
60252	Dx intraop thoracic aorta us	090	470	483	13	3%	22.01	23.75	1.74	8%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
60254	Dx intraop epicar car us chd	090	500	513	13	3%	28.42	30.16	1.74	6%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
60260	Dx intraop epicar car us chd	090	372	382	10	3%	18.26	19.47	1.21	7%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
60270	Dx intraop epicar car us chd	090	650	657	7	1%	23.20	25.74	2.54	11%	0	0	0	1	2	0	0	1	2	2	1	0	1	0
60271	Dx ntrop epcr us chd img acq	090	377	387	10	3%	17.62	18.83	1.21	7%	0	0	0	1	1	0	0	1	1	0	1	0	0	0
60280	Dx ntrop epcr us chd img acq	090	262	274	12	5%	6.16	7.39	1.23	20%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
60281	Remove thyroid duct lesion	090	262	274	12	5%	8.82	10.05	1.23	14%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
60500	Explore parathyroid glands	090	313	329	16	5%	15.60	16.59	0.99	6%	0	0	0	1	2	0	0	0	0	0.5	0	0	0	0
60502	Re-explore parathyroids	090	465	499	34	7%	21.15	23.56	2.41	11%	0	0	0	4.5	0	0	0	5	0	0	1	0	0	0
60505	Explore parathyroid glands	090	636	681	45	7%	23.06	26.06	3.00	13%	0	0	0	5	0	0	0	7	0	0	1	0	1	0
60520	Removal of thymus gland	090	474	493	19	4%	17.16	18.41	1.25	7%	-2	0	1	1	1	0	0	2	0	0	1	0	2	0
60521	Removal of thymus gland	090	445	477	32	7%	19.18	20.93	1.75	9%	-4	0	2	0	1	0	0	5	0	0	1	0	0	0
60522	Removal of thymus gland	090	533	579	46	9%	23.48	26.15	2.67	11%	0	0	0	2	1	0	0	7	0	0	1	0	0	0
60540	Explore adrenal gland	090	485	527	42	9%	18.02	20.69	2.67	15%	0	0	0	3.5	0	0	0	7	0	0	1	0	0	0
60545	Explore adrenal gland	090	538	582.5	44.5	8%	20.93	23.72	2.79	13%	0	0	0	3.5	0	0	0	7.5	0	0	1	0	0	0
60600	Remove carotid body lesion	090	429	444	15	3%	25.09	26.41	1.32	5%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
60605	Remove carotid body lesion	090	530	537	7	1%	31.96	33.44	1.48	5%	0	0	0	0	2	0	0	0	1	1	1	0	0	0
60650	Laparoscopy adrenalectomy	090	384	403	19	5%	20.73	21.85	1.12	5%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
61105	Twist drill hole	090	152	159	7	5%	5.45	6.00	0.55	10%	0	0	0	0	1	0	0	0	0	0	1	0	0	0
61108	Drill skull for drainage	090	326.5	371.5	45	14%	11.64	14.01	2.37	20%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
61120	Burr hole for puncture	090	238.5	264	25.5	11%	9.60	11.04	1.44	15%	0	0	0	0	1.5	0	0	3	0	0	1	0	0	0
61140	Pierce skull for biopsy	090	367.5	407.5	40	11%	17.23	19.36	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
61150	Pierce skull for drainage	090	378	422	44	12%	18.90	21.22	2.32	12%	0	0	0	0	2	0	0	6	0	0	1	0	0	0
61151	Pierce skull for drainage	090	312.5	348	35.5	11%	13.49	15.41	1.92	14%	0	0	0	0	1.5	0	0	5	0	0	1	0	0	0
61154	Pierce skull & remove clot	090	447	480	33	7%	17.07	19.64	2.57	15%	0	0	0	0	3	0	0	4	2	0	1	0	0	0
61156	Pierce skull for drainage	090	339.5	377.5	38	11%	17.45	19.49	2.04	12%	0	0	0	0	1.5	0	0	5.5	0	0	1	0	0	0
61215	Insert brain-fluid device	090	275.5	306	30.5	11%																		

61313	Open skull for drainage	090	687	719	32	5%	28.09	31.70	3.61	13%	0	0	0	0	3	0	0	5	2	2	1	0	0	0
61314	Open skull for drainage	090	540.5	595.5	55	10%	25.90	28.75	2.85	11%	0	0	0	0	2.5	0	0	7.5	0	0	1	0	0	0
61315	Open skull for drainage	090	625.5	693	67.5	11%	29.65	33.10	3.45	12%	0	0	0	0	2.5	0	0	10	0	0	1	0	0	0
61320	Open skull for drainage	090	570	634	64	11%	27.42	30.70	3.28	12%	0	0	0	0	2	0	0	10	0	0	1	0	0	0
61321	Open skull for drainage	090	636.5	706.5	70	11%	30.53	34.10	3.57	12%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0
61322	Decompressive craniotomy	090	893	927	34	4%	34.26	39.57	5.31	15%	0	0	0	1	3	0	0	7	3	4	1	0	0	0
61323	Decompressive lobectomy	090	865	900	35	4%	35.06	39.88	4.82	14%	0	0	0	1	2	0	0	8	3	3	1	0	0	0
61330	Decompress eye socket	090	597.5	665	67.5	11%	25.30	28.75	3.45	14%	0	0	0	0	2.5	0	0	10	0	0	1	0	0	0
61333	Explore orbit/remove lesion	090	573	617	44	8%	29.27	31.59	2.32	8%	0	0	0	0	2	0	0	6	0	0	1	0	0	0
61340	Subtemporal decompression	090	445	494	49	11%	20.11	22.67	2.56	13%	0	0	0	0	2	0	0	7	0	0	1	0	0	0
61343	Incise skull (press relief)	090	669.5	742	72.5	11%	31.86	35.55	3.69	12%	0	0	0	0	2.5	0	0	11	0	0	1	0	0	0
61345	Relieve cranial pressure	090	622.5	692.5	70	11%	29.23	32.80	3.57	12%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0
61450	Incise skull for surgery	090	541	602.5	61.5	11%	27.69	30.85	3.16	11%	0	0	0	0	2	0	0	9.5	0	0	1	0	0	0
61458	Incise skull for brain wound	090	551.5	601.5	50	9%	28.84	31.45	2.61	9%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	0	0
61460	Incise skull for surgery	090	609.5	672	62.5	10%	30.24	33.45	3.21	11%	0	0	0	0	2.5	0	0	9	0	0	1	0	0	0
61500	Removal of skull lesion	090	412.5	450	37.5	9%	19.18	21.19	2.01	10%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
61501	Remove infected skull bone	090	438.5	486	47.5	11%	16.35	18.84	2.49	15%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
61510	Removal of brain lesion	090	635	675	40	6%	30.83	33.73	2.90	9%	0	0	0	0	4	0	0	4	2	0	1	0	0	0
61512	Remove brain lining lesion	090	652	685	33	5%	37.14	39.71	2.57	7%	0	0	0	0	3	0	0	4	2	0	1	0	0	0
61514	Removal of brain abscess	090	599.5	667	67.5	11%	27.23	30.68	3.45	13%	0	0	0	0	2.5	0	0	10	0	0	1	0	0	0
61516	Removal of brain lesion	090	598.5	666	67.5	11%	26.58	30.03	3.45	13%	0	0	0	0	2.5	0	0	10	0	0	1	0	0	0
61518	Removal of brain lesion	090	755	783	28	4%	39.89	43.15	3.26	8%	0	0	0	0	4	0	0	3	3	1	1	0	0	0
61519	Remove brain lining lesion	090	732	765	33	5%	43.43	46.00	2.57	6%	0	0	0	0	3	0	0	4	2	0	1	0	0	0
61520	Removal of brain lesion	090	869	869	54	7%	57.09	60.27	3.18	6%	0	0	0	0	4	0	0	6	1	0	0	0	0	0
61521	Removal of brain lesion	090	928	1016.5	88.5	10%	46.99	51.44	4.45	9%	0	0	0	0	3	0	0	13.5	0	0	1	0	0	0
61522	Removal of brain abscess	090	654.5	727	72.5	11%	31.54	35.23	3.69	12%	0	0	0	0	2.5	0	0	11	0	0	1	0	0	0
61524	Removal of brain lesion	090	625.5	695.5	70	11%	29.89	33.46	3.57	12%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0
61526	Removal of brain lesion	090	789	833	44	6%	54.08	56.78	2.70	5%	-2	0	0	0	2	1	0	5	1	0	1	0	0	0
61530	Removal of brain lesion	090	869.5	927	57.5	7%	45.56	48.53	2.97	7%	0	0	0	0	2.5	0	0	8	0	0	1	0	0	0
61531	Implant brain electrodes	090	511	530	19	4%	16.41	18.46	2.05	12%	-2	0	0	0	1	1	0	2	1	1	1	0	0	0
61533	Implant brain electrodes	090	537	598.5	61.5	11%	21.46	24.62	3.16	15%	0	0	0	0	2	0	0	9.5	0	0	1	0	0	0
61534	Removal of brain lesion	090	619.5	689.5	70	11%	23.01	26.58	3.57	15%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0
61535	Remove brain electrodes	090	414	465.5	51.5	12%	13.15	15.83	2.68	20%	0	0	0	0	2	0	0	7.5	0	0	1	0	0	0
61536	Removal of brain lesion	090	759.5	837	77.5	10%	37.72	41.65	3.93	10%	0	0	0	0	2.5	0	0	12	0	0	1	0	0	0
61537	Removal of brain tissue	090	614	644	30	5%	36.45	38.49	2.04	6%	0	0	0	0	2	0	0	4	1	0	1	0	0	0
61538	Removal of brain tissue	090	679	709	30	4%	39.45	41.49	2.04	5%	0	0	0	0	2	0	0	4	1	0	1	0	0	0
61539	Removal of brain tissue	090	758.5	836	77.5	10%	34.28	38.21	3.93	11%	0	0	0	0	2.5	0	0	12	0	0	1	0	0	0
61540	Removal of brain tissue	090	655	668	13	2%	31.43	33.17	1.74	6%	0	0	0	1	2	0	0	1	2	0	1	0	0	0
61541	Incision of brain tissue	090	675.5	748	72.5	11%	30.94	34.63	3.69	12%	0	0	0	0	2.5	0	0	11	0	0	1	0	0	0
61543	Removal of brain tissue	090	666.5	739	72.5	11%	31.31	35.00	3.69	12%	0	0	0	0	2.5	0	0	11	0	0	1	0	0	0
61544	Remove & treat brain lesion	090	598	664.5	66.5	11%	27.36	30.76	3.40	12%	0	0	0	0	2	0	0	10.5	0	0	1	0	0	0
61545	Excision of brain tumor	090	775	821	46	6%	46.43	49.77	3.34	7%	0	0	0	0	4	0	0	5	1	1	1	0	0	0
61546	Removal of pituitary gland	090	703.5	778.5	75	11%	33.44	37.25	3.81	11%	0	0	0	0	2.5	0	0	11.5	0	0	1	0	0	0
61548	Removal of pituitary gland	090	553	597	44	8%	23.37	25.69	2.32	10%	0	0	0	0	2	0	0	6	0	0	1	0	1	0
61550	Release of skull seams	090	300	300	21	8%	15.59	16.69	1.10	7%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
61552	Release of skull seams	090	345.5	365.5	20	6%	20.40	21.57	1.17	6%	0	0	0	0	2.5	0	0	0.5	0	0	1	0	0	0
61556	Incise skull/sutures	090	692	701	9	1%	24.09	26.58	2.49	10%	-2	0	1	1	1	0	0	3	3	1	1	0	0	0
61557	Incise skull/sutures	090	510	546	36	7%	23.31	25.24	1.93	8%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
61558	Excision of skull/sutures	090	661	707	46	7%	26.50	28.91	2.41	9%	0	0	0	0	3	0	0	5	0	0	1	0	0	0
61559	Excision of skull/sutures	090	665	713	48	7%	34.02	36.52	2.50	7%	0	0	0	0	4	0	0	4	0	0	1	0	0	0
61563	Excision of skull tumor	090	656	659	3	0%	28.44	30.25	1.81	6%	-2	0	1	1	1	0	0	1	2	1	1	0	0	0
61564	Excision of skull tumor	090	623	664	41	7%	34.74	36.91	2.17	6%	0	0	0	0	3	0	0	4	0	0	1	0	0	0
61566	Removal of brain tissue	090	610	642	32	5%	32.45	34.71	2.26	7%	0	0	0	1	2	0	0	4	1	0	1	0	0	0
61567	Incision of brain tissue	090	681	715	34	5%	37.00	39.48	2.48	7%	0	0	0	2	2	0	0	4	1	0	1	0	0	0
61570	Remove foreign body brain	090	585.5	650.5	65	11%	26.51	29.84	3.33	13%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	0	0
61571	Incise skull for brain wound	090	635.5	705.5	70	11%	28.42	31.99	3.57	13%	0	0	0	0	2.5	0	0	10.5	0	0	1	0	0	0
61575	Skull base/brainstem surgery	090	762.5	840	77.5	10%	36.56	40.49	3.93	11%	0	0	0	0	2.5	0	0	12	0	0	1	0	0	0
61576	Skull base/brainstem surgery	090	915	974	59	6%	55.31	58.73	3.42	6%	0	0	0	0	4	0	0	7	1	0	1	0	1	0
61580	Craniofacial approach skull	090	1078.3	1072.3	-6	-1%	34.51	38.03	3.52	10%	-2	0	1	2	2	0	0	0	3	4	1	0	1	0
61581	Craniofacial approach skull	090	1214.4	1227.4	13	1%	39.13	43.31	4.18	11%	-4	0	1	2	2	1	0	1	1	5	1	0	1	0
61582	Craniofacial approach skull	090	1010.3	1040.3	30	3%	35.14	38.75	3.61	10%	0	0	0	2	3	0	0	4	3	1	1	0	1	0
61583	Craniofacial approach skull	090	906.4	952.4	46	5%	38.50	41.59	3.09	8%	-2	0	1	1	1	0	0	8	0	1	1	0	1	0
61584	Orbitocranial approach/skull	090	842.4	843.4	1	0%	37.70	40.35	2.65	7%	-2	0	1	1	1	0	0	2	3	2	1	0	1	0
61585	Orbitocranial approach/skull	090	1101.7	1096.7	-5	0%	42.57	45.60	3.03	7%	0	0	0	2	1	0	0	1	3	3	1	0	2	0
61586	Resect nasopharynx skull	090	720	760	40	6%	27.48	30.38	2.90	11%	0	0	0	0	4	0	0	4	2	0	1	0	0	0
61590	Infratemporal approach/skull	090	1418.4	1420.4	2	0%	47.04	51.40	4.36	9%	-2	0	1	2	2	0	0	1	0	7	1	0	2	0
61591	Infratemporal approach/skull	090	1254.85	1269.85	15																			

61601	Resect/excise cranial lesion	090	854.9	859.9	5	1%	31.14	33.59	2.45	8%	-4	0	2	1	1	0	0	2	2	2	1	0	2	0
61605	Resect/excise cranial lesion	090	1052.6	1074.6	22	2%	32.57	35.41	2.84	9%	-2	0	1	2	2	0	0	3	2	1	1	0	2	0
61606	Resect/excise cranial lesion	090	926.9	937.9	11	1%	42.05	44.76	2.71	6%	0	0	0	2	1	0	0	3	3	1	1	0	2	0
61607	Resect/excise cranial lesion	090	1201.2	1190.2	-11	-1%	40.93	44.52	3.59	9%	0	0	0	2	1	0	0	0	1	6	1	0	2	0
61608	Resect/excise cranial lesion	090	1042	1045	3	0%	45.54	48.54	3.00	7%	0	0	0	3	0	0	0	3	3	2	1	0	2	0
61613	Remove aneurysm sinus	090	1102	1095	-7	-1%	45.03	48.55	3.52	8%	0	0	0	3	0	0	0	1	0	6	1	0	2	0
61615	Resect/excise lesion skull	090	1092.2	1096.2	4	0%	35.77	38.95	3.18	9%	-2	0	1	1	2	0	0	2	4	2	1	0	1	0
61616	Resect/excise lesion skull	090	1116.8	1146.8	30	3%	46.74	49.84	3.10	7%	-2	0	1	1	2	0	0	5	2	1	1	0	2	0
61618	Repair dura	090	573.1	574.1	1	0%	18.69	20.68	1.99	11%	0	0	0	2	1	0	0	0	1	2	1	0	0	0
61619	Repair dura	090	587.6	587.6	0	0%	22.10	24.02	1.92	9%	0	0	0	3	0	0	0	1	2	1	1	0	0	0
61630	Intracranial angioplasty	XXX	394	409	15	4%	22.07	23.39	1.32	6%	0	0	0	0	2	0	0	1	1	0	1	0	0	0
61635	Intracran angioplasty w/stent	XXX	424	430	6	1%	24.28	25.56	1.28	5%	0	0	0	0	2	0	0	0	2	0	1	0	0	0
61640	Dilate ic vasospasm init	000	233	230	-3	-1%	12.32	12.72	0.40	3%	0	0	0	0	0	0	0	0	0	1	0	0	0	0
61680	Intracranial vessel surgery	090	632	674	42	7%	32.55	35.16	2.61	8%	0	0	0	0	3	0	0	5	1	0	1	0	0	0
61682	Intracranial vessel surgery	090	874	924	50	6%	63.41	66.41	3.00	5%	0	0	0	0	2	0	0	8	1	0	1	0	0	0
61684	Intracranial vessel surgery	090	717	759	42	6%	41.64	44.25	2.61	6%	0	0	0	0	3	0	0	5	1	0	1	0	0	0
61686	Intracranial vessel surgery	090	1019	1065	46	5%	67.50	70.84	3.34	5%	-2	0	0	0	2	1	0	6	1	1	1	0	1	0
61690	Intracranial vessel surgery	090	672	688	16	2%	31.34	33.48	2.14	7%	-4	0	0	0	0	2	0	2	3	0	1	0	0	0
61692	Intracranial vessel surgery	090	896	919	23	3%	54.59	57.61	3.02	6%	-4	0	0	0	0	2	0	4	3	1	1	0	0	0
61697	Brain aneurysm repr complx	090	1194	1203	9	1%	63.40	69.10	5.70	9%	-2	0	0	0	2	1	0	5	6	5	1	0	0	0
61698	Brain aneurysm repr complx	090	1209	1221	12	1%	69.63	74.93	5.30	8%	-2	0	0	0	2	1	0	5	6	4	1	0	0	0
61700	Brain aneurysm repr simple	090	949	973	24	3%	50.62	55.32	4.70	9%	-2	0	0	0	2	1	0	5	3	4	1	0	0	0
61702	Inner skull vessel surgery	090	1144	1157	13	1%	60.04	65.54	5.50	9%	-2	0	0	0	2	1	0	5	5	5	1	0	0	0
61703	Clamp neck artery	090	377	421	44	12%	18.80	21.12	2.32	12%	0	0	0	0	2	0	0	6	0	0	1	0	0	0
61705	Revise circulation to head	090	655.5	720.5	65	10%	38.10	41.43	3.33	9%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	0	0
61708	Revise circulation to head	090	647.5	712.5	65	10%	37.20	40.53	3.33	9%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	0	0
61710	Revise circulation to head	090	551	607.5	56.5	10%	31.29	34.21	2.92	9%	0	0	0	0	2	0	0	8.5	0	0	1	0	0	0
61711	Fusion of skull arteries	090	665.5	730.5	65	10%	38.23	41.56	3.33	9%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	0	0
61720	Incise skull/brain surgery	090	384	408	24	6%	17.62	18.98	1.36	8%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
61735	Incise skull/brain surgery	090	576.5	641.5	65	11%	22.35	25.68	3.33	15%	0	0	0	0	2.5	0	0	9.5	0	0	1	0	0	0
61737	Litt icr mlt trj mlt/cplx ls	000	474	471	-3	-1%	22.67	23.07	0.40	2%	0	0	0	0	0	0	0	0	0	1	0	0	0	0
61750	Incise skull/brain biopsy	090	487	543.5	56.5	12%	19.83	22.75	2.92	15%	0	0	0	0	2	0	0	8.5	0	0	1	0	0	0
61751	Brain biopsy w/ct/mr guide	090	395	426	31	8%	18.79	20.48	1.69	9%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
61760	Implant brain electrodes	090	505	536	31	6%	22.39	24.08	1.69	8%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
61770	Incise skull for treatment	090	517	578.5	61.5	12%	23.19	26.35	3.16	14%	0	0	0	0	2	0	0	9.5	0	0	1	0	0	0
61790	Treat trigeminal nerve	090	282	301	19	7%	11.60	12.72	1.12	10%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
61791	Treat trigeminal tract	090	328	349.5	21.5	7%	15.41	16.65	1.24	8%	0	0	0	0	2	0	0	1.5	0	0	1	0	0	0
61796	Srs cranial lesion simple	090	195	209	14	7%	13.93	14.70	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
61798	Srs cranial lesion complex	090	225	239	14	6%	19.85	20.62	0.77	4%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
61850	Implant neuroelectrodes	090	306.5	337	30.5	10%	13.34	15.02	1.68	13%	0	0	0	0	1.5	0	0	4	0	0	1	0	0	0
61860	Implant neuroelectrodes	090	405	451.5	46.5	11%	22.26	24.70	2.44	11%	0	0	0	0	2	0	0	6.5	0	0	1	0	0	0
61863	Implant neuroelectrode	090	452	470	18	4%	20.71	22.56	1.85	9%	0	0	0	0	3	0	0	1	2	0	1	0	0	0
61867	Implant neuroelectrode	090	617	635	18	3%	33.03	34.88	1.85	6%	0	0	0	0	3	0	0	1	2	0	1	0	0	0
61880	Revise/remove neuroelectrode	090	213.5	231.5	18	8%	6.95	8.03	1.08	15%	0	0	0	0	1.5	0	0	1.5	0	0	1	0	0	0
61885	Insrt/redo neurostim 1 array	090	181	195	14	8%	6.05	6.82	0.77	13%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
61886	Implant neurostim arrays	090	385	405	20	5%	9.93	11.87	1.94	20%	0	0	0	0	4	0	0	0	2	0	1	0	0	0
61888	Revise/remove neuroreceiver	010	171	178	7	4%	5.23	5.91	0.68	13%	0	0	0	1	0	0	0	1	0	0	1	0	0	0
619X1	Ins sk-mnt crnl nstm pg/rcvr	090	533	551	18	3%	25.75	27.35	1.60	6%	-2	0	0	0	1	1	0	0	1	1	0	1	0	0
619X2	Rev/rplcmt sk-mnt crnl nstm	090	245	259	14	6%	11.25	12.02	0.77	7%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
619X3	Rmv sk-mnt crnl nstm pg/rcvr	090	275	289	14	5%	15.00	15.77	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
62000	Ins/rplcmt prq eltrd ra pn 1	090	408	454.5	46.5	11%	13.93	16.37	2.44	18%	0	0	0	0	2	0	0	6.5	0	0	1	0	0	0
62005	Ins/rplcm prq eltrd ra pn ea	090	470	519	49	10%	17.63	20.19	2.56	15%	0	0	0	0	2	0	0	7	0	0	1	0	0	0
62010	Rev/rmvl nea pn w/intg nstim	090	519.5	572	52.5	10%	21.43	24.16	2.73	13%	0	0	0	0	2.5	0	0	7	0	0	1	0	0	0
62100	Dx intraop thoracic aorta us	090	549.5	597	47.5	9%	23.53	26.02	2.49	11%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
62115	Dx intraop thoracic aorta us	090	678	728.5	50.5	7%	22.91	25.53	2.62	11%	0	0	0	0	4	0	0	4.5	0	0	1	0	0	0
62117	Dx intraop thoracic aorta us	090	714	706	-8	-1%	28.35	30.43	2.08	7%	0	0	0	3	0	0	0	0	2	2	1	0	0	0
62120	Repair skull cavity lesion	090	523	566	43	8%	24.59	26.85	2.26	9%	0	0	0	0	4	0	0	3	0	0	1	0	0	0
62121	Incise skull repair	090	496	545	49	10%	23.03	25.59	2.56	11%	0	0	0	0	2	0	0	7	0	0	1	0	0	0
62140	Repair of skull defect	090	383	414.5	31.5	8%	14.55	16.27	1.72	12%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
62141	Repair of skull defect	090	413	449.5	36.5	9%	16.07	18.03	1.96	12%	0	0	0	0	2	0	0	4.5	0	0	1	0	0	0
62142	Remove skull plate/flap	090	324	355.5	31.5	10%	11.83	13.55	1.72	15%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
62143	Replace skull plate/flap	090	371	405	34	9%	14.15	15.99	1.84	13%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
62145	Repair of skull & brain	090	490	531.5	41.5	8%	20.09	22.29	2.20	11%	0	0	0	0	2	0	0	5.5	0	0	1	0	0	0
62146	Repair of skull with graft	090	402	438.5	36.5	9%	17.28	19.24	1.96	11%	0	0	0	0	2	0	0	4.5	0	0	1	0	0	0
62147	Repair of skull with graft	090	473	517	44	9%	20.67	22.99	2.32	11%	0	0	0	0	2	0	0	6	0	0	1	0	0	0
62161	Dissect brain w/scope	090	400	422	22	5%	21.23	23.01	1.78	8%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
62162	Remove colloid cyst w/scope	090	516	534	18	3%	26.80	28.78	1.98															

62200	Establish brain cavity shunt	090	388	417	29	7%	19.29	20.89	1.60	8%	0	0	0	0	2	0	0	3	0	0	1	0	0	0
62201	Brain cavity shunt w/scope	090	425	456	31	7%	16.04	17.73	1.69	11%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
62220	Establish brain cavity shunt	090	356	390	34	10%	14.10	15.94	1.84	13%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
62223	Establish brain cavity shunt	090	357	388	31	9%	14.05	15.74	1.69	12%	0	0	0	0	3	0	0	2	0	0	1	0	0	0
62225	Replace/irrigate catheter	090	230.5	253.5	23	10%	6.19	7.51	1.32	21%	0	0	0	0	1.5	0	0	2.5	0	0	1	0	0	0
62230	Replace/revise brain shunt	090	293.5	321.5	28	10%	11.43	12.99	1.56	14%	0	0	0	0	1.5	0	0	3.5	0	0	1	0	0	0
62256	Remove brain cavity shunt	090	233.5	256.5	23	10%	7.38	8.70	1.32	18%	0	0	0	0	1.5	0	0	2.5	0	0	1	0	0	0
62258	Replace brain cavity shunt	090	366	400	34	9%	15.64	17.48	1.84	12%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
62263	Epidural lysis mult sessions	010	214	230	16	7%	5.00	5.99	0.99	20%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
62264	Epidural lysis on single day	010	109	109	0	0%	4.42	4.53	0.11	2%	0	0	0	0	0	0	0	0	0	0	0.5	0	0	0
62287	Dcmprn px perq 1/mlt lumbar	090	248	269	21	8%	9.03	10.13	1.10	12%	0	0	0	0	3	0	0	0	0	0	0.5	0	0	0
62292	Njx chemonucleolysis lmb	090	284	308	24	8%	9.24	10.60	1.36	15%	0	0	0	0	2	0	0	2	0	0	1	0	1	0
62294	Injection into spinal artery	090	336	367.5	31.5	9%	12.87	14.59	1.72	13%	0	0	0	0	2	0	0	3.5	0	0	1	0	0	0
62350	Implant spinal canal cath	010	170	177	7	4%	6.05	6.49	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62351	Implant spinal canal cath	090	449	448	-1	0%	11.66	13.96	2.30	20%	0	0	0	4	0	0	0	0	0	3	1	0	0	0
62355	Remove spinal canal catheter	010	140	147	7	5%	3.55	3.99	0.44	12%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62360	Insert spine infusion device	010	170	177	7	4%	4.33	4.77	0.44	10%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62361	Implant spine infusion pump	010	170	177	7	4%	5.00	5.44	0.44	9%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62362	Implant spine infusion pump	010	170	177	7	4%	5.60	6.04	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
62365	Remove spine infusion device	010	155	162	7	5%	3.93	4.37	0.44	11%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63001	Remove spine lamina 1/2 crvl	090	488	529.5	41.5	9%	17.61	19.81	2.20	12%	0	0	0	0	2	0	0	5.5	0	0	1	0	1	0
63003	Remove spine lamina 1/2 thrc	090	485	526.5	41.5	9%	17.74	19.94	2.20	12%	0	0	0	0	2	0	0	5.5	0	0	1	0	1	0
63005	Remove spine lamina 1/2 lmb	090	450	477	27	6%	16.43	18.32	1.89	12%	0	0	0	0	3	0	0	2	1	0	1	0	0	0
63011	Remove spine lamina 1/2 scr	090	415.5	458	42.5	10%	15.91	18.16	2.25	14%	0	0	0	0	2.5	0	0	5	0	0	1	0	0	0
63012	Remove lamina/facets lumbar	090	441.5	486.5	45	10%	16.85	19.22	2.37	14%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
63015	Remove spine lamina >2 crvl	090	465	492	27	6%	20.85	22.74	1.89	9%	0	0	0	0	3	0	0	2	1	0	1	0	0	0
63016	Remove spine lamina >2 thrc	090	665.5	715.5	50	8%	22.03	24.64	2.61	12%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	2.5	0
63017	Remove spine lamina >2 lmb	090	437	459	22	5%	17.33	18.98	1.65	10%	0	0	0	0	3	0	0	1	1	0	1	0	0	0
63020	Neck spine disk surgery	090	379	403	24	6%	14.91	16.65	1.74	12%	-2	0	0	0	2	1	0	1	1	0	1	0	0	0
63030	Low back disk surgery	090	305	328	23	8%	12.00	13.19	1.19	10%	-2	0	0	0	2	1	0	0	0	0	0.5	0	0	0
63040	Laminotomy single cervical	090	479.5	527	47.5	10%	20.31	22.80	2.49	12%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
63042	Laminotomy single lumbar	090	400	436	36	9%	18.76	20.69	1.93	10%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
63045	Lam facetec & foramot crv	090	395	417	22	6%	17.95	19.60	1.65	9%	0	0	0	0	3	0	0	1	1	0	1	0	0	0
63046	Lam facetec & foramot thrc	090	395	417	22	6%	17.25	18.90	1.65	10%	0	0	0	0	3	0	0	1	1	0	1	0	0	0
63047	Lam facetec & foramot lumbar	090	362	384	22	6%	15.37	17.02	1.65	11%	0	0	0	0	3	0	0	1	1	0	1	0	0	0
63050	Cervical laminoplasty 2/> seg	090	455	477	22	5%	22.01	23.79	1.78	8%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
63051	C-laminoplasty w/graft/plate	090	495	517	22	4%	25.51	27.29	1.78	7%	0	0	0	1	2	0	0	2	1	0	1	0	0	0
63055	Decompress spinal cord thrc	090	520.5	570.5	50	10%	23.55	26.16	2.61	11%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	0	0
63056	Decompress spinal cord lmb	090	490.5	538	47.5	10%	21.86	24.35	2.49	11%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
63064	Decompress spinal cord thrc	090	592.5	645	52.5	9%	26.22	28.95	2.73	10%	0	0	0	0	2.5	0	0	7	0	0	1	0	0	0
63075	Neck spine disk surgery	090	355	367	12	3%	19.60	20.90	1.30	7%	0	0	0	1	2	0	0	0	1	0	1	0	0	0
63077	Spine disk surgery thorax	090	517.5	562.5	45	9%	22.88	25.25	2.37	10%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
63081	Remove vert body dcmprn crvl	090	622.5	675	52.5	8%	26.10	28.83	2.73	10%	0	0	0	0	2.5	0	0	7	0	0	1	0	1.5	0
63085	Remove vert body dcmprn thrc	090	721.5	781.5	60	8%	29.47	32.56	3.09	10%	0	0	0	0	2.5	0	0	8.5	0	0	1	0	1.5	0
63087	Remov vertbr dcmprn thrc	090	682	729	47	7%	37.53	40.38	2.85	8%	0	0	0	0	3	0	0	6	1	0	1	0	0	0
63090	Remove vert body dcmprn lmb	090	741	807	66	9%	30.93	34.30	3.37	11%	0	0	0	0	3	0	0	9	0	0	1	0	1.5	0
63101	Remove vert body dcmprn thrc	090	671	706	35	5%	34.10	36.89	2.79	8%	0	0	0	1	3	0	0	4	2	0	1	0	0	0
63102	Remove vert body dcmprn lmb	090	658	693	35	5%	34.10	36.89	2.79	8%	0	0	0	1	3	0	0	4	2	0	1	0	0	0
63170	Incise spinal cord tract(s)	090	623.5	676	52.5	8%	22.21	24.94	2.73	12%	0	0	0	0	2.5	0	0	7	0	0	1	0	1.5	0
63172	Drainage of spinal cyst	090	581	625	44	8%	19.76	22.08	2.32	12%	0	0	0	0	2	0	0	6	0	0	1	0	1.5	0
63173	Drainage of spinal cyst	090	630.5	680.5	50	8%	24.31	26.92	2.61	11%	0	0	0	0	2.5	0	0	6.5	0	0	1	0	1.5	0
63185	Incise spine nrv half segmnt	090	451.5	496.5	45	10%	16.49	18.86	2.37	14%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
63190	Incise spine nrv >2 segmnts	090	491.5	536.5	45	9%	18.89	21.26	2.37	13%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	0	0
63191	Incise spine accessory nerve	090	468.5	511	42.5	9%	18.92	21.17	2.25	12%	0	0	0	0	2.5	0	0	5	0	0	1	0	0	0
63197	Lam w/cordotomy 1stg thrc	090	707.5	752.5	45	6%	24.08	26.45	2.37	10%	0	0	0	0	2.5	0	0	5.5	0	0	1	0	3	0
63200	Release spinal cord lumbar	090	589.5	637	47.5	8%	21.44	23.93	2.49	12%	0	0	0	0	2.5	0	0	6	0	0	1	0	1.5	0
63250	Revise spinal cord vsls crvl	090	941.5	1004	62.5	7%	43.86	47.07	3.21	7%	0	0	0	0	2.5	0	0	9	0	0	1	0	2.5	0
63251	Revise spinal cord vsls thrc	090	983	1056.5	73.5	7%	44.64	48.37	3.73	8%	0	0	0	0	3	0	0	10.5	0	0	1	0	2.5	0
63252	Revise spine cord vs l thrlmb	090	981	1054.5	73.5	7%	44.63	48.36	3.73	8%	0	0	0	0	3	0	0	10.5	0	0	1	0	2.5	0
63265	Excise intraspinal lesion crv	090	612.5	660	47.5	8%	23.82	26.31	2.49	10%	0	0	0	0	2.5	0	0	6	0	0	1	0	1.5	0
63266	Excise intraspinal lesion thrc	090	636.5	689	52.5	8%	24.68	27.41	2.73	11%	0	0	0	0	2.5	0	0	7	0	0	1	0	1.5	0
63267	Excise intraspinal lesion lmb	090	480.5	528	47.5	10%	19.45	21.94	2.49	13%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
63268	Excise intraspinal lesion scr	090	498.5	546	47.5	10%	20.02	22.51	2.49	12%	0	0	0	0	2.5	0	0	6	0	0	1	0	0	0
63270	Excise intraspinal lesion crvl	090	781.5	839	57.5	7%	29.80	32.77	2.97	10%	0	0	0	0	2.5	0	0	8	0	0	1	0	2.5	0
63271	Excise intraspinal lesion thrc	090	779.5	837	57.5	7%	29.92	32.89	2.97	10%	0	0	0	0	2.5	0	0	8	0	0	1	0	2.5	0
63272	Excise intraspinal lesion lmb	090	648.5	703.5	55	8%	27.50	30.35	2.85	10%	0	0	0	0										

63282	Bx/exc idrl spine lesn lmb	090	623	679	56	9%	28.15	31.04	2.89	10%	0	0	0	0	3	0	0	7	0	0	1	0	0	0
63283	Bx/exc idrl spine lesn scr	090	618	674	56	9%	26.76	29.65	2.89	11%	0	0	0	0	3	0	0	7	0	0	1	0	0	0
63285	Bx/exc idrl imed lesn cervl	090	762	830.5	68.5	9%	38.05	41.54	3.49	9%	0	0	0	0	3	0	0	9.5	0	0	1	0	0	0
63286	Bx/exc idrl imed lesn thrc	090	747	813	66	9%	37.62	40.99	3.37	9%	0	0	0	0	3	0	0	9	0	0	1	0	0	0
63287	Bx/exc idrl imed lesn thrlmb	090	931	1002	71	8%	40.08	43.69	3.61	9%	0	0	0	0	3	0	0	10	0	0	1	0	2.5	0
63290	Bx/exc xdr/ldrl lsn any lvl	090	960	1033.5	73.5	8%	40.82	44.55	3.73	9%	0	0	0	0	3	0	0	10.5	0	0	1	0	2.5	0
63300	Remove vert xdr/ldrl body crvcl	090	638.5	691	52.5	8%	26.80	29.53	2.73	10%	0	0	0	0	2.5	0	0	7	0	0	1	0	1.5	0
63301	Remove vert xdr/ldrl body thrc	090	950	1023.5	73.5	8%	31.57	35.30	3.73	12%	0	0	0	0	3	0	0	10.5	0	0	1	0	3.5	0
63302	Remove vert xdr/ldrl body thrlmb	090	871	939.5	68.5	8%	31.15	34.64	3.49	11%	0	0	0	0	3	0	0	9.5	0	0	1	0	2.5	0
63303	Remov vert xdr/ldrl bdy lmb/sac	090	809.5	869.5	60	7%	33.55	36.64	3.09	9%	0	0	0	0	2.5	0	0	8.5	0	0	1	0	2.5	0
63304	Remove vert idrl body crvcl	090	845	911	66	8%	33.85	37.22	3.37	10%	0	0	0	0	3	0	0	9	0	0	1	0	3	0
63305	Remove vert idrl body thrc	090	1004	1077.5	73.5	7%	36.24	39.97	3.73	10%	0	0	0	0	3	0	0	10.5	0	0	1	0	4	0
63306	Remov vert idrl bdy thrc/lmb	090	871	939.5	68.5	8%	35.55	39.04	3.49	10%	0	0	0	0	3	0	0	9.5	0	0	1	0	2.5	0
63307	Remov vert idrl bdy lmb/sac	090	863	931.5	68.5	8%	34.96	38.45	3.49	10%	0	0	0	0	3	0	0	9.5	0	0	1	0	2.5	0
63600	Remove spinal cord lesion	090	364	398	34	9%	15.12	16.96	1.84	12%	0	0	0	0	2	0	0	4	0	0	1	0	0	0
63620	Srs spinal lesion	090	195	209	14	7%	15.60	16.37	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
63650	Implant neuroelectrodes	010	170	177	7	4%	7.15	7.59	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63655	Implant neuroelectrodes	090	254	270	16	6%	10.92	11.91	0.99	9%	0	0	0	1	2	0	0	0	0	0	0.5	0	0	0
63661	Remove spine eltrd perq aray	010	165	172	7	4%	5.08	5.52	0.44	9%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63662	Remove spine eltrd plate	090	243	259	16	7%	11.00	12.10	1.10	10%	0	0	0	1	2	0	0	0	0	0	1	0	0	0
63663	Revise spine eltrd perq aray	010	200	207	7	3%	7.75	8.19	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63664	Revise spine eltrd plate	090	273	289	16	6%	11.52	12.62	1.10	10%	0	0	0	1	2	0	0	0	0	0	1	0	0	0
63685	Insrt/redo spine n generator	010	170	177	7	4%	5.19	5.63	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63688	Revise/remove neuroreceiver	010	162	169	7	4%	4.35	4.79	0.44	10%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
63700	Repair of spinal herniation	090	401	437	36	9%	17.47	19.40	1.93	11%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
63702	Repair of spinal herniation	090	463	499	36	8%	19.41	21.34	1.93	10%	0	0	0	0	3	0	0	3	0	0	1	0	0	0
63704	Repair of spinal herniation	090	609	677	68	11%	22.43	25.89	3.46	15%	0	0	0	0	4	0	0	8	0	0	1	0	0	0
63706	Repair of spinal herniation	090	679	747	68	10%	25.35	28.81	3.46	14%	0	0	0	0	4	0	0	8	0	0	1	0	0	0
63707	Repair spinal fluid leakage	090	377.5	420	42.5	11%	12.65	14.90	2.25	18%	0	0	0	0	2.5	0	0	5	0	0	1	0	0	0
63709	Repair spinal fluid leakage	090	426.5	466.5	40	9%	15.65	17.78	2.13	14%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
63710	Graft repair of spine defect	090	407.5	447.5	40	10%	15.40	17.53	2.13	14%	0	0	0	0	2.5	0	0	4.5	0	0	1	0	0	0
63740	Install spinal shunt	090	378.5	416	37.5	10%	12.63	14.64	2.01	16%	0	0	0	0	2.5	0	0	4	0	0	1	0	0	0
63741	Install spinal shunt	090	289	313	24	8%	9.12	10.48	1.36	15%	0	0	0	0	2	0	0	2	0	0	1	0	0	0
63744	Revision of spinal shunt	090	282.5	308	25.5	9%	8.94	10.38	1.44	16%	0	0	0	0	1.5	0	0	3	0	0	1	0	0	0
63746	Removal of spinal shunt	090	254.5	282.5	28	11%	7.33	8.89	1.56	21%	0	0	0	0	1.5	0	0	3.5	0	0	1	0	0	0
64553	Implant neuroelectrodes	010	160	167	7	4%	6.13	6.57	0.44	7%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64555	Implant neuroelectrodes	010	145	152	7	5%	5.76	6.20	0.44	8%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64561	Implant neuroelectrodes	010	131	140	9	7%	5.44	5.86	0.42	8%	-2	0	0	0	0	1	0	0	0	0	0	0	0	0
64568	Opn impltj crnl nrv nea&pg	090	275	294	19	7%	9.00	10.12	1.12	12%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
64569	Revise/repl vagus n eltrd	090	312	331	19	6%	11.00	12.12	1.12	10%	0	0	0	0	2	0	0	1	0	0	1	0	0	0
64570	Remove vagus n eltrd	090	259	271	12	5%	9.10	9.89	0.79	9%	0	0	0	0	1	0	0	1	0	0	1	0	0	0
64575	Opn impltj nea perph nerve	090	78	81	3	4%	4.42	4.75	0.33	7%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
64580	Opn impltj nea neuromuscular	090	79	82	3	4%	4.19	4.52	0.33	8%	0	0	0	1.5	0	0	0	0	0	0	0	0	0	0
64581	Opn impltj nea sacral nerve	090	269	278	9	3%	12.20	12.73	0.53	4%	-2	0	0	0	0	1	0	0	0	0	0.5	0	0	0
64582	Opn mpltj hpglsl nstm ary pg	090	294	308	14	5%	14.00	14.77	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64583	Rev/rpct hpglsl nstm ary pg	090	309	323	14	5%	14.50	15.27	0.77	5%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64584	Rmvl hpglsl nstm ary pg	090	275	289	14	5%	12.00	12.77	0.77	6%	0	0	0	0	2	0	0	0	0	0	0.5	0	0	0
64585	Revise/remove neuroelectrode	010	58	60	2	3%	2.11	2.33	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64590	Insrt/redo pn/gastr stimul	010	145	152	7	5%	5.10	5.54	0.44	9%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64595	Revise/rmv pn/gastr stimul	010	134	141	7	5%	3.79	4.23	0.44	12%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64600	Injection treatment of nerve	010	77	79	2	3%	3.49	3.71	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64605	Injection treatment of nerve	010	103	105	2	2%	5.65	5.87	0.22	4%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64610	Injection treatment of nerve	010	140	142	2	1%	7.20	7.42	0.22	3%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64611	Chemodenerv saliv glands	010	36	38	2	6%	1.03	1.25	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64612	Destroy nerve face muscle	010	41	43	2	5%	1.41	1.63	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64620	Injection treatment of nerve	010	76	78	2	3%	2.89	3.11	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64624	Dstrj nulyt agt gnclr nrv	010	74	76	2	3%	2.50	2.72	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64625	Rf abltj nrv nrvtg sj jt	010	98	105	7	7%	3.39	3.83	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64628	Trml dstrj ios bvn 1st 2 l/s	010	178	185	7	4%	7.15	7.59	0.44	6%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64630	Injection treatment of nerve	010	78	80	2	3%	3.05	3.27	0.22	7%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64632	N block inj common digit	010	36	38	2	6%	1.23	1.45	0.22	18%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64633	Destroy cerv/thor facet jnt	010	100	107	7	7%	3.32	3.76	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64635	Destroy lumb/sac facet jnt	010	100	107	7	7%	3.32	3.76	0.44	13%	0	0	0	0	1	0	0	0	0	0	0.5	0	0	0
64640	Injection treatment of nerve	010	64	66	2	3%	1.98	2.20	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64680	Injection treatment of nerve	010	98	100	2	2%	2.67	2.89	0.22	8%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
64681	Injection treatment of nerve	010	122	132	10	8%	3.78	4.26	0.48	13%	0	0	0	0	0	0	2	0	0	0	0	0	0	0
64702	Revise finger/toe nerve	090	212	230	18	8%	6.26	7.47	1.21	19%	0	0	0	2	2	0	0	0	0					

64718	Revise ulnar nerve at elbow	090	250	278	28	11%	7.26	8.69	1.43	20%	0	0	0	0	4	0	0	0	0	0	0.5	0	0	0
64719	Revise ulnar nerve at wrist	090	149	154	5	3%	4.97	5.52	0.55	11%	0	0	0	2.5	0	0	0	0	0	0	0	0	0	0
64721	Carpal tunnel surgery	090	171	187	16	9%	4.97	5.96	0.99	20%	0	0	0	1	2	0	0	0	0	0	0	0.5	0	0
64722	Relieve pressure on nerve(s)	090	159	164	5	3%	4.82	5.48	0.66	14%	0	0	0	2.5	0	0	0	0	0	0	0	0.5	0	0
64726	Release foot/toe nerve	090	151	155	4	3%	4.27	4.82	0.55	13%	0	0	0	2	0	0	0	0	0	0	0	0.5	0	0
64732	Incision of brow nerve	090	132.5	143	10.5	8%	4.89	5.50	0.61	12%	0	0	0	0	1.5	0	0	0	0	0	0	0.5	0	0
64734	Incision of cheek nerve	090	186	200	14	8%	5.55	6.43	0.88	16%	0	0	0	0	2	0	0	0	0	0	0	1	0	0
64736	Incision of chin nerve	090	139	153	14	10%	5.23	5.89	0.66	13%	0	0	0	0	2	0	0	0	0	0	0	0	0	0
64738	Incision of jaw nerve	090	173	187	14	8%	6.36	7.13	0.77	12%	0	0	0	0	2	0	0	0	0	0	0	0.5	0	0
64740	Incision of tongue nerve	090	166	180	14	8%	6.22	6.99	0.77	12%	0	0	0	0	2	0	0	0	0	0	0	0.5	0	0
64742	Incision of facial nerve	090	179	193	14	8%	6.85	7.62	0.77	11%	0	0	0	0	2	0	0	0	0	0	0	0.5	0	0
64744	Incise nerve back of head	090	192.5	203	10.5	5%	5.72	6.44	0.72	13%	0	0	0	0	1.5	0	0	0	0	0	0	1	0	0
64746	Incise diaphragm nerve	090	177	191	14	8%	6.56	7.33	0.77	12%	0	0	0	0	2	0	0	0	0	0	0	0.5	0	0
64755	Incision of stomach nerves	090	360	377	17	5%	15.05	17.14	2.09	14%	0	0	0	1	1	0	0	3	1	1	1	1	0	0
64760	Incision of vagus nerve	090	212	226	14	7%	7.59	8.47	0.88	12%	0	0	0	0	2	0	0	0	0	0	0	1	0	0
64763	Incise hip/thigh nerve	090	210	224	14	7%	7.56	8.33	0.77	10%	0	0	0	0	2	0	0	0	0	0	0	0.5	0	0
64766	Incise hip/thigh nerve	090	239.5	257	17.5	7%	9.47	10.41	0.94	10%	0	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0
64771	Sever cranial nerve	090	236.5	254	17.5	7%	8.15	9.09	0.94	11%	0	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0
64772	Incision of spinal nerve	090	245	259	14	6%	7.84	8.72	0.88	11%	0	0	0	0	2	0	0	0	0	0	0	1	0	0
64774	Remove skin nerve lesion	090	174	188	14	8%	5.80	6.57	0.77	13%	0	0	0	0	2	0	0	0	0	0	0	0.5	0	0
64776	Remove digit nerve lesion	090	158.5	169	10.5	7%	5.60	6.21	0.61	11%	0	0	0	0	1.5	0	0	0	0	0	0	0.5	0	0
64782	Remove limb nerve lesion	090	235	249	14	6%	6.86	7.74	0.88	13%	0	0	0	0	2	0	0	0	0	0	0	1	0	0
64784	Remove nerve lesion	090	257.5	275	17.5	7%	10.62	11.56	0.94	9%	0	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0
64786	Remove sciatic nerve lesion	090	291.5	309	17.5	6%	16.25	17.19	0.94	6%	0	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0
64788	Remove skin nerve lesion	090	183	197	14	8%	5.24	6.01	0.77	15%	0	0	0	0	2	0	0	0	0	0	0	0.5	0	0
64790	Removal of nerve lesion	090	331.5	349	17.5	5%	12.10	13.04	0.94	8%	0	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0
64792	Removal of nerve lesion	090	416	437	21	5%	15.86	17.07	1.21	8%	0	0	0	0	3	0	0	0	0	0	0	1	0	0
64802	Sympathectomy cervical	090	354.5	389.5	35	10%	10.37	12.26	1.89	18%	0	0	0	0	2.5	0	0	3.5	0	0	0	1	0	0
64804	Remove sympathetic nerves	090	389.5	427	37.5	10%	15.91	17.92	2.01	13%	0	0	0	0	2.5	0	0	4	0	0	0	1	0	0
64809	Remove sympathetic nerves	090	336	367.5	31.5	9%	14.71	16.43	1.72	12%	0	0	0	0	2	0	0	3.5	0	0	0	1	0	0
64818	Remove sympathetic nerves	090	345	376.5	31.5	9%	11.34	13.06	1.72	15%	0	0	0	0	2	0	0	3.5	0	0	0	1	0	0
64820	Sympathectomy digital artery	090	268	277	9	3%	10.74	11.29	0.55	5%	-4	0	2	1	1	0	0	0	0	0	0	0	0	0
64821	Remove sympathetic nerves	090	269	287	18	7%	9.33	10.78	1.45	16%	0	0	0	3	1	0	0	1	0	0	0	1	0	0
64822	Remove sympathetic nerves	090	269	287	18	7%	9.33	10.78	1.45	16%	0	0	0	3	1	0	0	1	0	0	0	1	0	0
64823	Sympathectomy supfc palmar	090	299	317	18	6%	10.94	12.39	1.45	13%	0	0	0	3	1	0	0	1	0	0	0	1	0	0
64831	Repair of digit nerve	090	237	255	18	8%	9.16	10.37	1.21	13%	0	0	0	2	2	0	0	0	0	0	0	0.5	0	0
64834	Repair of hand or foot nerve	090	226	240	14	6%	10.81	11.69	0.88	8%	0	0	0	0	2	0	0	0	0	0	0	1	0	0
64835	Repair of hand or foot nerve	090	259.5	277	17.5	7%	11.73	12.78	1.05	9%	0	0	0	0	2.5	0	0	0	0	0	0	1	0	0
64836	Repair of hand or foot nerve	090	260.5	278	17.5	7%	11.73	12.78	1.05	9%	0	0	0	0	2.5	0	0	0	0	0	0	1	0	0
64840	Repair of leg nerve	090	356	379.5	23.5	7%	14.02	15.35	1.33	9%	0	0	0	0	3	0	0	0.5	0	0	0	1	0	0
64856	Repair/transpose nerve	090	415.5	453	37.5	9%	15.07	17.08	2.01	13%	0	0	0	0	2.5	0	0	4	0	0	0	1	0	0
64857	Repair arm/leg nerve	090	428.5	468.5	40	9%	15.82	17.95	2.13	13%	0	0	0	0	2.5	0	0	4.5	0	0	0	1	0	0
64858	Repair sciatic nerve	090	442.5	482.5	40	9%	17.82	19.95	2.13	12%	0	0	0	0	2.5	0	0	4.5	0	0	0	1	0	0
64861	Repair of arm nerves	090	549	600	51	9%	20.89	23.54	2.65	13%	0	0	0	0	3	0	0	6	0	0	0	1	0	0
64862	Repair of low back nerves	090	531	582	51	10%	21.09	23.74	2.65	13%	0	0	0	0	3	0	0	6	0	0	0	1	0	0
64864	Repair of facial nerve	090	321	345	24	7%	13.41	14.77	1.36	10%	0	0	0	0	2	0	0	2	0	0	0	1	0	0
64865	Repair of facial nerve	090	365.5	385.5	20	5%	16.09	17.26	1.17	7%	0	0	0	0	2.5	0	0	0.5	0	0	0	1	0	0
64866	Fusion of facial/other nerve	090	391.5	421.5	30	8%	16.83	18.48	1.65	10%	0	0	0	0	2.5	0	0	2.5	0	0	0	1	0	0
64868	Fusion of facial/other nerve	090	351	375	24	7%	14.90	16.26	1.36	9%	0	0	0	0	2	0	0	2	0	0	0	1	0	0
64885	Nerve graft head/neck <4 cm	090	325	339	14	4%	17.60	18.48	0.88	5%	0	0	0	0	2	0	0	0	0	0	0	1	0	0
64886	Nerve graft head/neck >4 cm	090	411	426	15	4%	20.82	22.14	1.32	6%	0	0	0	0	2	0	0	1	1	0	0	1	0	0
64890	Nerve graft hand/foot </4 cm	090	403.5	433.5	30	7%	16.24	17.89	1.65	10%	0	0	0	0	2.5	0	0	2.5	0	0	0	1	0	0
64891	Nerve graft hand/foot >4 cm	090	424.5	459.5	35	8%	17.35	19.24	1.89	11%	0	0	0	0	2.5	0	0	3.5	0	0	0	1	0	0
64892	Nerve graft arm/leg <4 cm	090	396.5	426.5	30	8%	15.74	17.39	1.65	10%	0	0	0	0	2.5	0	0	2.5	0	0	0	1	0	0
64893	Nerve graft arm/leg >4 cm	090	439.5	477	37.5	9%	16.87	18.88	2.01	12%	0	0	0	0	2.5	0	0	4	0	0	0	1	0	0
64895	Nerve graft hand/foot </4 cm	090	458.5	491	32.5	7%	20.39	22.16	1.77	9%	0	0	0	0	2.5	0	0	3	0	0	0	1	0	0
64896	Nerve graft hand/foot >4 cm	090	523	566.5	43.5	8%	21.96	24.25	2.29	10%	0	0	0	0	3	0	0	4.5	0	0	0	1	0	0
64897	Nerve graft arm/leg </4 cm	090	480.5	513	32.5	7%	19.38	21.15	1.77	9%	0	0	0	0	2.5	0	0	3	0	0	0	1	0	0
64898	Nerve graft arm/leg >4 cm	090	531	574.5	43.5	8%	20.97	23.26	2.29	11%	0	0	0	0	3	0	0	4.5	0	0	0	1	0	0
64905	Nerve pedicle transfer	090	383.5	413.5	30	8%	15.11	16.76	1.65	11%	0	0	0	0	2.5	0	0	2.5	0	0	0	1	0	0
64907	Nerve pedicle transfer	090	404.5	439.5	35	9%	20.03	21.92	1.89	9%	0	0	0	0	2.5	0	0	3.5	0	0	0	1	0	0
64910	Nerve repair w/allograft	090	257	280	23	9%	10.52	11.84	1.32	13%	0	0	0	1	3	0	0	0	0	0	0	0.5	0	0
64911	Neurorrhaphy w/vein autograft	090	292	315	23	8%	14.00	15.32	1.32	9%	0	0	0	1	3	0	0	0	0	0	0	0.5	0	0
64912	Nrv rpr w/nrv algrft 1st	090	272	295	23	8%	12.00	13.32	1.32	11%	0	0	0	1	3	0	0	0	0	0	0	0.5	0	0
65091	Revise eye	090	164.5	182	17.5	11%	7.26	8.20	0.94	13%	0	0	0	0	2.5	0	0	0	0	0	0	0.5	0	0
65093	Revise eye with implant	090	214	221	7	3%	7.04	8.03	0.99	14%	0	0	0	3.5	0	0	0	0	0	0	0	1	0	0
65101	Removal of eye	090	232	260	28	12%	8.30	9.73	1.43	1														

67450	Explore/biopsy eye socket	090	366	408	42	11%	15.41	17.50	2.09	14%	0	0	0	0	6	0	0	0	0	0	0.5	0	0	0
67550	Insert eye socket implant	090	282	317	35	12%	11.77	13.42	1.65	14%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
67560	Revise eye socket implant	090	276	311	35	13%	12.18	13.83	1.65	14%	0	0	0	0	5	0	0	0	0	0	0	0	0	0
67570	Decompress optic nerve	090	294	314	20	7%	14.40	15.59	1.19	8%	-2	0	0	2	1	1	0	0	0	0	0	0	0	0
67700	Drainage of eyelid abscess	010	59	61	2	3%	1.40	1.62	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67710	Incision of eyelid	010	39	41	2	5%	1.07	1.29	0.22	21%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67715	Incision of eyelid fold	010	41	43	2	5%	1.27	1.49	0.22	17%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67800	Remove eyelid lesion	010	46	47	1	2%	1.41	1.52	0.11	8%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
67801	Remove eyelid lesions	010	48	49	1	2%	1.91	2.02	0.11	6%	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
67805	Remove eyelid lesions	010	78	80	2	3%	2.27	2.49	0.22	10%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67808	Remove eyelid lesion(s)	090	126.5	144	17.5	14%	4.60	5.43	0.83	18%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
67825	Revise eyelashes	010	47	49	2	4%	1.43	1.65	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67830	Revise eyelashes	010	56	58	2	4%	1.75	1.97	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67835	Revise eyelashes	090	154	160	6	4%	5.70	6.36	0.66	12%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
67840	Remove eyelid lesion	010	56	58	2	4%	2.09	2.31	0.22	11%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67850	Treat eyelid lesion	010	48	50	2	4%	1.74	1.96	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67880	Revision of eyelid	090	114.5	132	17.5	15%	4.60	5.43	0.83	18%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
67882	Revision of eyelid	090	156	177	21	13%	6.02	7.01	0.99	16%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
67900	Repair brow defect	090	177	193	16	9%	6.82	7.70	0.88	13%	0	0	0	1	2	0	0	0	0	0	0	0	0	0
67901	Repair eyelid defect	090	188	196	8	4%	7.59	8.58	0.99	13%	0	0	0	4	0	0	0	0	0	0	0	0.5	0	0
67902	Repair eyelid defect	090	221	234	13	6%	9.82	10.92	1.10	11%	0	0	0	3	1	0	0	0	0	0	0	0.5	0	0
67903	Repair eyelid defect	090	145	151	6	4%	6.51	7.17	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
67904	Repair eyelid defect	090	185	198	13	7%	7.97	9.07	1.10	14%	0	0	0	3	1	0	0	0	0	0	0	0.5	0	0
67906	Repair eyelid defect	090	134	140	6	4%	6.93	7.59	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
67908	Repair eyelid defect	090	136	143	7	5%	5.30	6.07	0.77	15%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
67909	Revise eyelid defect	090	136	143	7	5%	5.57	6.34	0.77	14%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
67911	Revise eyelid defect	090	183	191	8	4%	7.50	8.49	0.99	13%	0	0	0	4	0	0	0	0	0	0	0	0.5	0	0
67912	Correction eyelid w/implant	090	166	182	16	10%	6.36	7.35	0.99	16%	0	0	0	1	2	0	0	0	0	0	0	0.5	0	0
67914	Repair eyelid defect	090	129	140	11	9%	3.75	4.63	0.88	23%	0	0	0	2	1	0	0	0	0	0	0	0.5	0	0
67915	Repair eyelid defect	090	70	74	4	6%	2.03	2.47	0.44	22%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
67916	Repair eyelid defect	090	134	145	11	8%	5.48	6.36	0.88	16%	0	0	0	2	1	0	0	0	0	0	0	0.5	0	0
67917	Repair eyelid defect	090	142	153	11	8%	5.93	6.81	0.88	15%	0	0	0	2	1	0	0	0	0	0	0	0.5	0	0
67921	Repair eyelid defect	090	124	135	11	9%	3.47	4.35	0.88	25%	0	0	0	2	1	0	0	0	0	0	0	0.5	0	0
67922	Repair eyelid defect	090	75	79	4	5%	2.03	2.47	0.44	22%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
67923	Repair eyelid defect	090	134	145	11	8%	5.48	6.36	0.88	16%	0	0	0	2	1	0	0	0	0	0	0	0.5	0	0
67924	Repair eyelid defect	090	149	160	11	7%	5.93	6.81	0.88	15%	0	0	0	2	1	0	0	0	0	0	0	0.5	0	0
67930	Repair eyelid wound	010	77	79	2	3%	3.65	3.87	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67935	Repair eyelid wound	090	150	156	6	4%	6.36	7.02	0.66	10%	0	0	0	3	0	0	0	0	0	0	0	0	0	0
67938	Remove eyelid foreign body	010	48	50	2	4%	1.38	1.60	0.22	16%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
67950	Revision of eyelid	090	144	151	7	5%	5.99	6.76	0.77	13%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
67961	Revision of eyelid	090	167	174	7	4%	5.86	6.63	0.77	13%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
67966	Revision of eyelid	090	200	213	13	6%	8.97	10.07	1.10	12%	0	0	0	3	1	0	0	0	0	0	0	0.5	0	0
67971	Reconstruction of eyelid	090	235	244	9	4%	10.01	11.00	0.99	10%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
67973	Reconstruction of eyelid	090	253	264	11	4%	13.13	14.34	1.21	9%	0	0	0	5.5	0	0	0	0	0	0	0	0	0	0
67974	Reconstruction of eyelid	090	255	266	11	4%	13.10	14.31	1.21	9%	0	0	0	5.5	0	0	0	0	0	0	0	0	0	0
67975	Reconstruction of eyelid	090	197	206	9	5%	9.35	10.34	0.99	11%	0	0	0	4.5	0	0	0	0	0	0	0	0	0	0
68020	Incise/drain eyelid lining	010	41	43	2	5%	1.42	1.64	0.22	15%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
68110	Remove eyelid lining lesion	010	58	60	2	3%	1.82	2.04	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
68115	Remove eyelid lining lesion	010	68	70	2	3%	2.41	2.63	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
68130	Remove eyelid lining lesion	090	132	139	7	5%	5.10	5.87	0.77	15%	0	0	0	3.5	0	0	0	0	0	0	0	0	0	0
68135	Remove eyelid lining lesion	010	58	60	2	3%	1.89	2.11	0.22	12%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
68320	Revise/graft eyelid lining	090	209	237	28	13%	6.64	7.96	1.32	20%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
68325	Revise/graft eyelid lining	090	217	245	28	13%	8.63	9.95	1.32	15%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
68326	Revise/graft eyelid lining	090	211	239	28	13%	8.42	9.74	1.32	16%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
68328	Revise/graft eyelid lining	090	231	259	28	12%	9.45	10.77	1.32	14%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
68330	Revise eyelid lining	090	154	175	21	14%	5.78	6.77	0.99	17%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
68335	Revise/graft eyelid lining	090	216	244	28	13%	8.46	9.78	1.32	16%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
68340	Separate eyelid adhesions	090	134.5	152	17.5	13%	4.97	5.80	0.83	17%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
68360	Revise eyelid lining	090	138.5	156	17.5	13%	5.17	6.00	0.83	16%	0	0	0	0	2.5	0	0	0	0	0	0	0	0	0
68362	Revise eyelid lining	090	203	231	28	14%	8.61	9.93	1.32	15%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
68371	Harvest eye tissue alograft	010	150	158	8	5%	5.09	6.08	0.99	19%	0	0	0	4	0	0	0	0	0	0	0	0.5	0	0
68400	Incise/drain tear gland	010	56	58	2	4%	1.74	1.96	0.22	13%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
68420	Incise/drain tear sac	010	61	63	2	3%	2.35	2.57	0.22	9%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
68440	Incise tear duct opening	010	35	37	2	6%	0.99	1.21	0.22	22%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
68500	Removal of tear gland	090	260.5	299	38.5	15%	12.77	14.59	1.82	14%	0	0	0	0	5.5	0	0	0	0	0	0	0	0	0
68505	Partial removal tear gland	090	262.5	301	38.5	15%	12.69	14.51	1.82	14%	0	0	0	0	5.5	0	0	0	0	0	0	0	0	0
68520	Removal of tear sac	090	212	240	28	13%	8.78	10.10	1.32	15%	0	0	0	0	4	0	0	0	0	0	0	0	0	0
68530	Clearance of tear duct	010	89	91	2	2%	3.70	3.92	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
68540	Remove tear gland lesion	090	263	298	35	13%	12.18	13.																

69720	Release facial nerve	090	357	371	14	4%	14.71	16.16	1.45	10%	0	0	0	4.5	0	0	0	1	0	0	1	0	0	0
69725	Release facial nerve	090	695	730	35	5%	27.64	30.30	2.66	10%	0	0	0	0	4	0	0	3	2	0	1	0	0	0
69726	Rmv ntr oi implt skl prq esp	090	150	159	9	6%	6.36	7.02	0.66	10%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69727	Rmv ntr oi imp sk tc esp<100	090	170	179	9	5%	7.38	8.04	0.66	9%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69728	Rmv ntr oi imp sktc esp>=100	090	178	187	9	5%	8.50	9.16	0.66	8%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69729	Impl oi implt sk tc esp>=100	090	181	190	9	5%	9.97	10.63	0.66	7%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69730	Rplc oi implt sk tc esp>=100	090	186	195	9	5%	10.25	10.91	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
69740	Repair facial nerve	090	374	387.5	13.5	4%	16.27	17.51	1.24	8%	0	0	0	3	0	0	0	1.5	0	0	1	0	0	0
69745	Repair facial nerve	090	435	449.5	14.5	3%	17.02	18.37	1.35	8%	0	0	0	3.5	0	0	0	1.5	0	0	1	0	0	0
69805	Explore inner ear	090	347	370	23	7%	14.71	16.14	1.43	10%	-2	0	0	1	1	1	0	1	0	0	1	0	0	0
69806	Explore inner ear	090	309	321	12	4%	12.63	13.86	1.23	10%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
69905	Remove inner ear	090	233	240	7	3%	11.26	12.25	0.99	9%	0	0	0	3.5	0	0	0	0	0	0	1	0	0	0
69910	Remove inner ear & mastoid	090	315	327	12	4%	13.91	15.14	1.23	9%	0	0	0	3.5	0	0	0	1	0	0	1	0	0	0
69915	Incise inner ear nerve	090	573	606	33	6%	22.77	25.07	2.30	10%	0	0	0	4	0	0	0	5	0	0	1	0	1.5	0
69930	Implant cochlear device	090	387	403	16	4%	17.73	18.59	0.86	5%	-2	0	0	0	1	1	0	0	0	0	0.5	0	0	0
69950	Incise inner ear nerve	090	669	701	32	5%	27.63	30.27	2.64	10%	-4	0	0	1	0	2	0	4	2	0	1	0	0	0
69955	Release facial nerve	090	755	795	40	5%	29.42	32.32	2.90	10%	0	0	0	0	4	0	0	4	2	0	1	0	0	0
69960	Release inner ear canal	090	675	715	40	6%	29.42	32.32	2.90	10%	0	0	0	0	4	0	0	4	2	0	1	0	0	0
69970	Remove inner ear lesion	090	793	833	40	5%	32.41	35.31	2.90	9%	0	0	0	0	4	0	0	4	2	0	1	0	0	0
77427	Radiation tx management x5	XXX	101.39	105.23	3.84	4%	3.37	3.55	0.18	5%	-0.34	0	0	0	0	0.33	0.17	0	0	0	0	0	0	0
77750	Infuse radioactive materials	090	100	104	4	4%	5.00	5.44	0.44	9%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
77750	Infuse radioactive materials	090	100	104	4	4%	5.00	5.44	0.44	9%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
77750	Infuse radioactive materials	090	100	104	4	4%	5.00	5.44	0.44	9%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
77761	Apply intrcav radiat simple	090	82	84	2	2%	3.85	4.07	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
77761	Apply intrcav radiat simple	090	82	84	2	2%	3.85	4.07	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
77761	Apply intrcav radiat simple	090	82	84	2	2%	3.85	4.07	0.22	6%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
77762	Apply intrcav radiat interm	090	113	115	2	2%	5.76	5.98	0.22	4%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
77762	Apply intrcav radiat interm	090	113	115	2	2%	5.76	5.98	0.22	4%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
77762	Apply intrcav radiat interm	090	113	115	2	2%	5.76	5.98	0.22	4%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
77763	Apply intrcav radiat compl	090	160	164	4	2%	8.66	9.10	0.44	5%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
77763	Apply intrcav radiat compl	090	160	164	4	2%	8.66	9.10	0.44	5%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
77763	Apply intrcav radiat compl	090	160	164	4	2%	8.66	9.10	0.44	5%	0	0	0	2	0	0	0	0	0	0	0	0	0	0
77789	Apply surf ldr radionuclide	000	53	55	2	4%	1.14	1.36	0.22	19%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
77789	Apply surf ldr radionuclide	000	53	55	2	4%	1.14	1.36	0.22	19%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
77789	Apply surf ldr radionuclide	000	53	55	2	4%	1.14	1.36	0.22	19%	0	0	0	1	0	0	0	0	0	0	0	0	0	0
92986	Revision of aortic valve	090	463	489	26	6%	22.60	24.05	1.45	6%	0	0	0	0	3	0	0	1	0	0	1	0	0	0
92987	Revision of mitral valve	090	329	350	21	6%	23.38	24.37	0.99	4%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
92990	Revision of pulmonary valve	090	393	414	21	5%	18.27	19.26	0.99	5%	0	0	0	0	3	0	0	0	0	0	0	0	0	0
G0342	Laparoscopy islet cell trans	090	238	247	9	4%	11.92	12.58	0.66	6%	0	0	0	1	1	0	0	0	0	0	0.5	0	0	0
G0343	Laparotomy islet cell transp	090	588	590	2	0%	19.85	22.28	2.43	12%	0	0	0	2	1	0	0	1	2	2	1	0	0	0
G0412	Open tx iliac spine uni/bil	090	388	405	17	4%	10.45	12.12	1.67	16%	0	0	0	2	1	0	0	2	1	0	1	0	0	0
G0413	Pelvic ring fracture uni/bil	090	393	427	34	9%	15.73	18.08	2.35	15%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
G0414	Pelvic ring fx treat int fix	090	443	477	34	8%	14.65	17.00	2.35	16%	0	0	0	1	3	0	0	3	1	0	1	0	0	0
G0415	Open tx post pelvic fxcture	090	543	587	44	8%	20.93	23.76	2.83	14%	0	0	0	1	3	0	0	5	1	0	1	0	0	0

*The CY2024 NPRM already includes the updated work RVUs and clinical labor times for MMM global maternity codes; only the total times in the CY2024 NPRM Physician Time file have not yet been updated for MMM global maternity codes.

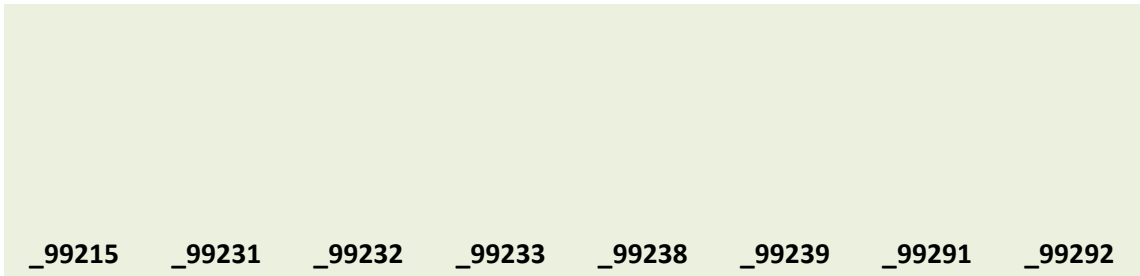
CPT Code	Global	RUC			Current Hospital and Discharge Visit Time (99231-3; 99238-9)	RUC Recommended Hospital and Discharge Visit Time (99231-3; 99238-9)
		Current Office Visit Time	Recommended Office Visit Time	Change in Office Visit Time		
25310	090	109	139	30	19	19
25447	090	109	139	30	19	19
26480	090	109	139	30	19	19
2X005	090	109	139	30	19	19
4X015	090	86	109	23	118	124
4X016	090	86	109	23	173	176
4X017	090	109	139	30	265	265
4X018	090	109	139	30	285	290
4X019	090	126	158	32	430	421

	CY2025 Physician Time - before applying post-op visit	CY2025 Physician Time with RUC Recomme nded Office	Change in Total Physician Time	Percent Change - Total Time	Current Bundled Post-Op Office Visits RVU	Bundled Post-Op Office Visits RVU with RUC Proposal	Change in Work RVU due to Bundled Post-op Office Visits	
Change in Hospital and Discharge Visit Time (99231-3; 99238-9)	0	263	293	30	11%	4.41	5.82	1.41
	0	281	311	30	11%	4.41	5.82	1.41
	0	263	293	30	11%	4.41	5.82	1.41
	0	296	326	30	10%	4.41	5.82	1.41
	6	442	471	29	7%	3.44	4.52	1.08
	3	542	568	26	5%	3.44	4.52	1.08
	0	717	747	30	4%	4.41	5.82	1.41
	5	814	849	35	4%	4.41	5.82	1.41
	-9	1046	1069	23	2%	4.94	6.44	1.5

Current Bundled Post-Op Hospital and Discharge Visits RVU	Post-Op Hospital and Discharge Visits RVU with RUC Proposal	Work RVU due to Bundled Post-op Hospital and Discharge	CY2025 Work RVU before applying post-op visit increase	Global Work RVU After Incorporat ing RUC Recomme ndation	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	Pre_Evalu ation_Tim e
0.64	0.75	0.11	9.5	11.02	1.52	16%	-2	30
0.64	0.75	0.11	11.14	12.66	1.52	14%	-2	33
0.64	0.75	0.11	9.5	11.02	1.52	16%	-2	30
0.64	0.75	0.11	13.9	15.42	1.52	11%	-2	33
4.19	5.09	0.9	22	23.98	1.98	9%	-2	40
6.19	7.49	1.3	28.65	31.03	2.38	8%	-2	40
9.44	11.13	1.69	34	37.1	3.1	9%	-2	50
10.2	12.13	1.93	45	48.34	3.34	7%	-2	50
15.44	18.33	2.89	55	59.39	4.39	8%	-4	60

Pre_Servic

Pre_Positioning_time	e_Scrub_Dress_Wait_time	Median_Intra_Service_Time	Immediate_post_Service_time	_99204	_99211	_99212	_99213	_99214
10	10	60	25				3	1
10	10	75	25				3	1
10	10	60	25				3	1
10	10	90	25				3	1
3	15	150	30				2	1
3	15	195	30				2	1
8	15	240	30				3	1
15	15	310	30				3	1
15	15	360	40				2	2



_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
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0.5

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CPT Code	Global	Current Office Visit Time	RUC Recommended Office Visit Time	Change in Office Visit Time	Current Hospital and Discharge Visit Time (99231-3; 99238-9)	RUC Recommended Hospital and Discharge Visit Time (99231-3; 99238-9)
66680	090	69	90	21	27.5	26
66682	090	85	108	23	27.5	26
6X004	090	92	120	28	27.5	26

Change in Hospital and Discharge Visit Time (99231-3; 99238-9)	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	Current Bundled Post-Op Office Visits RVU
-1.5	182	201.5	19.5	11%	2.91
-1.5	202	223.5	21.5	11%	3.39
-1.5	224	250.5	26.5	12%	3.88

Bundled Post-Op Office Visits RVU with RUC Proposal	Change in Work RVU due to Bundled Post-op Office Visits	Current		Change in Work RVU due to Bundled Post-op Hospital and Discharge Visits
		Bundled Post-Op Hospital and Discharge Visits RVU	Bundled Post-Op Hospital and Discharge Visits RVU with RUC Proposal	
3.9	0.99	1	1.2	0.2
4.6	1.21	1	1.2	0.2
5.2	1.32	1	1.2	0.2

Surgical Global Work RVU After Incorporating RUC						
CY2025 Work RVU before applying post- op visit increase	Recommendation for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	Pre_Evalu ation_Ti me	
10.25	11.44	1.19	12%	0	30	
10.87	12.28	1.41	13%	0	33	
12.8	14.32	1.52	12%	0	33	

Pre_Positioning_time	Pre_Service_Scrub_Dress_Wait_time	Median_Intra_Service_Time	Immediate_Post_Service_time	_99204	_99211	_99212	_99213	_99214
3	6	45	10				3	
3	7	45	10			1	3	
3	7	60	10				4	

_99215

_99231

_99232

_99233

_99238

_99239

_99291

_99292

0.5

0.5

0.5

Office Visit Times	Current Times	RUC Proposal	Current W	Proposed Work	RVU
99204	45	60	2.43		2.6
99211	7	7	0.18		0.18
99212	16	18	0.48		0.7
99213	23	30	0.97		1.3
99214	40	49	1.5		1.92
99215	55	70	2.11		2.8
99231	20	25	0.76		1
99232	40	36	1.39		1.59
99233	55	52	2		2.4
99238	38	38	1.28		1.5
99239	55	64	1.9		2.15

Current Clinical Staff Time	RUC Proposal	Clinical Staff Time
62		54
19		17
28		28
36		36
53		51
63		62
0		0
0		0
0		0
12		12
15		15

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More

September 2023

Hand, Wrist, & Forearm Repair / Reconstruction – Tab 04

In April 2022, the Relativity Assessment Workgroup (RAW) identified services performed by the same physician, on the same date of service, 75% of the time or more. Families of codes 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 RAW requested action plans for September 2022 to determine if specific code bundling solutions should occur for the following 26480 and 25447. In September 2022, the RUC referred codes 26480 and 25447 to the CPT Editorial Panel for a code bundling solution in CPT 2025.

In April 2023, when AMA staff re-ran the reported together screen, CPT codes 25310 and 25447 appeared as typically reported together. Since a CCA for a bundling solution for 26480 and 25447 was at the CPT Editorial Panel, the specialty societies were notified and agreed to also create a code bundling solution for 25310 and 25447. In May 2023, the CPT Editorial Panel approved a new bundled code (2X005) to report intercarpal or carpometacarpal joint suspension arthroplasty, including transfer or transplant of tendon, with interposition when performed. In addition, current code 25447 was revised to clarify that the code only included interposition of a tendon and not suspension. The Panel approved the new code and revisions to existing codes for CPT 2025 to accomplish the bundling request and reinforce correct coding for these services.

CPT codes 25310, 25447, 26480, and new code 2X005 were surveyed for the September 2023 RUC meeting. The specialties elected not to survey related codes 25312 and 26483 because they are low volume codes and the typical patient is different. For these two codes, the typical patient is a trauma patient not related to carpometacarpal (CMC) arthroplasty and the bundling solution approved by the CPT Editorial Panel. The surveyed codes involve both the treatment of trauma and chronic conditions. The RUC agreed that, although the utilization for codes 25312 and 26483 are both low, after implementation of new code 2X005 and revised code 25447, along with education about these coding changes through CPT Assistant, the utilization will decrease even more dramatically for both codes.

25310 Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon

The RUC reviewed the survey results from 100 surgeons and determined that the survey median work RVU of 9.50 appropriately accounts for the physician work involved in this service. The RUC recommends 30 minutes pre-service evaluation time, 10 minutes positioning time, 10 minutes scrub/dress/wait time, 60 minutes intra-service time, and 25 minutes immediate post-service time, 0.5-99238 discharge day management visit, 1-99214 and 3-99213 office visits, for 263 minutes total time as supported by the survey. The RUC acknowledged an increase in post-service work and believes there is evidence that the current work RVU for 25310 is potentially misvalued due to the changes in post-operative office work that is reflective of recent changes in the value and reporting guidelines for office visit E/M codes. Although the number of postop visits has not changed, the level of visits has changed as supported by both medical decision-making (MDM) and total time on the day of the encounter.

To justify a work RVU of 9.50, the RUC compared CPT code 25310 to the top key reference service code 26356 *Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon* (work RVU = 9.56, 60 minutes intra-service time and 277 minutes total time) and the second key reference service code 23430 *Tenodesis of long tendon of biceps* (work RVU = 10.17, 60 minutes intra-service time and 237 minutes total time) noting that both key reference services represent similar tendon repair work. The identical intraoperative time and similar total time when compared with the surveyed code is supportive of the recommended work RVU. Further, the intensity and complexity measures confirm that the surveyed code involves a similar intensity of physician work relative to the key reference service codes. Of those survey respondents who selected the key reference services 26356 and 23430, 71% and 69% deemed them identical to 25310 in overall intensity/complexity, respectively.

For additional support, the RUC compared CPT code 25310 to MPC codes 14060 *Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less* (work RVU = 9.23, 60 minutes intra-service time and 183 minutes total time) and 57240 *Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed* (work RVU = 10.08, 60 minutes intra-service time and 211 minutes total time) and noted that the comparison codes have identical intra-service time and appropriately bracket the surveyed code. The RUC also reviewed a table of all 90-day global codes reviewed by the RUC in the past 10 years with an intra-time of 60 minutes and total time between 225-325 minutes and agreed that the median work RVU of 9.50 appropriately ranked code 25310 within this set of codes. The RUC concluded that CPT code 25310 should be valued at the median work RVU as supported by the survey, MPC codes, and recently reviewed codes with similar time. **The RUC recommends a work RVU of 9.50 for CPT code 25310.**

25447 Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)

The RUC reviewed the survey results from 109 surgeons and determined that maintaining the current work RVU of 11.14 appropriately accounts for the physician work involved in this service. The RUC recommends 33 minutes pre-service evaluation time, 10 minutes positioning time, 10 minutes scrub/dress/wait time, 75 minutes intra-service time, and 25 minutes immediate post-service time, 0.5-99238 discharge day management visit, 1-99214 and 3-99213 office visits, for 281 minutes total time as supported by the survey. The SOR provides a detailed description and supporting information for the increases in work and time associated with the post-operative patient care for code 25447:

Discussion of Postoperative Office Visits

POV1 (24-48 hours after surgery). For this visit, MDM is moderate: (1) The patient has a chronic condition with side effects of surgery (pain, loss of hand/digit function), where the patient is not at the treatment goal of complete pain relief and restoration of grip and pinch strength. (moderate). (2) Discussion of patient management including fabrication of a patient-specific splint with the OT will occur (moderate). (3) Prescription drug management, both narcotic and nonnarcotic pain medication (moderate). With respect to time, the patient will arrive with a splint and large bulky dressing that will take time to take down; assess and document wound status; check for drainage, hematoma, signs of infection; assess and document circulation, sensation, and motor function status; assess and document alignment of thumb and fingers; and assess and document pain and then redress the wound. Time is needed for counseling about pain and swelling mitigation techniques, appropriate use of multimodal pain management, and activity restrictions. Time is needed to contact OT to discuss fabrication of a patient-specific splint. Time is needed to review the findings at surgery and postoperative imaging with the patient, review the care plan, and answer

patient/family questions. Time is also needed to complete medical records, file insurance forms, and update other providers. Time is needed to provide a note for work status. The total physician/QHP time for these activities is estimated to be approximately 37 minutes which, in addition to MDM, supports 99214.

POV2 (10-14 days postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and narcotic/nonnarcotic medication for pain will be considered and ordered as required. Total time is estimated at 33 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the second visit.

POV3: (~5-6 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and medication for pain will be considered and adjusted as required. Total time is estimated at 26 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the third visit.

POV4: (~9-10 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal and continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress. Drug management will likely be low MDM. Total time is estimated at 24 minutes. Although 99214 may be supported, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the fourth visit.

In addition, the specialties noted that patient care will continue for a minimum of 6 months postoperatively and up to a year after surgery, by which time it is expected that the treatment goal for the typical patient will be achieved.

The RUC discussed the decrease in intra-service time for the surveyed code. This code was last surveyed in 2005 and the specialties attested that the technique is the same, but physicians are now more familiar with the procedure and thus it may be performed with less time. The RUC agreed that the changes to the work and time of post-operative care, along with higher surveyed pre and immediate post-service time not recognized in 2005, will offset the decrease in survey intra-service time.

By maintaining the current value, the total global work and intra-operative intensity for 25447 does not change. More specifically, the specialties provided an intra-service work per unit time (IWPUT) analysis that supports maintaining the current RVW for 25447. The analysis shows that although the intra-service time decreased, the post-operative work increased, such that the resulting intra-service work per unit of time is essentially identical. This supports the belief that the procedure and the intra-operative intensity has not changed. A decrease in work attributed to a decrease in intra-service time and an increase in work attributed to an increase in post-operative work result in no change in the intensity of the procedure and total work.

To justify a work RVU of 11.14, the RUC compared CPT code 25447 to the top key reference service code 29828 *Arthroscopy, shoulder, surgical; biceps tenodesis* (work RVU = 13.16, 75 minutes intra-service time and 252 minutes total time) and noted that the intra-service time is identical and total time is similar to the surveyed code, but the reference code is much more intense, justifying the higher work value. The RUC also compared CPT code 25447 to the second key reference service code 29888 *Arthroscopically aided anterior cruciate ligament*

repair/augmentation or reconstruction (work RVU = 14.30, 98 minutes intra-service time and 295 minutes total time) and noted that the reference service has more intra-service and total time and is appropriately valued higher than 25447. The procedures are similar in that they incise a joint capsule, excise bone, and transpose local tissue as part of the repair.

For additional support, the RUC compared CPT code 25447 to MPC code 36821 *Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)* (work RVU = 11.90, 75 minutes intra-service time and 233 minutes total time) and noted that the surveyed code has identical intra-service time yet more total time and is therefore valued slightly higher than the comparator code. The RUC concluded that the value of CPT code 25447 should be maintained at 11.14 work RVUs with time components supported by the survey. **The RUC recommends a work RVU of 11.14 for CPT code 25447.**

2X005 Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed

The RUC reviewed the survey results from 95 surgeons and determined that the survey median work RVU of 13.90 appropriately accounts for the physician work involved in this service. The RUC recommends 33 minutes pre-service evaluation time, 10 minutes positioning time, 10 minutes scrub/dress/wait time, 90 minutes intra-service time, and 25 minutes immediate post-service time, 0.5-99238 discharge day management visit, 1-99214 and 3-99213 office visits, for 296 minutes total time as supported by the survey. The SOR provides a detailed description of the post-operative office visits associated with code 2X005:

Discussion of Postoperative Office Visits

POV1 (24-48 hours after surgery). For this visit, MDM is moderate: (1) The patient has a chronic condition with side effects of surgery (pain, loss of hand/digit function), where the patient is not at the treatment goal of complete pain relief and restoration of grip and pinch strength. (moderate). (2) Discussion of patient management including fabrication of a patient-specific splint with the OT will occur (moderate). (3) Prescription drug management, both narcotic and nonnarcotic pain medication (moderate). With respect to time, the patient will arrive with a splint and large bulky dressing that will take time to take down; assess and document wound status; check for drainage, hematoma, signs of infection; assess and document circulation, sensation, and motor function status; assess and document alignment of thumb and fingers; and assess and document pain and then redress the wound. Time is needed for counseling about pain and swelling mitigation techniques, appropriate use of multimodal pain management, and activity restrictions. Time is needed to contact OT to discuss fabrication of a patient-specific splint. Time is needed to review the findings at surgery and postoperative imaging with the patient, review the care plan, and answer patient/family questions. Time is also needed to complete medical records, file insurance forms, and update other providers. Time is needed to provide a note for work status. The total physician/QHP time for these activities is estimated to be approximately 37 minutes which, in addition to MDM, supports 99214.

POV2 (10-14 days postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and narcotic/nonnarcotic medication for pain will be considered and ordered as required. Total time is estimated at 33 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the second visit.

POV3: (~5-6 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and medication for pain will be considered and adjusted as required. Total time is estimated at 26 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the third visit.

POV4: (~9-10 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal and continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress. Drug management will likely be low MDM. Total time is estimated at 24 minutes. Although 99214 may be supported, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the fourth visit.

In addition, the specialties noted that patient care will continue for a minimum of 6 months postoperatively and up to a year after surgery, by which time it is expected that the treatment goal for the typical patient will be achieved.

The new bundled code encompasses the work of 25447 and the additional complex work of drilling and creating a hole through the base of the first metacarpal for passage of the radial half of the flexor carpi radialis (FCR) from the second metacarpal to the first metacarpal. The position of the thumb and tension on the tendon transfer are carefully assessed prior to suturing the tendon to itself in the arthroplasty space created by the excised trapezium. This additional operative maneuver is technically challenging, especially considering that the patient has arthritis with brittle bones such that the tension needs to be enough for suspension, but not too much to result in bone fracture. This additional work beyond the work 25447 is much more intense, resulting in a higher for 2X005 when compared with 25447.

To justify a work RVU of 13.90, the RUC compared CPT code 2X005 to the top key reference service code 29828 *Arthroscopy, shoulder, surgical; biceps tenodesis* (work RVU = 13.16, 75 minutes intra-service time and 252 minutes total time) and noted that the surveyed code has more intra-service and total time and is appropriately valued higher than the reference service. The RUC also compared CPT code 2X005 to the second key reference service code 29888 *Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction* (work RVU = 14.30, 98 minutes intra-service time and 295 minutes total time) and noted that the reference service has more intra-service time and is more intense than the surveyed code, therefore it is appropriately valued higher.

For additional support, the RUC compared CPT code 2X005 to MPC codes 15730 *Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)* (work RVU = 13.50, 90 minutes intra-service time and 255.5 minutes total time) and 19303 *Mastectomy, simple, complete* (work RVU = 15.00, 90 minutes intra-service time and 283 minutes total time) and noted that the comparison codes have identical intra-service time and appropriately bracket the surveyed code. The RUC concluded that CPT code 2X005 should be valued at the median work RVU as supported by the survey. **The RUC recommends a work RVU of 13.90 for CPT code 2X005.**

26480 Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon

The RUC reviewed the survey results from 99 surgeons and determined that the survey median work RVU of 9.50 appropriately accounts for the physician work involved in this service. The RUC recommends 30 minutes pre-service evaluation time, 10 minutes positioning time, 10 minutes scrub/dress/wait time, 60 minutes intra-service time, and 25 minutes immediate post-service time, 0.5-99238 discharge day management visit, 1-99214 and 3-99213 office visits, for 263 minutes total time as supported by the survey. The RUC concurred that the two surveyed codes 25310

and 26480 have identical physician work and time components. The current survey of the two codes together demonstrates the exact same time and intensity.

As with code 25310, the RUC acknowledged an increase in post-service work and believes there is evidence that the current work RVU for 26480 is potentially misvalued due to the changes in post-operative office work that is reflective of recent changes in the value and reporting guidelines for office visit E/M codes. Although the number of post-op visits has not changed, the level of visits has changed as supported by both medical decision-making (MDM) and total time on the day of the encounter.

To justify a work RVU of 9.50, the RUC compared CPT code 26480 to the top key reference service code 26356 *Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon* (work RVU = 9.56, 60 minutes intra-service time and 277 minutes total time) and the second key reference service code 23430 *Tenodesis of long tendon of biceps* (work RVU = 10.17, 60 minutes intra-service time and 237 minutes total time) noting that both key reference services represent similar tendon repair work, identical intra-service time, and similar total time as the surveyed code. Further, the intensity and complexity measures confirm that the surveyed code is similar to the key reference service codes.

For additional support, the RUC compared CPT code 26480 to MPC codes 14060 *Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less* (work RVU = 9.23, 60 minutes intra-service time and 183 minutes total time) and 57240 *Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed* (work RVU = 10.08, 60 minutes intra-service time and 211 minutes total time) and noted that the comparison codes have identical intra-service time and appropriately bracket the surveyed code. The RUC also reviewed a table of all 90-day global codes reviewed by the RUC in the past 10 years with an intra-time of 60 minutes and total time between 225-325 minutes and agreed that the median work RVU of 9.50 appropriately ranked code 25310 within this set of codes. The RUC concluded that CPT code 26480 should be valued at the survey median work RVU as supported by the survey, MPC codes, and recently reviewed codes with similar time, and to restore relativity within the family. **The RUC recommends a work RVU of 9.50 for CPT code 26480.**

Practice Expense

The PE Subcommittee made a single modification to the spreadsheet; EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the orthopedic surgeon's office. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

RUC Flag

The RUC recommends that CPT codes 25312 and 26483 be reviewed by the Relativity Assessment Workgroup after three years of data are available to determine whether the utilization of these low-volume codes has further decreased.

Work Neutrality

The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Forearm and Wrist Repair, Revision, and/or Reconstruction				
(f)25310	D1	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon <u>(Do not report 25310 in conjunction with 25447, 2X005 when performed for intercarpal or carpometacarpal joint arthroplasty)</u>	090	9.50
(f)25312	D2	with tendon graft(s) (includes obtaining graft), each tendon	090	No recommendation
▲25447	D3	Arthroplasty, interposition , intercarpal or carpometacarpal joints; <u>interposition (eg, tendon)</u> <u>(Do not report 25447 in conjunction with 2X005)</u> <u>(Do not report 25447 in conjunction with 25310, 26480 when performed for intercarpal or carpometacarpal joint arthroplasty)</u> (For wrist arthroplasty, use 25332)	090	11.14
●2X005	D4	suspension, including transfer or transplant of tendon, with interposition, when performed (Do not report 2X005 in conjunction with 25447) (Do not report 2X005 in conjunction with 25310, 26480 when performed for intercarpal or carpometacarpal joint arthroplasty)	090	13.90

Hand and Fingers Repair, Revision, and/or Reconstruction				
(f)26480	D5	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon <u>(Do not report 26480 in conjunction with 25447, 2X005 when performed for intercarpal or carpometacarpal joint arthroplasty)</u>	090	9.50
(f)26483	D6	with free tendon graft (includes obtaining graft), each tendon	090	No recommendation

August 29, 2023 (*Updated September 12, 2023 to include claims information*)

Ezequiel Silva III, MD
Chair, Relative Value Scale Update Committee (RUC)
American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Subject: CPT Codes 25312 and 26483

Dear Dr. Silva,

The RUC Relativity Assessment Workgroup identified that code 26480 was performed with 25447 by the same physician on the same date of service more than 75% of the time and recommended these codes be referred to CPT for a code bundling solution. Subsequent to submission of a code change application to bundle 25447 and 26480, RUC staff contacted the societies to indicate that 25310 was identified as performed with 25447 by the same physician on the same date of service more than 75% of the time. During CPT review, code 25310 was added to the code change application to be bundled with 25447.

Below is the final CPT Panel approved coding changes.

Category I
Surgery
Musculoskeletal System
Forearm and Wrist
Repair, Revision, and/or Reconstruction

25310 *Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon*

(Do not report 25310 in conjunction with 25447, 2X005 when performed for intercarpal or carpometacarpal joint arthroplasty)

25312 *with tendon graft(s) (includes obtaining graft), each tendon*

▲25447 Arthroplasty, ~~interposition~~, intercarpal or carpometacarpal joints; interposition (eg, tendon)

(Do not report 25447 in conjunction with 2X005)

(Do not report 25447 in conjunction with 25310, 26480 when performed for intercarpal or carpometacarpal joint arthroplasty)

(For wrist arthroplasty, use 25332)

●2X005 suspension, including transfer or transplant of tendon, with interposition, when performed

(Do not report 2X005 in conjunction with 25447)

(Do not report 2X005 in conjunction with 25310, 26480 when performed for intercarpal or carpometacarpal joint arthroplasty)

**Hand and Fingers
Repair, Revision, and/or Reconstruction**

26480 *Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon*

(Do not report 26480 in conjunction with 25447, 2X005 when performed for intercarpal or carpometacarpal joint arthroplasty)

26483 *with free tendon graft (includes obtaining graft), each tendon*

Exclusionary parentheticals were purposely not added below CPT codes 25312 (2021 utilization 291) and 26483 (2021 utilization = 501). The intent of both of these codes is for repair of tendon laceration from trauma. Free tendon grafts would not be used for CMC arthroplasty, but may be rarely reported separately for distal thumb joint stabilization (ie, not CMC arthroplasty). Some patients with thumb CMC arthritis also have laxity with hyperextension deformity of the metacarpophalangeal (MP) joint. This more distal deformity must be treated, or the thumb CMC reconstruction will most likely sublux and fail. The MP can be treated with tenodesis of the volar MP joint requiring the use of a tendon graft.

Moving forward, codes 26483 and 25312 should be reported almost exclusively for repair of a traumatic injury or neuromuscular dysfunction. Even for that indication, these procedures should be rarely performed in the Medicare population. The Medicare utilization is low, but should be significantly lower. It is possible that the Medicare volume for both of these codes represents possible miscoding due to a misunderstanding of the intent of the codes. In fact, a review of 2021 claims shows that almost 50% of claims for 26483 are from 9 providers, and almost 30% of claims for 25312 are from 5 providers.

CPT	CITY	ST	SPEC	Srvcs	
26483	Santa Barbara	CA	Hand Surgery	80	
26483	Birmingham	AL	Ambulatory Surgical Center	27	
26483	La Jolla	CA	Hand Surgery	20	
26483	La Jolla	CA	Physician Assistant	19	
26483	San Diego	CA	Ambulatory Surgical Center	19	
26483	Lake Mary	FL	Hand Surgery	18	
26483	Santa Rosa	CA	Orthopedic Surgery	15	
26483	Santa Rosa	CA	Physician Assistant	13	
26483	Charlotte	NC	Hand Surgery	13	
subtotal				224	45%
total - 2021				501	
25312	Wexford	PA	Orthopedic Surgery	21	
25312	Wexford	PA	Ambulatory Surgical Center	18	
25312	Wexford	PA	Physician Assistant	18	
25312	Myrtle Beach	SC	Ambulatory Surgical Center	15	
25312	Birmingham	AL	Orthopedic Surgery	11	
subtotal				83	29%
total - 2021				291	

Although the utilization for codes 25312 and 26483 are both low, we believe after implementation of new code 2X005 and revised code 25447, along with education about these coding changes through

CPT Assistant, that the utilization will decrease dramatically for both codes. We did not survey 25312 and 26483 because they are low volume codes and the typical patient is a trauma patient not related to CMC arthroplasty and the bundling solution approved by the CPT Panel. The ASSH, ASPS, and AAOS advisors will be happy to respond to questions at the RUC meeting.

Sincerely,

Anne Miller, MD
Jeffrey Kozlow, MD
Hussein Elkousy, MD

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:25310	Tracking Number D1	Original Specialty Recommended RVU: 9.50
		Presented Recommended RVU: 9.50
Global Period: 090	Current Work RVU: 8.08	RUC Recommended RVU: 9.50

CPT Descriptor: Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old women presenting with a rupture of the extensor pollicis longus (EPL) undergoes a transfer of the extensor indicis proprius to the residual distal EPL stump.

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 18% , In the ASC 82%, 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: Write preadmission orders for preoperative medications. Review results of preadmission testing including labs and imaging. Reexamine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and postoperative management. Review informed consent with patient. Mark surgical site. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's arm is placed on the hand surgery table. A tourniquet is applied to the proximal arm. Indicate areas of skin to be prepped. Scrub and gown. The arm and hand are prepped and draped. Perform surgical "time out" with operating surgical team. The arm is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: An incision is made over the distal stump of the ruptured extensor pollicis longus (EPL). Care is taken to protect the dorsal sensor nerves and branches of the radial artery. The tendon stump is cleared of scar and prepared for the tendon transfer. A second incision is made over the index metacarpophalangeal joint and the extensor indicis proprius (EIP) is detached from its extensor hood insertion. Care is taken to not impair the function of the extensor mechanism of the index finger. A third incision is made over the EIP at the distal edge of the dorsal retinaculum of the fourth dorsal compartment. The EIP is identified and brought out through this incision. A suture is passed through the distal end of the EIP. A subcutaneous tunnel is made from the dorsal aspect of the thumb to the exposed EIP taking care to pass palmar to the dorsal sensory nerve branches and dorsal to the second dorsal compartment tendons. Using the previously placed suture the distal end of the EIP is passed through the tunnel to exit near the distal stump of the ruptured EPL. The EIP is sutured to the distal EPL paying particular attention to establishing the correct tension on the transfer. The excursion of the EIP/EPL construct is checked. The tourniquet is released and meticulous hemostasis achieved. The wounds are irrigated and closed in layers.

Description of Post-Service Work:

Facility:

Apply bulky dressing, reinforced with a splint. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient/family. Write brief operative note and medication orders in patient's chart. Monitor patient stabilization in the recovery room and circulation, sensation and motor function status of the operated extremity. Dictate operative report. Consider relevant data, options, and risks and make the decision for discharge. Discuss aftercare treatment with the patient/family including home restrictions (ie, activity, bathing). Reconcile medications and write order for pain

medication. All appropriate medical records are completed, including discharge summary, discharge instructions, and insurance forms.

Office:

The first postop office visit occurs within 24 to 48 hours after surgery. The patient is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of procedure are reviewed with the patient/family. The postoperative radiograph taken after surgery is reviewed with the patient/family. The postoperative splint and bulky dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. The alignment of the thumb is assessed. Pain is assessed. The wounds are cleaned and redressed and the splint reapplied. An order is written for fabrication of a new splint. Activity limitations (driving, lifting, splint protection) are discussed with the patient/family. The PDMP is checked and orders are made for narcotic and nonnarcotic pain medication. The patient will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient will be counseled on expectations of pain and swelling and techniques for mitigation. The patient will be counseled on timing of follow-up visits and expected therapy protocol (ie, the care plan). Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are completed. Medical record progress notes are dictated, reviewed, and signed. OT will be contacted to discuss the patient-specific splint fabrication that was ordered. An update is provided to the PCP and/or referring provider.

At subsequent postop office visits, the patient is interviewed and data obtained by clinical staff is reviewed. The fitting of the fabricated splint is assessed and the splint and dressings are removed. The wound is assessed. The circulation, sensation, and motor function status of the thumb, fingers, and wrist is assessed. The alignment of the thumb and digits is assessed. Pain is assessed. Range of motion is measured and documented. Grip and pinch strength are measured and documented. The wound is cleaned and sutures removed when appropriate. The patient is counseled on scar control. Padding is applied and the splint is reapplied. Activity limitations are reinforced with the patient, including counseling on finger motion. The PDMP is checked and need for narcotic and/or nonnarcotic pain medication is considered and orders written as appropriate. The patient will be counseled on appropriate pain management. The patient will be counseled on expectations of pain and swelling during recovery and techniques for mitigation. An occupational therapy prescription is written and interval OT notes are reviewed. OT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the OT. Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are updated as required. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; Hussein Elkousy, MD; William Creevy, MD				
Specialty Society(ies):	ASSH, AAOS, ASPS				
CPT Code:	25310				
Sample Size:	4215	Resp N:	100		
Description of Sample:	random				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	9.00	20.00	150.00
Survey RVW:	6.01	9.00	9.50	10.20	15.68
Pre-Service Evaluation Time:			30.00		
Pre-Service Positioning Time:			10.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	40.00	45.00	60.00	75.00	130.00
Immediate Post Service-Time:	25.00				
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):	109.00	99211x 0.00	12x 0.00	13x 3.00	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:	25310	Recommended Physician Work RVU: 9.50		
		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:		10.00	3.00	7.00
Pre-Service Scrub, Dress, Wait Time:		10.00	15.00	-5.00
Intra-Service Time:		60.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9A General Anes or Complex Reg Blk/Strghtfow Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		25.00	30.00	-5.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>109.00</u>	99211x 0.00	12x 0.00	13x 3.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
26356	090	9.56	RUC Time

CPT Descriptor Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
23430	090	10.17	RUC Time

CPT Descriptor Tenodesis of long tendon of biceps

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
14060	090	9.23	RUC Time	80,653

CPT Descriptor 1 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
57240	090	10.08	RUC Time	6409

CPT Descriptor 2 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 34 % of respondents: 34.0 %

Number of respondents who choose 2nd Key Reference Code: 13 % of respondents: 13.0 %

TIME ESTIMATES (Median)

	CPT Code: <u>25310</u>	Top Key Reference CPT Code: <u>26356</u>	2nd Key Reference CPT Code: <u>23430</u>
Median Pre-Service Time	50.00	58.00	60.00
Median Intra-Service Time	60.00	60.00	60.00
Median Immediate Post-service Time	25.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	109.0	110.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	263.00	277.00	247.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	6%	71%	18%	6%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
18%	53%	29%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	18%	62%	21%
Physical effort required	12%	65%	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

26%

59%

15%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%

8%

69%

15%

8%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

15%

46%

38%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

15%

46%

38%

Physical effort required

8%

77%

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

15%

54%

31%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Compelling Evidence - 25310

The expert panel reviewing the history and survey data for code 25310 believes there is compelling evidence that this code is potentially misvalued due to the following:

▪ *Flawed methodology in the previous valuation.*

In 2007, code 25310 was identified as having a site of service anomaly. At that time, the code was still Harvard valued and included the odd "half-visits" (ie, 0.5 x 99231; 3.5 x 99212) and no positioning time. The survey specialties agreed that the typical patient would not be admitted to the hospital and surveyed the code using the standard RUC survey. When reviewing the survey data, the RUC disagreed with the level of postop office visits that were indicated by survey, resulting in a decrease of the level for one visit. Keep in mind that in 2008, office visits for established patients followed the 1995 and/or 1997 guidelines requiring specific levels of physical and history for each level of code. The specialties recommended maintaining the then current work RVU of 8.26 which was similar to the survey 25th percentile of 8.38. During discussion at the meeting, the RUC suggested that the changes in (the Harvard) office and hospital visits based on the survey could be used to calculate an adjusted work RVU using a building block method. After downgrading one of the survey's postop office visits from 99213 to 99212, the RUC reduced the then current Harvard work RVU, assumed to be correct, to account for the removal of one-half 99238 (0.64 work RVUs), one-half 99231 (0.38 work RVUs), and one-half 99212 (0.22 work RVUs). This accounted for a total reduction in work RVU of 1.24. The specialty then added the work associated with one 99213 visit (0.92 work RVUs). The resulting value was 7.94, which the RUC agreed was appropriate and in proper rank order with its reference service 25275. The RUC did not add additional work RVUs for the survey higher preservice or immediate postservice times, including time for positioning.

Based on this evidence, we believe a flawed methodology was used to calculate a value for 25310 in 2008 – using a building block methodology to adjust Harvard times and value and exclude pre/post time changes.

▪ *Changes in time and technology*

The current work RVU for 25310 is based on selection of level of office visits using old, deleted guidelines. In 2007, when 25310 was surveyed, the 1995 or 1997 guidelines were in place and required for code level selection. Through CY 2020, the descriptors for the levels of E/M services recognized seven components, six of which were used in defining the levels of E/M services (history, examination, medical decision making, counseling, coordination of care, nature of presenting problem, and time). The first three of these components (history, examination, and medical decision making) were considered the key components in selecting a level of E/M service. In addition, for coding purposes, a typical time was included in the E/M code descriptors but could only be used if a majority of the time were spent face-to-face with the patient performing counseling or coordination of care.

For CPT 2021, the reporting guidelines for office visit E/M codes were significantly revised to reflect changes in practice including team-based care, the use of electronic health records, and to reduce physician burden. Under the new CPT coding framework, history and exam are no longer used to select the level of E/ M office visit code. Instead, an office/outpatient E/M visit includes a medically appropriate history and exam, when performed. Other changes include the directive to select the level of service based on medical decision making or total time on the date of encounter, where total time equals both face-to-face time and non-face-to-face time of the physician and/or qualified health care professional. These revisions radically changed the way the level of E/M office visit code is selected. The clinically outdated system for number of body systems/areas reviewed and examined under history and exam no longer apply, and the history and exam components will only be performed when, and to the extent, reasonable and necessary, and clinically appropriate. In addition, the work values for the office visit E/M codes were increased based on compelling evidence of a flawed methodology in 2010 when CMS accounted for work neutrality from the elimination of payment for consultation codes and based on changes in technology related to increased work due to the to use electronic health records that contain more data than paper records, most of which must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions. The use of EHRs increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an Annals of Internal Medicine study.

Based on this discussion of recent changes in the value and reporting guidelines for office visit E/M codes, we believe there is compelling evidence that the current work RVU for 25310 is potentially misvalued due to under-reporting of postoperative office work.

Recommendation - 25310

We recommend the survey median work RVU of 9.50

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Subtract 3 minutes (total = 30 minutes) to be consistent with survey median.

Positioning time: Additional 7 minutes (total = 10 minutes) for padding of bony prominences; application of thermal regulation drapes; assessing position of the extremities and head and adjusting as needed; rotating patient onto hand surgery table; marking, prepping, and draping hand; application of tourniquet to the proximal arm; elevating and exsanguinating arm; and inflating pneumatic tourniquet. A total of 10 minutes for upper extremity positioning is supported by RUC reviewed upper extremity codes 64910-64912 (2017), 23656-26358 (2015), 25607-25609 (2014), 36831 (2013), and key reference code 26356 (2015).

Scrub, dress, wait time: Subtract 5 minutes (total time = 10 minutes) to be consistent with survey median.

Immediate Post-time

Package 9a: Subtract 3(total = 25 minutes) to be consistent with the survey median.

Discussion of Postoperative Office Visits

POV1 (24-48 hours after surgery). For this visit, MDM is moderate: (1) The patient has a chronic condition with side effects of surgery (pain, loss of hand/digit function), where the patient is not at the treatment goal of complete pain relief and restoration of grip and pinch strength. (moderate). (2) Discussion of patient management including fabrication of a patient-specific splint with the OT will occur (moderate). (3) Prescription drug management, both narcotic and nonnarcotic pain medication (moderate). With respect to time, the patient will arrive with a splint and large bulky dressing that will take time to take down; assess and document wound status; check for drainage, hematoma, signs of infection; assess and document circulation, sensation, and motor function status; assess and document alignment of thumb and fingers; and assess and document pain and then redress the wound. Time is needed for counseling about pain and swelling mitigation techniques, appropriate use of multimodal pain management, and activity restrictions. Time is needed to contact OT to discuss fabrication of a patient-specific splint. Time is needed to review the findings at surgery with the patient, review the care plan, and answer patient/family questions. Time is also needed to complete medical records, file insurance forms, and update other providers. Time is needed to provide a note for work status. The total physician/QHP time for these activities is estimated to be approximately 37 minutes which, in addition to MDM, supports 99214.

POV2 (10-14 days postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and narcotic/nonnarcotic medication for pain will be considered and ordered as required. Total time is estimated at 33 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the second visit.

POV3: (~5-6 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and medication for pain will be considered and adjusted as required. Total time is estimated at 26 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the third visit.

POV4: (~9-10 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal and continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress. Drug management will likely be low MDM. Total time is estimated at 24 minutes. Although 99214 may be supported, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the fourth visit.

The patient will continue to be monitored for a minimum of 6 months postoperatively and up to a year after surgery, by which time it is expected that the treatment goal for the typical patient will be achieved.

Key Reference Code Comparison

Both key reference codes 26356 and 23430 are familiar to the survey respondents and represent similar tendon repair work including the same intraoperative time. The intensity and complexity measures confirm that 25310 is similar (identical) to the key reference codes. In addition, code 25310 identical intraoperative time and similar total time when compared with the key reference codes supports the recommended work RVU of 9.50.

MPC Code Comparison

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99238	99214	99213	99212
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	9.23	0.090	183	30	60	15	0		2	2
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	9.50	0.049	263	50	60	25	0.5	1	3	
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	10.08	0.096	211	56	60	30	0.5		2	

Comparison of 25310 and 26480

- The intraop times and visits for 25310 and 26480 are the same, however because these codes were reviewed at different times in different ways, the RVWs are significantly different.
- Code 25310 was surveyed in 2008 and a value was calculated from the then current value to account for a change from Harvard data that included one-half of a hospital inpatient visit when the claims data showed the typical patient was outpatient. Although the median survey RVW was 9.00, value and time were backed out of the current RVW to change the inpatient visits to outpatient visits.
- Code 26480 was surveyed in 2009, and although the survey data indicated the Harvard based RVW was undervalued, there was no compelling evidence for a change in work. So the RUC maintained the Harvard RVW and adopted the survey data. The rationale indicates this was based on a comparison to 25310 which was reviewed the prior year. With only 8 minutes difference in total time and exactly the same intraop time and postop visits, because there was no compelling evidence, the RUC could not increase the value of 26480.
- The current survey – this time of both codes together - once again maintains that both codes include 60 minutes of intraop and 4 post op visits. In addition, the median RVW is identical for both codes and the 25th to 75th percentile spread is also almost identical.
- We believe these codes were never actually relative in the fee schedule. Repeat survey of the two codes together now in 2023 demonstrates the exact same time and intensity which is what should be reflected in the fee schedule. While we understand the RUCs reliance of previous RUC review, there needs to be some consideration that having a 15% difference in valuation for two codes that are nearly identical in both face value descriptions, and now two different sets of survey data 15 years apart, does not fit the concept of relativity and magnitude estimation.

Comparison to Other RUC Reviewed Codes

There are almost 400 codes in the RUC-reviewed codes with 60 minutes of intraop time, but only 64 codes that have a 90-day global period. As additional support for the median work RVU of 9.50, a RUC database search was conducted with the following parameters:

- RUC reviewed in the past 10 years.
- 90-day global
- Intra-time = 60 minutes
- Total time between 225-325

The table below shows that the median RVW of 9.50 places 25310 in the lower half of codes with the above parameters. All codes below 25310 in the table have lower total times and similar or higher IWPUT. If the 25th percentile survey statistic were used, the IWPUT would be only 0.040 and the WPUT would be 0.034 – both data points would be significantly lower than any E/M code, creating a rank order anomaly.

RUC Year	CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	HV	OV
2019	35701	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)	7.50	0.051	229	65	60	30	2	1
2019	35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial,	7.50	0.051	229	65	60	30	2	1

		peroneal)								
2016	28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	7.75	0.047	225	53	60	15	0.5	4
2020	19325	Breast augmentation with implant	8.12	0.065	225	62	60	20	0.5	4
2016	28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	8.25	0.048	241	53	60	15	0.5	5
2016	28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	8.57	0.053	241	53	60	15	0.5	5
REC	25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	9.50	0.049	263	50	60	25	0.5	4
2015	26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	9.56	0.055	277	58	60	30	0.5	6
2014	66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	9.58	0.049	254	25	60	10	0.5	7
2013	24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	10.00	0.081	228	60	60	20	0.5	3
2015	54437	Repair of traumatic corporeal tear(s)	11.50	0.087	264	51	60	30	1	4
2017	34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	12.00	0.082	307	80	60	30	3	2
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	12.13	0.117	241	66	60	34	0.5	3
2013	67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	13.20	0.107	260	51	60	15	0.5	5
2018	33025	Creation of pericardial window or partial resection for drainage	13.20	0.101	301	75	60	30	3	1
2018	33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	14.31	0.104	321	55	60	30	4	1
2015	66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	14.84	0.096	325	25	60	10	0.5	11
2014	66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	15.00	0.123	277	25	60	10	0.5	8
2013	67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	16.33	0.160	260	51	60	15	0.5	5
2013	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)	16.33	0.160	260	51	60	15	0.5	5

Incremental Changes in Work

The current RVW for 25310 is 8.08. This value was established prior to the E/M code review and revaluation in recognition of increased work for E/M services. The RUC supported increasing all global codes for the changes in E/M values over the past few years.

For this survey, although the number of postop visits has not changed, the level of visits has changed as supported by both MDM and total time on the day of the encounter. As shown in the table below, the increase in postop work adds 3.52 work RVUs to the current value of 8.08 for a total work RVU of 11.60. This is further support for the recommendation of the median work RVU of 9.50 for 23510.

25310 Postop work changes	Prior E/M RVW	Prior Number Of Visits	Prior RVW for #/level of	2023 E/M RVW	2023 Survey Number Of	2023 Survey RVW for current
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,510
 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 data minus 76.5% that will be bundled into 2X005

Specialty hand surgery	Frequency 750	Percentage 49.66	%
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Specialty plastic surgery	Frequency 100	Percentage 6.62	%
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Specialty orthopaedic surgery	Frequency 650	Percentage 43.04	%
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Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 25310

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: 25447	Tracking Number D3	Original Specialty Recommended RVU: 11.14
Global Period: 090	Current Work RVU: 11.14	Presented Recommended RVU: 11.14
		RUC Recommended RVU: 11.14

CPT Descriptor: Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female with painful arthritis at the base of the thumb undergoes excision of the trapezium with interposition of local tissue between the scaphoid and base of the first metacarpal.

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 19% , In the ASC 81%, 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: Write preadmission orders for preoperative medications. Review results of preadmission testing including labs and imaging. Reexamine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and postoperative management. Review informed consent with patient. Mark surgical site. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's arm is placed on the hand surgery table. A tourniquet is applied to the proximal arm. Indicate areas of skin to be prepped. Scrub and gown. The arm and hand are prepped and draped. Perform surgical "time out" with operating surgical team. The arm is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: An incision is made over the base of the first metacarpal and trapezium. A meticulous dissection is performed taking care to protect the branches of the superficial radial nerve and the crossing branch of the radial artery. The capsule over the trapezium and the first carpometacarpal joint is incised and the periosteum over the trapezium is elevated. The dissection is extended proximally to identify and open the scaphotrapeziotrapezoid joint. The trapezium is exposed via subperiosteal resection. The trapezium is removed in piecemeal fashion using osteotomes and a rongeur taking care to protect the flexor carpi radialis. The base of the first metacarpal is cleared of any osteophytes. The flexor carpi radialis is exposed proximally through two transverse incisions in the distal forearm and split longitudinally. The proximal radial slip of the FCR is transected but is left attached to its insertion on the second metacarpal. This radial slip of the FCR is pulled into the distal wound and rolled up and sutured to itself. The rolled FCR is secured in the trapeziectomy void with a suture anchored in the depths of trapeziectomy wound. The first ray is held in an adducted position and a K-wire is passed the first metacarpal into the second metacarpal, if required. The wound is thoroughly irrigated. The first CMC capsule, trapezial periosteum and scaphotrapezial capsular flap is repaired in a vest-over-pants fashion. The wound is closed in layers.

Description of Post-Service Work:

Facility:

Apply bulky dressing, reinforced with a splint. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient/family. Write brief operative note and medication orders in patient's chart. Monitor patient stabilization in the recovery room and circulation, sensation and motor function status of the operated extremity. Dictate operative report. Consider relevant data, options, and risks and make the decision for discharge. Discuss aftercare treatment with the patient/family including home restrictions (ie, activity, bathing). Reconcile medications and write order for pain

medication. All appropriate medical records are completed, including discharge summary, discharge instructions, and insurance forms.

Office:

The first postop office visit occurs within 24 to 48 hours after surgery. The patient is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of procedure are reviewed with the patient/family. The postoperative radiograph taken after surgery is reviewed with the patient/family. The postoperative splint and bulky dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. The alignment of the thumb is assessed. Pain is assessed. The wounds are cleaned and redressed and the splint reapplied. An order is written for fabrication of a new splint. Activity limitations (driving, lifting, splint protection) are discussed with the patient/family. The PDMP is checked and orders are made for narcotic and nonnarcotic pain medication. The patient will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient will be counseled on expectations of pain and swelling and techniques for mitigation. The patient will be counseled on timing of follow-up visits and expected therapy protocol (ie, the care plan). Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are completed. Medical record progress notes are dictated, reviewed, and signed. OT will be contacted to discuss the patient-specific splint fabrication that was ordered. An update is provided to the PCP and/or referring provider.

At subsequent postop office visits, the patient is interviewed and data obtained by clinical staff is reviewed. The fitting of the fabricated splint is assessed and the splint and dressings are removed. The wound is assessed. The circulation, sensation, and motor function status of the thumb, fingers, and wrist is assessed. The alignment of the thumb and digits is assessed. Pain is assessed. Range of motion is measured and documented. Grip and pinch strength are measured and documented. The wound is cleaned and sutures removed when appropriate. The patient is counseled on scar control. Padding is applied and the splint is reapplied. Activity limitations are reinforced with the patient, including counseling on finger motion. The PDMP is checked and need for narcotic and/or nonnarcotic pain medication is considered and orders written as appropriate. The patient will be counseled on appropriate pain management. The patient will be counseled on expectations of pain and swelling during recovery and techniques for mitigation. An occupational therapy prescription is written and interval OT notes are reviewed. OT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the OT. Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are updated as required. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023			
Presenter(s):	Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; Hussein Elkousy, MD; William Creevy, MD				
Specialty Society(ies):	ASSH, AAOS, ASPS				
CPT Code:	25447				
Sample Size:	4215	Resp N:	109		
Description of Sample:	random				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	9.00	20.00	30.00	150.00
Survey RVW:	6.80	10.50	12.65	13.20	18.62
Pre-Service Evaluation Time:			35.00		
Pre-Service Positioning Time:			10.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	45.00	60.00	75.00	90.00	140.00
Immediate Post Service-Time:	25.00				
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:	38.00	99238x 1.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	109.00	99211x 0.00	12x 0.00	13x 3.00	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:	25447	Recommended Physician Work RVU: 11.14		
		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:		10.00	3.00	7.00
Pre-Service Scrub, Dress, Wait Time:		10.00	15.00	-5.00
Intra-Service Time:		75.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9A General Anes or Complex Reg Blk/Strghtfow Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		25.00	30.00	-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:	19.00	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	109.00	99211x 0.00	12x 0.00	13x 3.00	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	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
29828	090	13.16	RUC Time

CPT Descriptor Arthroscopy, shoulder, surgical; biceps tenodesis**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
29888	090	14.30	RUC Time

CPT Descriptor Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
57240	090	10.08	RUC Time	6,409

CPT Descriptor 1 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36821	090	11.90	RUC Time	23,830

CPT Descriptor 2 Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 % of respondents: 17.4 %

Number of respondents who choose 2nd Key Reference Code: 18 % of respondents: 16.5 %

TIME ESTIMATES (Median)

	CPT Code: <u>25447</u>	Top Key Reference CPT Code: <u>29828</u>	2nd Key Reference CPT Code: <u>29888</u>
Median Pre-Service Time	53.00	60.00	75.00
Median Intra-Service Time	75.00	75.00	98.00
Median Immediate Post-service Time	25.00	20.00	25.00
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	109.0	78.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	281.00	252.00	295.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	37%	42%	21%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
11%	47%	42%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	37%	63%
Physical effort required	5%	42%	53%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

5%

47%

47%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

61%

22%

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

6%

61%

33%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

61%

39%

Physical effort required

11%

61%

28%

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%

61%

33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Supporting Evidence - 25447

Although we are recommending maintaining the current work RVU for 25447 and should not need compelling evidence, we would like to provide supporting information for the recommendation.

(1). In 2005, code 25447 was nominated by CMS as a code with >10,000 and still Harvard valued and therefore potentially misvalued. The surveying societies indicated they did not believe there was a change in patient or technology and therefore did not have compelling evidence that the code was potentially misvalued. The survey total time and median work RVU were similar to the Harvard data further supporting the code was not misvalued. Therefore, The RUC recommended maintaining the current value as there was no compelling evidence to change the value, and accepted the new survey times. This resulted in an intensity for the procedure that was only slightly decreased from 0.062 to 0.058. During this last review of 25447 in 2005, the RUC (and CMS) considered total work – including changes to total time and visits – and accepted that even though the time and visits changed, the total work and procedure intensity did not change. This same rationale holds true for the current review—although the intraservice time has decreased, the postoperative office work included in the global is greater than previously recognized. By maintaining the current value, the intensity of the procedure is essentially unchanged from 0.058 to 0.060, which is also similar to the original Harvard relative intensity of 0.062.

(2) The current work RVU for 25447 is based on selection of level of office visits using old, deleted guidelines. In 2005, when 25447 was surveyed, the 1995 or 1997 guidelines were in place and required for code level selection. Through CY 2020, the descriptors for the levels of E/M services recognized seven components, six of which were used in defining the levels of E/M services (history, examination, medical decision making, counseling, coordination of care, nature of presenting problem, and time). The first three of these components (history, examination, and medical decision making) were considered the key components in selecting a level of E/M service. In addition, for coding purposes, a typical time was included in the E/M code descriptors, but could only be used if a majority of the time were spent face-to-face with the patient performing counseling or coordination of care.

For CPT 2021, the reporting guidelines for office visit E/M codes were significantly revised to reflect changes in practice including team-based care, the use of electronic health records, and to reduce physician burden. Under the new CPT coding framework, history and exam is no longer used to select the level of E/M office visit code. Instead, an office/outpatient E/M visit includes a medically appropriate history and exam, when performed. Other changes include the directive to select the level of service based on medical decision making or total time on the date of encounter, where total time equals both face-to-face time and non-face-to-face time of the physician and/or qualified health care professional. These revisions radically changed the way the level of E/M office visit code is selected. The clinically outdated system for number of body systems/areas reviewed and examined under history and exam no longer apply, and the history and exam components will only be performed when, and to the extent, reasonable and necessary, and clinically appropriate. In addition, the work values for the office visit E/M codes were increased based on compelling evidence of a flawed methodology in 2010 when CMS accounted for work neutrality from the elimination of payment for consultation codes and based on changes in technology related to increased work due to the use of electronic health records that contain more data than paper records, most of which must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions. The use of EHRs increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an Annals of Internal Medicine study.

The changes to work and time associated with postop patient care for 25447 has therefore increased. For this particular code, these changes, along with higher surveyed pre and immediate post time not recognized in 2005, will offset the slight decrease in survey intraservice time. By maintaining the current value, the total global work and intraoperative intensity for 25447 does not change.

Recommendation - 25447

We recommend maintaining the work RVU of 11.14

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Standard package time of 33 minutes

Positioning time: Additional 7 minutes (total = 10 minutes) for padding of bony prominences; application of thermal regulation drapes; assessing position of the extremities and head and adjusting as needed; rotating patient onto hand surgery table; marking, prepping and draping hand; application of tourniquet to the proximal arm; elevating and

exsanguinating arm; and inflating pneumatic tourniquet. A total of 10 minutes for upper extremity positioning is supported by RUC reviewed upper extremity codes 64910-64912 (2017), 23656-26358 (2015), 25607-25609 (2014), 36831 (2013), and key reference code 26356 (2015).

Scrub, dress, wait time: Subtract 5 minutes (total time = 10 minutes) to be consistent with survey median.

Immediate Post-time

Package 9a: Subtract 3(total = 25 minutes) to be consistent with the survey median.

Discussion of Postoperative Office Visits

POV1 (24-48 hours after surgery). For this visit, MDM is moderate: (1) The patient has a chronic condition with side effects of surgery (pain, loss of hand/digit function), where the patient is not at the treatment goal of complete pain relief and restoration of grip and pinch strength. (moderate). (2) Discussion of patient management including fabrication of a patient-specific splint with the OT will occur (moderate). (3) Prescription drug management, both narcotic and nonnarcotic pain medication (moderate). With respect to time, the patient will arrive with a splint and large bulky dressing that will take time to take down; assess and document wound status; check for drainage, hematoma, signs of infection; assess and document circulation, sensation, and motor function status; assess and document alignment of thumb and fingers; and assess and document pain and then redress the wound. Time is needed for counseling about pain and swelling mitigation techniques, appropriate use of multimodal pain management, and activity restrictions. Time is needed to contact OT to discuss fabrication of a patient-specific splint. Time is needed to review the findings at surgery and postoperative imaging with the patient, review the care plan, and answer patient/family questions. Time is also needed to complete medical records, file insurance forms, and update other providers. Time is needed to provide a note for work status. The total physician/QHP time for these activities is estimated to be approximately 37 minutes which, in addition to MDM, supports 99214.

POV2 (10-14 days postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and narcotic/nonnarcotic medication for pain will be considered and ordered as required. Total time is estimated at 33 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the second visit.

POV3: (~5-6 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and medication for pain will be considered and adjusted as required. Total time is estimated at 26 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the third visit.

POV4: (~9-10 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal and continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress. Drug management will likely be low MDM. Total time is estimated at 24 minutes. Although 99214 may be supported, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the fourth visit.

The patient will continue to be monitored for a minimum of 6 months postoperatively and up to a year after surgery, by which time it is expected that the treatment goal for the typical patient will be achieved.

Key Reference Code Comparison

Most survey respondents would be familiar with work involved intraoperatively in the key reference codes 29828 and 29888 and they judged the intensity and complexity to be mostly identical or slightly greater. The procedures are similar in that they incise a joint capsule, excise bone, and transpose local tissue as part of the repair.

MPC Code Comparison

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99238	99214	99213	99212
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	10.08	0.096	211	56	60	30	0.5		2	
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	11.14	0.060	281	53	75	25	0.5	1	3	
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	11.90	0.104	233	75	75	25	0.5		1	1

RUC Instructions - Supporting Analyses for Work Relative Value Recommendation: Building Block/IWPUT
Analysis: Building block/IWPUT analysis may be used to validate survey data. Survey data remains the primary source of information to value physician work for codes presented to the RUC.

The IWPUT analysis in Table 1 below supports maintaining the current RVW for 25447. These data show that although the intraop time decreased, the postop work increased such that the resulting intraop intensity (IWPUT) is essentially identical. This supports the belief that the operation and the intraop intensity has not changed; a decrease in RVWs attributed to a decrease in intraop time and an increase in RVWs attributed to an increase in postop work result in no change in the intensity of the operation and total work.

TABLE 1

IWPUT ANALYSIS		25447 Old survey data		Current RVW 11.14	25447 New survey data		Recommended RVW 11.14
Pre-service	Time	Intensity	(=time x intensity)	Time	Intensity	(=time x intensity)	
Evaluation	20	0.0224	0.45	33	0.0224	0.74	
Positioning	15	0.0224	0.34	10	0.0224	0.22	
Scrub/Dress/Wait	10	0.0081	0.08	10	0.0081	0.08	
Pre-service total			0.87			1.04	
Post-service	Time	Intensity		Time	Intensity		
Immediate post	20	0.0224	0.45	25	0.0224	0.56	
Subsequent visits:	Visit #	2019 E/M RVW	(=n x E/M RVW)	Visit #	2019 E/M RVW	(=n x E/M RVW)	
Discharge 99238	0.5	1.28	0.64	0.5	1.28	0.64	
99215		2.11	0.00		2.11	0.00	
99214		1.50	0.00	1	1.50	1.50	
99213	2	0.97	1.94	3	0.97	2.91	
99212	3	0.48	1.44		0.48	0.00	
99211		0.18	0.00		0.18	0.00	
Post-service total			4.47			5.61	
Intra-service	Time	IWPUT	INTRA RVW	Time	IWPUT	INTRA RVW	
	100	0.058	5.81	75	0.060	4.49	

Table 2 compares the resulting IWPUT using the old E/M RVWs which are the basis for the current value versus the current E/M RVWs. This analysis shows that if the IWPUT formula included the "real" E/M RVWs, the new IWPUT for 25447 would be significantly lower (0.058 vs 0.040) even though the intensity of the procedure has not changed.

TABLE 2						
IWPUT ANALYSIS	25447 (based on old E/M RVWs)		Current RVW 11.14	25447 (based on new E/M RVWs)		Recommended RVW 11.14
Pre-service	Time	Intensity	(=time x intensity)	Time	Intensity	(=time x intensity)
Evaluation	20	0.0224	0.45	33	0.0224	0.74
Positioning	15	0.0224	0.34	10	0.0224	0.22
Scrub/Dress/Wait	10	0.0081	0.08	10	0.0081	0.08
Pre-service total			0.87			1.04
Post-service	Time	Intensity		Time	Intensity	
Immediate post	20	0.0224	0.45	25	0.0224	0.56
Subsequent visits:	Visit #	2019 E/M RVW	(=n x E/M RVW)	Visit #	2023 E/M RVW	(=n x E/M RVW)
Discharge 99238	0.5	1.28	0.64	0.5	1.50	0.75
99215		2.11	0.00		2.80	0.00
99214		1.50	0.00	1	1.92	1.92
99213	2	0.97	1.94	3	1.30	3.90
99212	3	0.48	1.44		0.70	0.00
99211		0.18	0.00		0.18	0.00
Post-service total			4.47			7.13
	Time	IWPUT	INTRA RVW	Time	IWPUT	INTRA RVW
Intra-service	100	0.058	5.81	75	0.040	2.97

Tables 1 and 2 show how important it is to look at "total work" – pre, intra, post – when current codes are resurveyed. Although the survey median supports an increase in the RVW, these tables provide support for (at a minimum) maintaining the current RVW of 11.14 for 25447.

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

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 25447

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: 2X005	Tracking Number D4	Original Specialty Recommended RVU: 13.90
Global Period: 090	Current Work RVU: N/A	Presented Recommended RVU: 13.90
		RUC Recommended RVU: 13.90

CPT Descriptor: Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female with painful arthritis at the base of the thumb undergoes arthroplasty with excision of the trapezium and suspension stabilization of the first metacarpal.

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 19% , In the ASC 81%, 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 94% , Overnight stay-less than 24 hours 6% , 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 100%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review results of preadmission testing including labs and imaging. Reexamine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and postoperative management. Review informed consent with patient. Mark surgical site. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's arm is placed on the hand surgery table. A tourniquet is applied to the proximal arm. Indicate areas of skin to be prepped. Scrub and gown. The arm and hand are prepped and draped. Perform surgical "time out" with operating surgical team. The arm is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: An incision is made over the base of the first metacarpal and trapezium. A meticulous dissection is performed taking care to protect the branches of the superficial radial nerve and the crossing branch of the radial artery. The capsule over the trapezium and the first carpometacarpal joint is incised and the periosteum over the trapezium is elevated. The dissection is extended proximally to identify and open the scaphotrapeziotrapezoid joint. The trapezium is exposed via subperiosteal resection. The trapezium is removed in piecemeal fashion using osteotomes and a rongeur. The flexor carpi radialis is protected. First metacarpal base osteophytes are removed. A bone tunnel is created in the base of the first metacarpal using successively larger drills, followed by debridement for passage of the FCR tendon. The flexor carpi radialis is exposed proximally through two transverse incisions in the distal forearm and either part or all of the tendon is transected proximally at the musculotendinous junction. The proximally transected FCR is pulled into to the distal wound. The tendon is then dissected or longitudinally split to its insertion at the base of the second metacarpal and the end(s) tagged with suture for passage. A looped suture passer is passed through the prepared drill hole in the base of the first metacarpal and the FCR tendon is brought through the hole. The first ray is aligned with the scaphoid and trapezium space height maintained without distraction to position the tendon transfer. The two limbs of the FCR tendon are tensioned and sutured to each other. Tension of the transfer is assessed to ensure no collapse of the trapezium space and motion is assessed to ensure no impingement. The remainder of the tendon is rolled up and sutured to itself and then sutured to the soft tissue in the depths of the wound. The capsule is closed in a vest over pants fashion. The wound is closed in layers.

Description of Post-Service Work:
Facility:

Apply bulky dressing, reinforced with a splint. Discuss postoperative care with recovery room staff. Discuss surgery outcome with patient/family. Write brief operative note and medication orders in patient's chart. Monitor patient stabilization in the recovery room and circulation, sensation and motor function status of the operated extremity. Dictate operative report. Consider relevant data, options, and risks and make the decision for discharge. Discuss aftercare treatment with the patient/family including home restrictions (ie, activity, bathing). Reconcile medications and write order for pain medication. All appropriate medical records are completed, including discharge summary, discharge instructions, and insurance forms.

Office:

The first postop office visit occurs within 24 to 48 hours after surgery. The patient is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of procedure are reviewed with the patient/family. The postoperative radiograph taken after surgery is reviewed with the patient/family. The postoperative splint and bulky dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. The alignment of the thumb is assessed. Pain is assessed. The wounds are cleaned and redressed and the splint reapplied. An order is written for fabrication of a new splint. Activity limitations (driving, lifting, splint protection) are discussed with the patient/family. The PDMP is checked and orders are made for narcotic and nonnarcotic pain medication. The patient will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). The patient will be counseled on expectations of pain and swelling and techniques for mitigation. The patient will be counseled on timing of follow-up visits and expected therapy protocol (ie, the care plan). Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are completed. Medical record progress notes are dictated, reviewed, and signed. OT will be contacted to discuss the patient-specific splint fabrication that was ordered. An update is provided to the PCP and/or referring provider.

At subsequent postop office visits, the patient is interviewed and data obtained by clinical staff is reviewed. The fitting of the fabricated splint is assessed and the splint and dressings are removed. The wound is assessed. The circulation, sensation, and motor function status of the thumb, fingers, and wrist is assessed. The alignment of the thumb and digits is assessed. Pain is assessed. Range of motion is measured and documented. Grip and pinch strength are measured and documented. The wound is cleaned and sutures removed when appropriate. The patient is counseled on scar control. Padding is applied and the splint is reapplied. Activity limitations are reinforced with the patient, including counseling on finger motion. The PDMP is checked and need for narcotic and/or nonnarcotic pain medication is considered and orders written as appropriate. The patient will be counseled on appropriate pain management. The patient will be counseled on expectations of pain and swelling during recovery and techniques for mitigation. An occupational therapy prescription is written and interval OT notes are reviewed. OT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the OT. Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are updated as required. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023			
Presenter(s):	Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; Hussein Elkousy, MD; William Creevy, MD				
Specialty Society(ies):	ASSH, AAOS, ASPS				
CPT Code:	2X005				
Sample Size:	4215	Resp N:	95		
Description of Sample:	random				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	20.00	33.00	150.00
Survey RVW:	8.10	11.85	13.90	15.00	22.00
Pre-Service Evaluation Time:			35.00		
Pre-Service Positioning Time:			10.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	50.00	75.00	90.00	100.00	180.00
Immediate Post Service-Time:	25.00				
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:	38.00	99238x 1.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	109.00	99211x 0.00	12x 0.00	13x 3.00	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:	2X005	Recommended Physician Work RVU: 13.90		
		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:		10.00	3.00	7.00
Pre-Service Scrub, Dress, Wait Time:		10.00	15.00	-5.00
Intra-Service Time:		90.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9A General Anes or Complex Reg Blk/Strghtfow Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		25.00	30.00	-5.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>109.00</u>	99211x 0.00	12x 0.00	13x 3.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
29828	090	13.16	RUC Time

CPT Descriptor Arthroscopy, shoulder, surgical; biceps tenodesis

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
29888	090	14.30	RUC Time

CPT Descriptor Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
15730	090	13.50	RUC Time	1,428

CPT Descriptor 1 Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
19303	090	15.00	RUC Time	23,640

CPT Descriptor 2 Mastectomy, simple, complete

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 17

% of respondents: 17.8 %

Number of respondents who choose 2nd Key Reference Code: 14

% of respondents: 14.7 %

TIME ESTIMATES (Median)

	CPT Code: <u>2X005</u>	Top Key Reference CPT Code: <u>29828</u>	2nd Key Reference CPT Code: <u>29888</u>
Median Pre-Service Time	53.00	60.00	75.00
Median Intra-Service Time	90.00	75.00	98.00
Median Immediate Post-service Time	25.00	20.00	25.00
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	109.0	78.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	296.00	252.00	295.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	41%	29%	29%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	53%	47%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	47%	53%

Physical effort required	6%	41%	53%
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Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and

<u>Less</u>	<u>Identical</u>	<u>More</u>
6%	53%	41%

- | |
|---|
| <ul style="list-style-type: none"> judgment of physician Estimated risk of malpractice suit with poor outcome |
|---|

Survey Code Compared to 2nd Key Reference Code

	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	36%	43%	21%

Mental Effort and Judgment

- | |
|--|
| <ul style="list-style-type: none"> The number of possible diagnosis and/or the number of management options that must be considered The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed Urgency of medical decision making |
|--|

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	7%	57%	36%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	43%	57%

Physical effort required	7%	43%	50%
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Psychological Stress

- | |
|---|
| <ul style="list-style-type: none"> 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 |
|---|

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	0%	43%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Recommendation – 2X005

We recommend the survey median work RVU of 13.90.

New code 2X005 encompasses the work of 25447 and the additional complex work of drilling and creating a hole through the base of the first metacarpal for passage of the radial half of the FCR from the second metacarpal to the first metacarpal. The position of the thumb and tension on the tendon transfer are carefully assessed prior to suturing the tendon to itself in the arthroplasty space created by the excised trapezium. This additional operative maneuver is technically challenging, especially considering that the patient has arthritis and typically has brittle bones—the intensity of 2X005 is much greater than 25447.

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Standard package time of 33 minutes

Positioning time: Additional 7 minutes (total = 10 minutes) for padding of bony prominences; application of thermal regulation drapes; assessing position of the extremities and head and adjusting as needed; rotating patient onto hand surgery table; marking, prepping and draping hand; application of tourniquet to the proximal arm; elevating and exsanguinating arm; and inflating pneumatic tourniquet. A total of 10 minutes for upper extremity positioning is supported by RUC reviewed upper extremity codes 64910-64912 (2017), 23656-26358 (2015), 25607-25609 (2014), 36831 (2013), and key reference code 26356 (2015).

Scrub, dress, wait time: Subtract 5 minutes (total time = 10 minutes) to be consistent with survey median.

Immediate Post-time

Package 9a: Subtract 3(total = 25 minutes) to be consistent with the survey median.

Discussion of Postoperative Office Visits

POV1 (24-48 hours after surgery). For this visit, MDM is moderate: (1) The patient has a chronic condition with side effects of surgery (pain, loss of hand/digit function), where the patient is not at the treatment goal of complete pain relief and restoration of grip and pinch strength. (moderate). (2) Discussion of patient management including fabrication of a patient-specific splint with the OT will occur (moderate). (3) Prescription drug management, both narcotic and nonnarcotic pain medication (moderate). With respect to time, the patient will arrive with a splint and large bulky dressing that will take time to take down; assess and document wound status; check for drainage, hematoma, signs of infection; assess and document circulation, sensation, and motor function status; assess and document alignment of thumb and fingers; and assess and document pain and then redress the wound. Time is needed for counseling about pain and swelling mitigation techniques, appropriate use of multimodal pain management, and activity restrictions. Time is needed to contact OT to discuss fabrication of a patient-specific splint. Time is needed to review the findings at surgery and postoperative imaging with the patient, review the care plan, and answer patient/family questions. Time is also needed to complete medical records, file insurance forms, and update other providers. Time is needed to provide a note for work status. The total physician/QHP time for these activities is estimated to be approximately 37 minutes which, in addition to MDM, supports 99214.

POV2 (10-14 days postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and narcotic/nonnarcotic medication for pain will be considered and ordered as required. Total time is estimated at 33 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the second visit.

POV3: (~5-6 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and medication for pain will be considered and adjusted as required. Total time is estimated at 26 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the third visit.

POV4: (~9-10 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal and continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress. Drug management will likely be low MDM. Total time is estimated at 24 minutes. Although 99214 may be supported, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the fourth visit.

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization data not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
-----------	-----------	------------	---

Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
12,945 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. 67.3% of 2021 Medicare utilization for 25447 based on billed-with data.

Specialty hand surgery	Frequency 6100	Percentage 47.12 %
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Specialty plastic surgery	Frequency 600	Percentage 4.63 %
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Specialty orthopaedic surgery	Frequency 6100	Percentage 47.12 %
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Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 25447

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: 26480	Tracking Number D5	Original Specialty Recommended RVU: 9.50
		Presented Recommended RVU: 9.50
Global Period: 090	Current Work RVU: 6.90	RUC Recommended RVU: 9.50

CPT Descriptor: Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 25-year-old male suffers a loss of the ring finger extensor tendon at the dorsum of the hand. He undergoes a tendon transfer of the extensor indicis proprius to the distal stump of the extensor digitorum communis of the ring finger.

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 19% , In the ASC 81%, 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: Write preadmission orders for preoperative medications. Review results of preadmission testing including labs and imaging. Reexamine patient to make sure that physical findings have not changed and update H&P. Meet with patient and family to review planned procedure and postoperative management. Review informed consent with patient. Mark surgical site. Verify that all required instruments and supplies are available. Monitor/assist with patient positioning; padding of bony prominences; and application of thermal regulation drapes. Assess position of the extremities and head, adjust as needed. The patient's arm is placed on the hand surgery table. A tourniquet is applied to the proximal arm. Indicate areas of skin to be prepped. Scrub and gown. The arm and hand are prepped and draped. Perform surgical "time out" with operating surgical team. The arm is elevated and exsanguinated. The pneumatic tourniquet is inflated.

Description of Intra-Service Work: An incision is made over the dorsal aspect of the fourth metacarpal to expose the residual distal stump of the ring finger extensor digitorum communis. The distal tendon stump is dissected free from any surrounding scar tissue. An incision is made over the distal aspect of the second metacarpal to expose the extensor indicis proprius (EIP). The EIP is clearly identified and transected taking care not to injure the extensor hood. A counter incision is made at the distal edge of the extensor retinaculum and the EIP is identified and brought into the proximal wound. The EIP is freed of any connections to adjacent extensor tendons. A subcutaneous tunnel is created from the proximal wound to the distal stump of the ring finger extensor tendon. The EIP is gently passed in to the tunnel from proximal to distal. The EIP is then sutured to the distal stump of the ring finger extensor tendon taking care to apply the appropriate tension. The tension on the tendon transfer is adjusted as needed. The wound is irrigated and then closed in layers.

Description of Post-Service Work:

Office:

The first postop office visit occurs within 24 to 48 hours after surgery. The patient is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of procedure are reviewed with the patient/family. The postoperative radiograph taken after surgery is reviewed with the patient/family. The postoperative splint and bulky dressings are removed and assessment performed of wound status, drainage, hematoma, and signs of infection. The circulation, sensation, and motor function status is assessed. The alignment of the thumb is assessed. Pain is assessed. The wounds are cleaned and redressed and the splint reapplied. An order is written for fabrication of a new splint. Activity limitations (driving, lifting, splint protection) are discussed with the patient/family. The PDMP is checked and orders are made for narcotic and nonnarcotic pain medication. The patient will be counseled on appropriate multi-modal pain

management (ie, narcotic, nonnarcotic). The patient will be counseled on expectations of pain and swelling and techniques for mitigation. The patient will be counseled on timing of follow-up visits and expected therapy protocol (ie, the care plan). Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are completed. Medical record progress notes are dictated, reviewed, and signed. OT will be contacted to discuss the patient-specific splint fabrication that was ordered. An update is provided to the PCP and/or referring provider.

At subsequent postop office visits, the patient is interviewed and data obtained by clinical staff is reviewed. The fitting of the fabricated splint is assessed and the splint and dressings are removed. The wound is assessed. The circulation, sensation, and motor function status of the thumb, fingers, and wrist is assessed. The alignment of the thumb and digits is assessed. Pain is assessed. Range of motion is measured and documented. Grip and pinch strength are measured and documented. The wound is cleaned and sutures removed when appropriate. The patient is counseled on scar control. Padding is applied and the splint is reapplied. Activity limitations are reinforced with the patient, including counseling on finger motion. The PDMP is checked and need for narcotic and/or nonnarcotic pain medication is considered and orders written as appropriate. The patient will be counseled on appropriate pain management. The patient will be counseled on expectations of pain and swelling during recovery and techniques for mitigation. An occupational therapy prescription is written and interval OT notes are reviewed. OT progress is assessed and orders revised as needed. Management of the patient and updates to the care plan is discussed with the OT. Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are updated as required. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023			
Presenter(s):	Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; Hussein Elkousy, MD; William Creevy, MD				
Specialty Society(ies):	ASSH, AAOS, ASPS				
CPT Code:	26480				
Sample Size:	4215	Resp N:	99		
Description of Sample:	random				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	10.00	20.00	100.00
Survey RVW:	6.99	9.00	9.50	10.21	15.68
Pre-Service Evaluation Time:			30.00		
Pre-Service Positioning Time:			10.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	40.00	45.00	60.00	75.00	110.00
Immediate Post Service-Time:	25.00				
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):	109.00	99211x 0.00	12x 0.00	13x 3.00	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:	26480	Recommended Physician Work RVU: 9.50		
		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:		10.00	3.00	7.00
Pre-Service Scrub, Dress, Wait Time:		10.00	15.00	-5.00
Intra-Service Time:		60.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9A General Anes or Complex Reg Blk/Strghtfow Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		25.00	30.00	-5.00

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>109.00</u>	99211x 0.00	12x 0.00	13x 3.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
26356	090	9.56	RUC Time

CPT Descriptor Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
23430	090	10.17	RUC Time

CPT Descriptor Tenodesis of long tendon of biceps

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
14060	090	9.23	RUC Time	80,653

CPT Descriptor 1 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
57240	090	10.08	RUC Time	6,409

CPT Descriptor 2 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 % of respondents: 30.3 %

Number of respondents who choose 2nd Key Reference Code: 14 % of respondents: 14.1 %

TIME ESTIMATES (Median)

	CPT Code: <u>26480</u>	Top Key Reference CPT Code: <u>26356</u>	2nd Key Reference CPT Code: <u>23430</u>
Median Pre-Service Time	50.00	58.00	60.00
Median Intra-Service Time	60.00	60.00	60.00
Median Immediate Post-service Time	25.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	109.0	110.00	78.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	263.00	277.00	247.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	17%	57%	20%	7%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
10%	47%	43%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	20%	53%	27%
Physical effort required	17%	63%	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

27%

57%

17%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

71%

21%

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

14%

50%

36%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

7%

57%

36%

Physical effort required

14%

71%

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

7%

64%

29%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Compelling Evidence - 26480

The expert panel reviewing the history and survey data for code 26480 believes there is compelling evidence that this code is potentially misvalued due to the following:

- ***Flawed methodology in the previous valuation.***

In 2009, code 26480 was identified through a fastest growing screen of more than 10% per year. The surveying societies indicated they did not believe there was a change in patient or technology and therefore did not have compelling evidence that the code was potentially misvalued even though the code was Harvard valued and did not have time allocated for positioning or discharge work and included 4 x 99212 office visits. Even though the survey data suggested a higher value, the RUC recommendation was to maintain the current value which was less than the lowest survey work RVU. The RUC gave no consideration to the significant additional pre and post time when compared with the Harvard data and instead approved maintaining the Harvard value but accepting the new survey data. This essentially reduced the Harvard IWP/UT of 0.065 to a significantly new lower IWP/UT of 0.041 (37% reduction).

Based on this information, we believe a flawed methodology – maintaining a Harvard work RVU with a specific intensity and accepting new survey data with higher times and visits resulting in a lower intensity – was a flawed methodology. When a work RVU recommendation results in an increased intensity, compelling evidence is needed to support the higher intensity. However, in this case, there was no justification provided that the work had changed and the intensity decreased.

- ***Changes in time and technology***

The current work RVU for 26480 is based on selection of level of office visits using old, deleted guidelines. In 2009, when 26480 was surveyed, the 1995 or 1997 guidelines were in place and required for code level selection. Through CY 2020, the descriptors for the levels of E/M services recognized seven components, six of which were used in defining the levels of E/M services (history, examination, medical decision making, counseling, coordination of care, nature of presenting problem, and time). The first three of these components (history, examination, and medical decision making) were considered the key components in selecting a level of E/M service. In addition, for coding purposes, a typical time was included in the E/M code descriptors but could only be used if a majority of the time were spent face-to-face with the patient performing counseling or coordination of care.

For CPT 2021, the reporting guideline for office visit E/M codes were significantly revised to reflect changes in practice including team-based care, the use of electronic health records, and to reduce physician burden. Under the new CPT coding framework, history and exam is no longer used to select the level of E/ M office visit code. Instead, an office/outpatient E/M visit includes a medically appropriate history and exam, when performed. Other changes include the directive to select the level of service based on medical decision making or total time on the date of encounter, where total time equals both face-to-face time and non-face-to-face time of the physician and/or qualified health care professional. These revisions radically changed the way the level of E/M office visit code is selected. The clinically outdated system for number of body systems/areas reviewed and examined under history and exam no longer apply, and the history and exam components will only be performed when, and to the extent, reasonable and necessary, and clinically appropriate. In addition, the work values for the office visit E/M codes were increased based on compelling evidence of a flawed methodology in 2010 when CMS accounted for work neutrality from the elimination of payment for consultation codes and based on changes in technology related to increased work due to the use of electronic health records that contain more data than paper records, most of which must be reviewed including for drug-drug and, with increasing use of homeopathic substances, drug substance interactions. The use of EHRs increased physician work by increasing the time physician spend documenting the medical record. In 2016, it was estimated that for every hour spent with patients, physicians spend 2 hours on EHR and desk work, according to an Annals of Internal Medicine study.

Based on this discussion of recent changes in the value and reporting guidelines for office visit E/M codes, we believe there is compelling evidence that the current work RVU for 26480 is potentially misvalued due to under-reporting of postoperative office work.

Recommendation - 26480

We recommend the survey median work RVU of 9.50

Pre-time

Package 3 is selected with the following modifications:

Evaluation time: Subtract 3 minutes (total = 30 minutes) to be consistent with survey median.

Positioning time: Additional 7 minutes (total = 10 minutes) for padding of bony prominences; application of thermal regulation drapes; assessing position of the extremities and head and adjusting as needed; rotating patient onto hand surgery table; marking, prepping, and draping hand; application of tourniquet to the proximal arm; elevating and exsanguinating arm; and inflating pneumatic tourniquet. A total of 10 minutes for upper extremity positioning is supported by RUC reviewed upper extremity codes 64910-64912 (2017), 23656-26358 (2015), 25607-25609 (2014), 36831 (2013), and key reference code 26356 (2015).

Scrub, dress, wait time: Subtract 5 minutes (total time = 10 minutes) to be consistent with survey median.

Immediate Post-time

Package 9a: Subtract 3(total = 25 minutes) to be consistent with the survey median.

Discussion of Postoperative Office Visits

POV1 (24-48 hours after surgery). For this visit, MDM is moderate: (1) The patient has a chronic condition with side effects of surgery (pain, loss of hand/digit function), where the patient is not at the treatment goal of complete pain relief and restoration of grip and pinch strength. (moderate). (2) Discussion of patient management including fabrication of a patient-specific splint with the OT will occur (moderate). (3) Prescription drug management, both narcotic and nonnarcotic pain medication (moderate). With respect to time, the patient will arrive with a splint and large bulky dressing that will take time to take down; assess and document wound status; check for drainage, hematoma, signs of infection; assess and document circulation, sensation, and motor function status; assess and document alignment of thumb and fingers; and assess and document pain and then redress the wound. Time is needed for counseling about pain and swelling mitigation techniques, appropriate use of multimodal pain management, and activity restrictions. Time is needed to contact OT to discuss fabrication of a patient-specific splint. Time is needed to review the findings at surgery with the patient, review the care plan, and answer patient/family questions. Time is also needed to complete medical records, file insurance forms, and update other providers. Time is needed to provide a note for work status. The total physician/QHP time for these activities is estimated to be approximately 37 minutes which, in addition to MDM, supports 99214.

POV2 (10-14 days postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and narcotic/nonnarcotic medication for pain will be considered and ordered as required. Total time is estimated at 33 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the second visit.

POV3: (~5-6 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal; continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress; and medication for pain will be considered and adjusted as required. Total time is estimated at 26 minutes. However, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the third visit.

POV4: (~9-10 weeks postop): For this visit, MDM is still moderate based on the patient still having a chronic condition from surgery and not at treatment goal and continued discussion with external OT regarding patient management and the care plan which is reviewed and revised as appropriate based on patient progress. Drug management will likely be low MDM. Total time is estimated at 24 minutes. Although 99214 may be supported, the survey median selected level for this visit was 99213, therefore we recommend 99213 for the fourth visit.

The patient will continue to be monitored for a minimum of 6 months postoperatively and up to a year after surgery, by which time it is expected that the treatment goal for the typical patient will be achieved.

Key Reference Code Comparison

Both key reference codes 26356 and 23430 are familiar to the survey respondents and represent similar tendon repair work including the same intraoperative time. The intensity and complexity measures confirm that 26480 is similar (identical) to the key reference codes. In addition, code 26480 identical intraoperative time and similar total time when compared with the key reference codes supports the recommended work RVU of 9.50.

MPC Code Comparison

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99238	99214	99213	99212
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	9.23	0.090	183	30	60	15	0		2	2
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	9.50	0.049	263	50	60	25	0.5	1	3	
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	10.08	0.096	211	56	60	30	0.5		2	

Comparison of 25310 and 26480

- The intraop times and visits for 25310 and 26480 are the same, however because these codes were reviewed at different times in different ways, the RVWs are significantly different.
- Code 25310 was surveyed in 2008 and a value was calculated from the then current value to account for a change from Harvard data that included one-half of a hospital inpatient visit when the claims data showed the typical patient was outpatient. Although the median survey RVW was 9.00, value and time were backed out of the current RVW to change the inpatient visits to outpatient visits.
- Code 26480 was surveyed in 2009, and although the survey data indicated the Harvard based RVW was undervalued, there was no compelling evidence for a change in work. So the RUC maintained the Harvard RVW and adopted the survey data. The rationale indicates this was based on a comparison to 25310 which was reviewed the prior year. With only 8 minutes difference in total time and exactly the same intraop time and postop visits, because there was no compelling evidence, the RUC could not increase the value of 26480.
- The current survey – this time of both codes together - once again maintains that both codes include 60 minutes of intraop and 4 post op visits. In addition, the median RVW is identical for both codes and the 25th to 75th percentile spread is also almost identical.
- We believe these codes were never actually relative in the fee schedule. Repeat survey of the two codes together now in 2023 demonstrates the exact same time and intensity which is what should be reflected in the fee schedule. While we understand the RUCs reliance of previous RUC review, there needs to be some consideration that having a 15% difference in valuation for two codes that are nearly identical in both face value descriptions, and now two different sets of survey data 15 years apart, does not fit the concept of relativity and magnitude estimation.

Comparison to Other RUC Reviewed Codes

There are almost 400 codes in the RUC-reviewed codes with 60 minutes of intraop time, but only 64 codes that have a 90-day global period. As additional support for the median work RVU of 9.50, a RUC database search was conducted with the following parameters:

- RUC reviewed in the past 10 years.
- 90-day global
- Intra-time = 60 minutes
- Total time between 225-325

The table below shows that the median RVW of 9.50 places 26480 in the lower half of codes with the above parameters. All codes below 26480 in the table have lower total times and similar or higher IWPUT. If the 25th percentile survey statistic were used, the IWPUT would be only 0.040 and the WPUT would be 0.034 – both data points would be significantly lower than any E/M code, creating a rank order anomaly.

RUC Year	CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	HV	OV
2019	35701	Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)	7.50	0.051	229	65	60	30	2	1
2019	35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial,	7.50	0.051	229	65	60	30	2	1

		peroneal)								
2016	28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	7.75	0.047	225	53	60	15	0.5	4
2020	19325	Breast augmentation with implant	8.12	0.065	225	62	60	20	0.5	4
2016	28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	8.25	0.048	241	53	60	15	0.5	5
2016	28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	8.57	0.053	241	53	60	15	0.5	5
REC	26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	9.50	0.049	263	50	60	25	0.5	4
2015	26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	9.56	0.055	277	58	60	30	0.5	6
2014	66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	9.58	0.049	254	25	60	10	0.5	7
2013	24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	10.00	0.081	228	60	60	20	0.5	3
2015	54437	Repair of traumatic corporeal tear(s)	11.50	0.087	264	51	60	30	1	4
2017	34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	12.00	0.082	307	80	60	30	3	2
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	12.13	0.117	241	66	60	34	0.5	3
2013	67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	13.20	0.107	260	51	60	15	0.5	5
2018	33025	Creation of pericardial window or partial resection for drainage	13.20	0.101	301	75	60	30	3	1
2018	33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	14.31	0.104	321	55	60	30	4	1
2015	66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	14.84	0.096	325	25	60	10	0.5	11
2014	66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	15.00	0.123	277	25	60	10	0.5	8
2013	67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	16.33	0.160	260	51	60	15	0.5	5
2013	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)	16.33	0.160	260	51	60	15	0.5	5

Incremental Changes in Work

The current RVW for 26480 is 6.90. This value was established prior to the E/M code review and revaluation in recognition of increased work for E/M services. The RUC supported increasing all global codes for the changes in E/M values over the past few years.

For this survey, although the number of postop visits has not changed, the level of visits has changed as supported by both MDM and total time on the day of the encounter. As shown in the table below, the increase in postop work adds 3.52 work RVUs to the current value of 6.90 for a total work RVU of 10.40. This is further support for the recommendation of the median work RVU of 9.50 for 26480.

26480 Postop work changes	Prior E/M RVW	Prior Number Of Visits	Prior RVW for #/level of	2023 E/M RVW	2023 Survey Number Of	2023 Survey RVW for current
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,375
 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 utilization minus 86.6% that will be bundled into 2X005 per billed-with data.

Specialty hand surgery	Frequency 750	Percentage 54.54 %
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Specialty plastic surgery	Frequency 65	Percentage 4.72 %
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Specialty orthopaedic surgery	Frequency 550	Percentage 40.00 %
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Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 26480

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.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 25310, 26480, 25447, 2X005

SPECIALTY SOCIETY(IES): ASSH, AAOS, ASPS

PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; William Creevy, MD ; Hussein Elkousy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Meeting Date: 09/2023

CPT Code	Long Descriptor	Global Period
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	090
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	090
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	090
2X005	suspension, including transfer or transplant of tendon, with interposition, when performed	090

Vignette(s) (*vignette required even if PE only code(s):*)

CPT Code	Vignette
25310	A 55-year-old women presenting with a rupture of the extensor pollicis longus (EPL) undergoes a transfer of the extensor indicis proprius to the residual distal EPL stump.
26480	A 25-year-old male suffers a loss of the ring finger extensor tendon at the dorsum of the hand. He undergoes a tendon transfer of the extensor indicis proprius to the distal stump of the extensor digitorum communis of the ring finger.
25447	A 72-year-old female with painful arthritis at the base of the thumb undergoes excision of the trapezium with interposition of local tissue between the scaphoid and base of the first metacarpal.
2X005	A 68-year-old female with painful arthritis at the base of the thumb undergoes arthroplasty with excision of the trapezium and suspension stabilization of the first metacarpal.

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 RUC Advisors from the surveying societies reviewed current code PE details and discussed how the codes have changed since the prior review to determine if any revisions are required.

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 codes are used as references. Code 2X005 is a new code that bundles the current codes 25310 or 26480 with 25447.

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

FACILITY DIRECT PE INPUTS

CPT CODE(S): 25310, 26480, 25447, 2X005

SPECIALTY SOCIETY(IES): ASSH, AAOS, ASPS

PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; William Creevy, MD ; Hussein Elkousy, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

Flawed methodology of prior review – missing required supplies and equipment.

Aggregate cost for 25310 and 25447 is greater than current cost. Almost all of this increase is due to changes in level of postop E/M. For both codes, however, there is a need for additional supplies that are required related to wound care at the first and second postop visit, including a protective dressing. For all three current codes, there is a need for a sanitizing wipe to clean surfaces (consistent with E/M office visit codes). Additionally, an exam light would be typical for the first and second visits related to examining the wound (POV1) and removal of sutures (POV2).

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

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:

Activity	Clinical Staff Work
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including conducting

FACILITY DIRECT PE INPUTS

CPT CODE(S): 25310, 26480, 25447, 2X005

SPECIALTY SOCIETY(IES): ASSH, AAOS, ASPS

PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; William Creevy, MD ; Hussein Elkousy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

	requisite pre-surgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to family questions about home activity restrictions. Confirmation of discharge antibiotics if needed, and pain medication. Coordination with other physicians/QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office EMR, including medication list, correspondence, and imaging or lab results pending at discharge

c. Post-service period:

The clinical staff work includes the standard activities involved in any E/M visit including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instruction.

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.**

FACILITY DIRECT PE INPUTS

CPT CODE(S): 25310, 26480, 25447, 2X005

SPECIALTY SOCIETY(IES): ASSH, AAOS, ASPS

PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; William Creevy, MD ; Hussein Elkousy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 pack, E/M visit) or a pack that is commercially available?

SA048	pack, minimum multi-specialty visit
SA054	pack, post-op incision care (suture)

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).

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	
DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	SA054	pack		4.62
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

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 Latitude D600), ED038?

- a. If yes, please explain how the computer is used for this service(s).
- b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?

FACILITY DIRECT PE INPUTS

CPT CODE(S): 25310, 26480, 25447, 2X005

SPECIALTY SOCIETY(IES): ASSH, AAOS, ASPS

PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; William Creevy, MD ; Hussein Elkousy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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:

EF031	table, power	Sum of time for all four office visits (=row 91)
EQ168	light, exam	Sum of time for first two office visits (= 53 min + 36 min)

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

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:

EQ081 Cast Cutter is no longer needed for 25310 and 26480 since a splint is placed postoperatively in current practice instead of a cast.

Below is additional information about supplies:

SM022	sanitizing cloth-wipe (surface, instruments, equipment)	Each POV to clean surfaces, consistent with E/M office visit codes
SB007	drape, sterile barrier 16in x 29in	POV1 (day after) under hand/arm when wound is cleaned and examined
SB024	gloves, sterile	POV1 (day after) to clean wound (not needed for POV2 because sterile gloves are included in suture removal pack)
SJ053	swab-pad, alcohol	POV1 (day after) to clean wound (not needed for POV2 because sterile gloves are included in suture removal pack)
SG054	gauze, sterile 3in x 3in	POV1 (day after) to redress wound (not needed for POV2 because sterile gloves are included in suture removal pack)
SG018	bandage, Kling, non-sterile 3in	POV1 (day after) and POV2 to protect wound
SG079	tape, surgical paper 1in (Micropore)	POV1 (day after) and POV2 to secure Kling
SC027	cast, stockinette 4in	POV1 (day after) and POV2 to protect undressed skin under splint
SA054	pack, post-op incision care (suture)	POV2

FACILITY DIRECT PE INPUTS

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**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).

Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the orthopedic surgeon's office. The number of minutes was maintained as equal to the time for the office visit codes.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 25310, 26480, 25447, 2X005

SPECIALTY SOCIETY(IES): ASSH, AAOS, ASPS

PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; William Creevy, MD ; Hussein Elkousy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Meeting Date: 09-2023

CPT Code	Long Descriptor	Global Period
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	090
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	090
25447	Arthroplasty, intercarpal or carpometacarpal joints; interposition (eg, tendon)	090
2X005	suspension, including transfer or transplant of tendon, with interposition, when performed	090

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
25310	A 55-year-old women presenting with a rupture of the extensor pollicis longus (EPL) undergoes a transfer of the extensor indicis proprius to the residual distal EPL stump.
26480	A 25-year-old male suffers a loss of the ring finger extensor tendon at the dorsum of the hand. He undergoes a tendon transfer of the extensor indicis proprius to the distal stump of the extensor digitorum communis of the ring finger.
25447	A 72-year-old female with painful arthritis at the base of the thumb undergoes excision of the trapezium with interposition of local tissue between the scaphoid and base of the first metacarpal.
2X005	A 68-year-old female with painful arthritis at the base of the thumb undergoes arthroplasty with excision of the trapezium and suspension stabilization of the first metacarpal.

****** NO NONFACILITY DIRECT PE INPUTS******

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:

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:

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?

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 25310, 26480, 25447, 2X005

SPECIALTY SOCIETY(IES): ASSH, AAOS, ASPS

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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.

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:

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.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

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:

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:

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 25310, 26480, 25447, 2X005

SPECIALTY SOCIETY(IES): ASSH, AAOS, ASPS

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

b. Service period (includes pre, intra and post):

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*:

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

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*):

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>.

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:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 25310, 26480, 25447, 2X005

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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?

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).

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:

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?

- a. If yes, please explain how the computer is used for this service(s).
- b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
- c. Does the computer include code specific software that is typically used to provide the service(s)?

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:

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 25310, 26480, 25447, 2X005

SPECIALTY SOCIETY(IES): ASSH, AAOS, ASPS

PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeffrey Kozlow, MD; Christopher Shale, MD; William Creevy, MD ; Hussein Elkousy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

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ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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--

A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT				RECOMMENDED	
2					25310		25310		26480		26480		25447		▲25447		25447		26480		2X005		
3	Clinical Activity Code	Meeting Date: 09/2023 Revision Date (if applicable): Tab: 4 Specialty: ASSH, AAOS, ASPS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single;	Transfer or transplant of tendon, carpalometacarpal area or dorsum of hand; without	Transfer or transplant of tendon, carpalometacarpal area or dorsum of hand;	Arthroplasty, interposition, intercarpal or carpalometacarpal joints	Arthroplasty, intercarpal or carpalometacarpal joints; interposition (eg, tendon)	Arthroplasty, interposition, intercarpal or carpalometacarpal joints	Transfer or transplant of tendon, carpalometacarpal area or dorsum of hand; without	Arthroplasty, intercarpal or carpalometacarpal joints; suspension, including transfer or									
4		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
5		GLOBAL PERIOD				90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
6		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7		TOTAL CLINICAL STAFF TIME	L037D			0.0	183.0	0.0	227.0	0.0	183.0	0.0	227.0	0.0	219.0	0.0	227.0	0.0	219.0	0.0	183.0	0.0	227.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D			0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0	0.0	60.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D			0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0	0.0	6.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D			0.0	117.0	0.0	161.0	0.0	117.0	0.0	161.0	0.0	153.0	0.0	161.0	0.0	153.0	0.0	117.0	0.0	161.0
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12		PRE-SERVICE PERIOD																					
13		Start: Following visit when decision for surgery/procedure made																					
14	CA001		L037D				5		5		5		5		5		5		5		5		
15	CA002		L037D				20		20		20		20		20		20		20		20		
16	CA003		L037D				8		8		8		8		8		8		8		8		
17	CA004		L037D				20		20		20		20		20		20		20		20		
18	CA005		L037D				7		7		7		7		7		7		7		7		
28		End: When patient enters office/facility for surgery/procedure																					
29		SERVICE PERIOD																					
30		Start: When patient enters office/facility for surgery/procedure:																					
58		Post-Service (of service period)																					
73	CA036		L037D			n/a	6	n/a	6	n/a	6	n/a	6	n/a	6	n/a	6	n/a	6	n/a	6	n/a	
80		End: Patient leaves office/facility																					
81		POST-SERVICE PERIOD																					
85		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	# visits	
86		99211 16 minutes	16																				
87		99212 27 minutes	27				3				3									3			
88		99213 36 minutes	36				1		3		1		3		2		3		2		1		
89		99214 53 minutes	53						1				1				1					1	
90		99215 63 minutes	63																				
91	CA039		L037D			0.0	117.0	0.0	161.0	0.0	117.0	0.0	161.0	0.0	153.0	0.0	161.0	0.0	153.0	0.0	117.0	0.0	
98		End: with last office visit before end of global period																					
99	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT																			
100		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
101	SA048						4		4		4		4		5		4		5		4		
102	SM022								4				4				4					4	
103	SB007								1				1				1					1	
104	SB024								1				1				1					1	
105	SJ053								2		4		2				2				4	2	
106	SG054								4				4				4					4	
107	SG018								2				2				2					2	
108	SG079								6		360		6				6				360	6	
109	SG027								0.5				0.5				0.5					0.5	
110	SA054						1		1		1		1				1				1	1	
111	SA052												1				1				1	1	
112	SB006										10										10		
113	SB027										10										10		
114	SB044										15										15		
115	SC053										2										2		
116	SG016										2										2		
117	SG017										2										2		
118	SG021										2										2		
119	SG025										5										5		
120	SG029										5										5		
121	SG055										4										4		
122	SG062										4										4		
123	SJ041										150										150		
130	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute																		
131		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
132	EQ081						95.0				108.0										108.0		
133	EF031			Office Visits			95.0		161.0		108.0		161.0		153.0		161.0		153.0		108.0		
134	EF023			Office Visits					0.0				0.0				0.0				0.0		
135	EQ168			Office Visits					89.0				89.0				89.0					89.0	

September 2023

Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services – Tab 5

In May 2023, the CPT Editorial Panel approved the addition of four codes to report Chimeric Antigen Receptor T-cell (CAR-T) Services, added a new subsection with guidelines, and deleted four Category III codes. Genetic alteration and cell expansion are performed by biotechnology companies operating according to FDA stringent manufacturing processes. Therefore, the new codes describe only those steps of this complex process that are currently performed or supervised by physicians. Moreover, in the U.S., the collection, testing, preparation, storage and transport of blood and blood components must comply with FDA regulations and guidance documents which are accounted for in the recommendations for the code family.

3X018 Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day

The RUC reviewed the survey results from 42 pathologists and determined that the survey 25th percentile work RVU of 1.94 appropriately accounts for the physician work involved in this service. New code 3X018 describes lymphocyte collection. The RUC recommends 30 minutes pre-service time, 36 minutes intra-service time, 20 minutes post-service time, and 86 minutes total time as supported by the survey. The RUC acknowledged that 3X018 is a lengthy, 8-hour procedure and the portion that the physician is face-to-face with the patient is typically 36 minutes, while the physician remains immediately available for the entirety of the procedure. The RUC clarified that two different physicians typically report codes 3X018 and 3X019, therefore there is no overlap of pre- and post-service work between the two codes.

To justify a work RVU of 1.94, the RUC compared CPT code 3X018 to the top key reference service code 38241 *Hematopoietic progenitor cell (HPC); autologous transplantation* (work RVU = 3.00, 60 minutes intra-service time and 108 minutes total time) and noted that the reference code has 24 minutes more intra-service time and is more intense than the surveyed code and is therefore appropriately valued higher. It is also specific to stem cells. The RUC referenced CPT code 36511 *Therapeutic apheresis; for white blood cells* (work RVU = 2.00, 30 minutes intra-service time and 85 minutes total time) for further comparison, noting that both codes are cell collection services. However, 3X018 is more complex, is not a therapeutic procedure, and is specific to lymphocytes whereas 36511 is a therapeutic leukocyte procedure.

For additional support, the RUC compared CPT code 3X018 to 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) and noted that the surveyed code requires more time and is therefore valued higher than the comparator code. The RUC concluded that CPT code 3X018 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 1.94 for CPT code 3X018.**

3X019 Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)

The RUC reviewed the survey results from 32 pathologists and determined that the survey 25th percentile work RVU of 0.79 appropriately accounts for the physician work involved in this service. New code 3X019 describes the post-collection handling of the lymphocytes and preparation of the cells to be shipped to the manufacturer. The RUC recommends 5 minutes pre-service time, 18 minutes intra-service time, 5 minutes post-service time as supported by the survey.

To justify a work RVU of 0.79, the RUC compared CPT code 3X019 to the top key reference service code 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.* (work RVU = 0.91, 30 minutes intra-service time and total time) and noted that the reference code has 12 minutes more intra-service time than the surveyed code and therefore is appropriately valued higher. The RUC advised that the second key reference service code 38210 *Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion* (work RVU = 1.57, 60 minutes intra-service time and 75 minutes total time) should not have been included on the RSL nor used as a key reference service. CPT code 38210 has a Medicare Status of “P” which is not valid for Medicare purposes and has no claims data. The RUC concurred that the recommended value is well supported by the first key reference service. The RUC also referenced CPT codes 86077 *Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report* (work RVU = 0.94, 40 minutes intra-service time and total time) and 86079 *Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report* (work RVU = 0.94, 30 minutes intra-service time and total time) to support the RUC recommended work RVU.

For additional support, the RUC compared CPT code 3X019 to MPC codes 85097 *Bone marrow, smear interpretation* (work RVU = 0.94, 25 minutes intra-service and total time) and 88305 *Level IV - Surgical pathology, gross and microscopic examination...* (work RVU = 0.75, 25 minutes intra-service and total time) and noted that the comparison codes appropriately bracket the surveyed code. In addition, MPC code 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75, 20 minutes intra-service time and 26 minutes total time) offers a solid comparison with similar intra-service and total time and a similar amount of physician work as the surveyed code. The RUC concluded that CPT code 3X019 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.79 for CPT code 3X019.**

3X020 Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration

The RUC reviewed the survey results from 32 pathologists and determined that the survey 25th percentile overestimated the physician work typically required to perform this service. New code 3X020 describes receipt of and handling and additional preparation of the genetically altered lymphocytes before administration. The RUC recommends a direct work RVU crosswalk to CPT code 92240 *Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral* (work RVU= 0.80, 20 minutes intra-service time and 22 minutes total time), noting that both services involve an identical amount of intra-service time and similar total time. The RUC recommends the following physician time components: 1-minute pre-service time, 20 minutes intra-service time, 3 minutes immediate post-service time. The RUC

reduced the pre and post-service times from the survey median of 5 minutes pre-service evaluation time to 1 minute, like the crosswalk code, and 5 minutes immediate post-service time to 3 minutes recognizing that the post-service work involves more than just signing the report but also takes into account the rules and regulations required with this service and paperwork for the manufacturer.

The RUC concurred that applying CPT code 92240 as a direct work RVU crosswalk to CPT code 3X020 is supported by several other XXX global codes with similar intra-service time and similar total time, namely, CPT code 88360 *Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual* (work RVU= 0.85, 23 minutes intra-service and total time) and CPT code 74485 *Dilation of ureter(s) or urethra, radiological supervision and interpretation* (work RVU= 0.83, 20 minutes intra-service time and 28 minutes total time). The RUC concluded that CPT code 3X020 should be valued based on a direct work RVU crosswalk to CPT code 92240 and agreed the crosswalk value slightly below the survey 25th percentile was appropriate. **The RUC recommends a work RVU of 0.80 for CPT code 3X020.**

3X021 Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous

The RUC reviewed the survey results from 35 oncologists and hematologists and determined that a work RVU of 3.00, which represents both the survey 25th and median values, appropriately accounts for the physician work involved in this service. New code 3X021 describes administration of genetically altered lymphocytes. The RUC recommends 40 minutes pre-service evaluation time, 30 minutes intra-service time, 30 minutes post-service time, and 100 minutes total time as supported by the survey. The RUC established that there is no duplication of work, as an Evaluation and Management (E/M) service would typically be reported with 3X021 in the facility setting and confirmed that it is typical to treat only one patient per day.

To justify a work RVU of 3.00, the RUC compared CPT code 3X021 to the top key reference service code 38241 *Hematopoietic progenitor cell (HPC); autologous transplantation* (work RVU = 3.00, 60 minutes intra-service time and 108 minutes total time) and discussed that the intra-service time is twice that of the surveyed code with similar total time, yet the surveyed code is much more intense, justifying the same value for the two codes. CAR-T services exhibit heightened intensity attributable to various factors. The CAR-T cell product is characterized by its diminutive size, exorbitant cost, and substantial scarcity, rendering its acquisition a formidable endeavor. Patients and healthcare providers invest significant time, spanning weeks or even months, in preparation for the administration of this product. Consequently, the intrinsic value of the cellular infusion is imbued with a sense of preciousness. In stark contrast to the reference code, wherein donors can be approached for additional contributions under appropriate circumstances, the CAR-T paradigm affords scant opportunities for recourse in the event of product-related mishaps. The surveyed code thus encapsulates the stressors inherent in treating patients in an advanced state of illness, for whom CAR-T therapy represents a last-chance intervention.

The RUC also noted that the median pre-service evaluation time is 40 minutes for the surveyed code compared with 18 minutes for the top key reference service code despite a similar description of pre-service work. The specialties clarified that there are several unique physician activities included in CAR-T services which are novel or more exaggerated in comparison to the key reference codes. These include checking and confirming multiple aspects of the CAR-T product specifications, quality control testing results, and dose. These are more extensive than the checks on the product in the reference code. A baseline Immune effector Cell-Associated Neurotoxicity Syndrome (ICANS) assessment is

performed, which is not part of the reference codes. Preparing the patient, staff, pre-medications, and emergency equipment are also performed in advance of product thawing (actual product thawing reported with 3X020), since the CAR-T product (unlike the product in the reference codes) has a very short expiration time. This prolongs the pre-time as compared to the reference code since coordination and preparation must be sequential and precisely coordinated.

For additional support, the RUC compared CPT code 3X021 to MPC codes 72158 *Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar* (work RVU = 2.29, 25 minutes intra-service time and 35 minutes total time) and 99291 *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes* (work RVU = 4.50, 40 minutes intra-service time and 70 minutes total time) and noted that the comparison codes appropriately bracket the surveyed code. The RUC concluded that CPT code 3X021 should be valued at the 25th and median work RVU as supported by the survey. **The RUC recommends a work RVU of 3.00 for CPT code 3X021.**

Practice Expense

For CPT code 3X021, no changes were made to the recommended inputs as submitted by the specialty societies. The PE Subcommittee discussed the monitoring time and agreed that 3 hours is typical for this service. **The RUC recommends the direct practice expense inputs for CPT code 3X021 as submitted by the specialty societies.**

The RUC determined that the non-facility practice expense RVU for CPT codes 3X018-3X020 should be contractor-priced. The RUC noted that the specialties could revisit the practice expense if this new technology moves to the physician office setting by submitting a request to CMS to price it in the non-facility.

New Technology

CPT codes 3X018-3X021 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
Hemic and Lymphatic Systems General <u>Cellular and Gene Therapies</u>				

Cellular and gene therapies involve the collection, processing and handling of cells or other tissues, genetic modification of those cells or tissues, and administration of the genetically modified cells or tissues with the intent to treat, modify, reverse, or cure a serious or life-threatening disease or condition.

Codes 3X018, 3X019, 3X020, 3X021 describe the various steps required to collect, prepare, transport, receive, and administer genetically modified T cells. The collection and handling code (3X018) may be reported only once per day, regardless of the number of collections or quantity of cells collected. Similarly, the administration code (3X021) may only be reported once per day, regardless of the number of units administered. The development of genetically modified cells is not reported with this family of codes.

Chimeric antigen receptor therapy (CAR-T) with genetically modified T cells begins with the collection of cells from the patient by peripheral blood leukocyte cell harvesting. The cells are then cryopreserved and/or otherwise prepared for processing or shipping to a manufacturing or cell processing facility, if applicable, where gene modification and expansion of the cells is performed. When gene modification and expansion of the cells by the manufacturer is complete, the genetically modified cells are returned to the physician or other qualified health care professional in which additional preparation occurs including thawing of the cryopreserved CAR-T cells, if necessary, before the cells are administered to the patient.

The procedure to administer CAR-T cells includes physician or other qualified health care professional monitoring of multiple physiologic parameters, verification of cell processing, evaluation of the patient during, as well as immediately before and after the administration of the CAR-T cells direct supervision of clinical staff, and management of any adverse events during the administration. Care on the same date of service that is not directly related to the service of administration of the CAR-T cells (eg, care provided after the administration is complete, care for the patient’s underlying condition or for other medical problems) may be separately reported using the appropriate evaluation and management code with modifier 25. Management of uncomplicated adverse events (eg, nausea, urticaria) during the infusion is not reported separately.

The fluid used to administer the cells and other infusions for incidental hydration (eg, 96360, 96361) are not reported separately. Similarly, infusion(s) of any supportive medication(s) (eg, steroids) concurrently with the CAR-T cell administration are not reported separately. However, hydration or administration of medications (eg, antibiotics, opioids) unrelated to the CAR-T administration may be reported separately with modifier 59.

(For administration of drugs, agents and biologic response modifiers, see Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

(For transplant services/procedures, see Bone Marrow or Stem Cell Services/Procedures)

●3X018	E1	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	XXX	1.94
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●3X019	E2	preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	XXX	0.79
●3X020	E3	receipt and preparation of CAR-T cells for administration	XXX	0.80
●3X021	E4	CAR-T cell administration, autologous	XXX	3.00

Bone Marrow or Stem Cell Services/Procedures

Codes 38207-38215 describe various steps used to . . .

Category III Codes

Cellular and Gene Therapy

Cellular and gene therapies involve the collection, processing and handling of cells or other tissues, genetic modification of those cells or tissues, and administration of the genetically modified cells or tissues with the intent to treat, modify, reverse or cure a serious or life-threatening disease or condition.

Codes 0537T, 0538T, 0539T, 0540T describe the various steps required to collect, prepare, transport, receive, and administer genetically modified T cells. The collection and handling code (0537T) may be reported only once per day, regardless of the number of collections or quantity of cells collected. Similarly, the administration code (0540T) may only be reported once per day, regardless of the number of units administered. The development of genetically modified cells is not reported with this family of codes.

Chimeric antigen receptor therapy (CAR-T) with genetically modified T cells begins with the collection of cells from the patient by peripheral blood leukocyte cell harvesting. The cells are then cryopreserved and/or otherwise prepared for processing or shipping to a manufacturing or cell processing facility, if applicable, where gene modification and expansion of the cells is performed. When gene modification and expansion of the cells by the manufacturer is complete, the genetically modified cells are returned to the physician or other qualified health care professional in which additional preparation occurs including thawing of the cryopreserved CAR-T cells, if necessary, before the cells are administered to the patient.

The procedure to administer CAR-T cells includes physician monitoring of multiple physiologic parameters, physician verification of cell processing, evaluation of the patient during, as well as immediately before and after the administration of the CAR-T cells, physician presence during the administration and direct supervision of clinical staff, and management of any adverse events during the administration. Care on the same date of service that is not directly related to the service of administration of the CAR-T cells (eg, care provided after the administration is complete, care for the patient's underlying condition or for other medical problems) may be separately reported using the appropriate evaluation and management code with modifier 25. Management of uncomplicated adverse events (eg, nausea, urticaria) during the infusion is not reported separately.

The fluid used to administer the cells and other infusions for incidental hydration (eg, 96360, 96361) are not reported separately. Similarly, infusion(s) of any supportive medication(s) (eg, steroids) concurrently with the CAR-T cell administration are not reported separately.

However, hydration or administration of medications (eg, antibiotics, opioids) unrelated to the CAR-T administration may be reported separately with modifier 59.

~~0537T Chimeric antigen receptor T cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day~~

~~0538T preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)~~

~~0539T receipt and preparation of CAR-T cells for administration~~

~~0540T CAR-T cell administration, autologous~~

(0537T, 0538T, 0539T, 0540T have been deleted)

(For chimeric antigen receptor T-Cell [CAR-T] therapy, see 3X018, 3X019, 3X020, 3X021)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 3X018	Tracking Number E1	Original Specialty Recommended RVU: 1.94
		Presented Recommended RVU: 1.94
Global Period: XXX	Current Work RVU: N/A	RUC Recommended RVU: 1.94

CPT Descriptor: Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with refractory diffuse large B-cell lymphoma is referred for treatment with autologous chimeric antigen receptor T cell (CAR-T) therapy.

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 physician reviews the patient's medical record to determine patient suitability for collection to detect any contraindications to leukocytapheresis or anticoagulation, to confirm an appropriate indication, and to guide the collection procedure plan. Information reviewed may include clinical notes, medications, allergies, past medical history, weight, and relevant laboratory values (complete blood count, electrolytes, coagulation testing). The physician determines any necessary interventions required prior to the apheresis procedure and ensures that they are completed. The physician documents procedure orders including anticoagulant type, blood volume processed, pre-medications, and prn medications to treat potential reactions and communicates with the apheresis team. The physician performs the consent process with the patient and answers any questions posed by the patient, family, and referring physician.

Description of Intra-Service Work: The physician supervises the initial collection of blood-derived T lymphocytes and patient monitoring. The physician remains immediately available throughout the duration of the procedure. The physician evaluates the patient and manages any complications that occur.

Description of Post-Service Work: The physician documents the procedure, including complications and treatments administered. The physician communicates with the referring team as needed for continuity of care. The physician ensures that the harvested cells are appropriately delivered to the physician responsible for sending the cells to the manufacturer for processing.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023			
Presenter(s):	Roger McLendon,MD, Elizabeth Godbey, MD, Patrick Godbey, MD				
Specialty Society(ies):	College of American Pathologists				
CPT Code:	3X018				
Sample Size:	6500	Resp N:	42		
Description of Sample:	Random/applicable subset				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	11.00	20.00	35.00	88.00
Survey RVW:	0.26	1.94	2.88	3.50	4.20
Pre-Service Evaluation Time:			30.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	6.00	20.00	36.00	46.00	180.00
Immediate Post Service-Time:	20.00				
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:	3X018	Recommended Physician Work RVU: 1.94		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		30.00	0.00	30.00
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:		36.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		20.00	0.00	20.00

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
38241	XXX	3.00	RUC Time

CPT Descriptor Hematopoietic progenitor cell (HPC); autologous transplantation

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
80505	XXX	1.71	RUC Time

CPT Descriptor 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.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36456	XXX	2.00	RUC Time	2

CPT Descriptor 1 Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99214	XXX	1.92	RUC Time	83,366,712

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 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.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
50391	000	1.96	RUC Time

CPT Descriptor Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)

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: 15 % of respondents: 35.7 %

Number of respondents who choose 2nd Key Reference Code: 10 % of respondents: 23.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>3X018</u>	Top Key Reference CPT Code: <u>38241</u>	2nd Key Reference CPT Code: <u>80505</u>
Median Pre-Service Time	30.00	18.00	0.00
Median Intra-Service Time	36.00	60.00	54.00
Median Immediate Post-service Time	20.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	86.00	108.00	54.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	20%	27%	47%	7%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
20%	27%	53%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	13%	53%	33%
Physical effort required	33%	47%	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

14%

20%

67%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

27%

40%

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

7%

47%

20%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

.0%

27%

47%

Physical effort required

0%

53%

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%

33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the April 2023 CPT Editorial Panel meeting Category III codes 0537T, 0538T, 0593T, and 0540T used to describe the services associated with Chimeric Antigen Receptor T cell (CAR-T) therapies were approved for Category I status for CPT 2025.

3X018 Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for

development of genetically modified autologous CAR-T cells, per day

3X019 Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)

3X020 Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration

3X021 Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous

All four codes were designated as XXX global services on the RUC's level of interest. The CAP indicated level one interest in CPT codes 3X018, 3X019, and 3X020. ASCO, ASH, ASTCT indicted level one interest in CPT code 3X021 only.

CAR-T cell therapy has significantly grown in use nationwide since the Category III codes were approved. CAR-T therapies are now the standard of care for many patients with relapsed/ refractory large B-cell lymphoma and myeloma and other hematologic malignancies.

The codes describe procedures required for creating and administering CAR-T therapy, a treatment for certain cancers. Six types of CAR-T cell therapies have been approved by the FDA and are currently being administered to patients with the following conditions:

B-cell acute lymphoblastic leukemia (ALL)

Diffuse B-cell non-Hodgkin lymphoma (NHL)

Follicular lymphoma

Mantle cell lymphoma

Multiple myeloma

To create and administer CAR-T cells, lymphocytes are collected from the peripheral blood of the patient, genetically altered using a viral vector that causes the production of new cell surface receptors that enable the cells to attack the patient's cancer, expanded and then administered to the patient. Although these processes bear a resemblance to autologous stem cell transplant, there are significant differences: the patient population is frequently sicker, and the collection, handling, and administration of the cells must be performed under stringent conditions.

The genetic alteration and cell expansion are performed by biotechnology companies operating according to FDA good manufacturing processes. Therefore, the proposed codes describe only those steps of this complex process that are currently performed or supervised by physicians. The first code (3X018) describes lymphocyte collection; the second code (3X019) describes the post-collection handling of the lymphocytes and preparation of the cells to be shipped to the manufacturer; the third code (3X020) describes receipt of and handling and additional preparation of the genetically altered lymphocytes before administration; the fourth code (3X021) describes administration of the genetically altered lymphocytes. In the U.S., the collection, testing, preparation, storage and transport of blood and blood components must comply with FDA regulations and guidance documents. Additionally, the facility's standard operating procedures and administrative operations must be in compliance with applicable law and the standards of two joint accrediting agencies, the Foundation for the Accreditation of Cellular Therapy (known as FACT) and the Joint Accreditation Committee of the International Society for Cellular Therapy and the European Group for Blood & Marrow Transplantation (also known as JACIE). FACT-JACIE Standards are unique in depth and breadth, being applicable to all phases of cell collection, processing, storage, transportation, and administration, and to all phases of clinical application including standard of care therapies and products, products administered under regulatory-approved clinical trials, and licensed (or other regulatory approval) products.

Multiple specialty physicians administer CAR-T therapy. Pathologists work as a team with oncologists and hematologists to provide this service to patients. Pathologists routinely perform the harvesting of the T lymphocytes, the preparation of the cells for transport, and the receipt and preparation of the CAR-T cells for administration. Hematologists, oncologists, and transplantation physicians routinely administer CAR-T cells. Therefore, the College of American Pathologists (CAP) surveyed and developed RUC recommendations for 3X018, 3X019, and 3X020. The American Society of Hematology (ASH), American Society for Transplantation and Cellular Therapy (ASTCT), and the American Society of Clinical Oncology (ASCO) surveyed and developed RUC recommendations for 3X021.

Survey Instrument for 3X018

CPT code 3X018 is used to report the harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day. The CAP realized that the standard pathology work survey (written for anatomic pathology procedures) would not be appropriate for this new service as 3X018 is a face-to-face procedure, similar to 000-day global CPT codes 36511 Therapeutic apheresis; for white blood cells and 38206 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous. The CAP reviewed the 000-day global work survey instrument for potential edits to the standard therapy work survey instrument. The CAP requested to use a custom service period definition for question 2 of the RUC survey which is similar to the 000-day global survey instrument. The Research Subcommittee did not approve the society's initial proposal, noting that the language was too specific and should borrow more text from other standard therapy survey template. The Research Subcommittee approved the custom survey language as follows:

Research-Approved the Service Period Definitions for Custom Survey of 3X018:

Pre-service period

Preparing to see the patient, reviewing records, communicating with other professionals, patient and family, and obtaining patient consent. Preparing needed equipment for the procedure.

~~Preparing to see the patient, reviewing records, and communicating with other professionals.~~

Intra-service period

Intra-service period includes treatment/therapy/procedure and documentation of services, which may include written report.

~~Intra-service period includes treatment/therapy and documentation of services which may include written report.~~

Post-service period

Post-service period includes arranging for further services and communicating (written or verbal) with the patient, family and other professionals.

~~Post-service period includes arranging for further services communicating (written or verbal) with the patient, family and other professionals.~~

The RUC's standard therapy work survey instrument was used for CPT codes 3X019 and 3X020.

Survey effort and results

The CAP conducted a physician work survey of 6,500 randomly selected active members, resulting in 42 respondents. Survey respondents agreed (93%) that the vignette represented the typical patient, which is described as a 67-year-old male with refractory diffuse large B-cell lymphoma is referred for treatment with autologous chimeric antigen receptor T cell (CAR-T) therapy. Below are the vignettes of the three respondents that did not agree with the surveyed vignette:

- 19-year-old patient with refractory relapsed ALL, enrolled to receive CD19 CAR-T therapy.
- Pediatric patient with B cell neoplasm
- Typical patient: Relapsed, refractory acute leukemia, pediatric age range 1 - 18 years.

The survey instrument contained 21 reference codes for respondents to choose from to depict the most similar physician service that were easily recognizable and understood by all specialty physicians. AMA staff directed us to only include XXX global services on the reference service list. The reference service list physician work RVUs ranged from 0.23 to 4.00.

The Key Reference Service (KRS) codes were:

First 38241 Hematopoietic progenitor cell (HPC); autologous transplantation (work RVU = 3.00 18 minutes pre, 60 minutes intra, 30 minutes post, total time is 108 minutes. **35.7%**

Secondary 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. (Work RVU = 1.71, 54 minutes intra and total time) **23.8%**

Pathologists are integrally involved with all aspects of blood and cell collection, processing, storage, transportation, and administration, and understand the processes undertaken and physician work associated with CPT codes 38241 and 80505.

Expert Panel Review and Opinion:

The survey results for CPT code 3X018 were reviewed by an expert panel consisting of CAP's Economic Affairs Committee physician members, including experts who perform the service. The expert panel considered the total work, time, intensity, and complexity of the typical patient case, and agreed that the 25th percentile work value of 1.94 with a median time of 30 minutes preservice, 36 minutes intra-service, and 20 minutes post service represent the physician work of this service based on the survey results and their experience. Additionally, the value of 1.94 is appropriate based on comparisons of key reference services, IWP/UT, and relative to other codes on the physician fee schedule.

Recommendation:

The CAP recommends a physician work RVU of 1.94 for CPT code 3X018 with 30 minutes preservice, 36 minutes intra-service, and 20 minutes post service and total time of 86 minutes. The expert panel believes that our survey supports our recommendation for this new CPT code service.

Additional Discussion and Comparison Codes

The work described by first KRS code 38241 (Hematopoietic progenitor cell (HPC); autologous transplantation) while very similar to 3X018, a key difference is that the physician for the surveyed code (3X018) spends significantly more

time during the pre-service period determining patient suitability for the procedure and determining if there are any required physician interventions necessary prior to the cell collection. The 25th percentile work RVU of 1.94 recommended for CPT code 3X018 is bracketed by the 1st KRS code 38241, work RVU of 3.00 and the secondary reference service code 80505 with a work RVU of 1.71.

The physician work described by the secondary reference code CPT code 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, only has intra-service time for physician work, whereas the survey code describes physician work in the pre-, intra- and post service periods. The total time for 3X018 is 86 minutes.

The CAP review of MPC codes determined that the following CPT codes bracket the recommended WRVU of 1.94: 36456 - Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn; (work RVU 2.00) and 99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter; (work RVU 1.92)

The CAP also reviewed other CPT codes for time and work RVUs that are similar in physician work, time, and complexity to our RUC recommendation for CPT code 3X018. See the table below.

CPT Code	Descriptor	Global Period	Work RVU	Intra-time	Total time	IWPUT
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	000	1.96	30	80	0.0280
36511	Therapeutic apheresis; for white blood cells	000	2.00	40	85	0.0256
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	000	1.50	35	95	0.0045
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	000	1.96	30	60.5	0.0426
79101	Radiopharmaceutical therapy, by intravenous administration	XXX	1.96	30	80	0.0280
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	XXX	1.92	30	50	0.0491
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	XXX	2.00	30	60	0.0443
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	000	1.89	50	80	0.0244
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.	XXX	1.92	30	47	0.0409

The CAP recommends a physician work RVU of 1.94 for new CPT code 3X018 with 30 minutes of pre-service, 36 minutes of intra-service and 20 minutes of post service time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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. Harvesting of the cells 3X018 and preparation for transport 3X019 may be performed on the same day.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Category III CPT code 0537T Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day

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 Pathology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. CIBMTR CAR-T registry data.

Specialty Pathology Frequency 4000 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? 1,200

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CIBMTR CAR-T registry data, 30% Medicare patients

Specialty Pathology Frequency 1200 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

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number N/A

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 36512

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 3X019	Tracking Number E2	Original Specialty Recommended RVU: 0.79
Global Period: XXX	Current Work RVU: NA	Presented Recommended RVU: 0.79
		RUC Recommended RVU: 0.79

CPT Descriptor: Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with refractory diffuse large B-cell lymphoma is referred for treatment with autologous chimeric antigen receptor T cell (CAR-T) therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Physician evaluates, investigates, and approves planned and unplanned deviations in from standard operating procedures. Authorization for the distribution of non-conforming cellular therapy products and products released due to urgent medical need.

Description of Intra-Service Work: Confirms proper labeling to identify patient, date of collection, and assessment of risk of infectious disease transmission. Receive Batch Record (BR) after product collection. Confirm post-collection cell product appropriately collected with facility-defined requirements achieved. Review BR to confirm it includes product characteristics, infectious disease results, verified critical calculations, and performance of good documentation practices. Confirm patient information and donor identification number with BR are associated with facility-defined CAR-T specific treatment process checklist.

Description of Post-Service Work: Confirm documentation of all steps of intermediate review have been completed in facility-defined CAR-T specific treatment checklist (post collection review).

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023			
Presenter(s):	Roger McLendon,MD, Elizabeth Godbey, MD, Patrick Godbey, MD				
Specialty Society(ies):	College of American Pathologists				
CPT Code:	3X019				
Sample Size:	7300	Resp N:	32		
Description of Sample:	Random Sample of Applicable Subset				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	5.00	15.00	25.00	300.00
Survey RVW:	0.50	0.79	0.91	1.24	4.30
Pre-Service Evaluation Time:			5.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	5.00	15.00	18.00	20.00	60.00
Immediate Post Service-Time:	5.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	3X019	Recommended Physician Work RVU: 0.79		
		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:		18.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
80504	XXX	0.91	RUC Time

CPT Descriptor 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.

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
38210	XXX	1.57	RUC Time

CPT Descriptor Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
85097	XXX	0.94	RUC Time	133,378

CPT Descriptor 1 Bone marrow, smear interpretation

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
88305	XXX	0.75	RUC Time	15,994,812

CPT Descriptor 2 Level IV - Surgical pathology, gross and microscopic examination

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93015	XXX	0.75	RUC Time

CPT Descriptor Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 % of respondents: 34.3 %

Number of respondents who choose 2nd Key Reference Code: 9 % of respondents: 28.1 %

TIME ESTIMATES (Median)

	CPT Code: <u>3X019</u>	Top Key Reference CPT Code: <u>80504</u>	2nd Key Reference CPT Code: <u>38210</u>
Median Pre-Service Time	5.00	0.00	5.00
Median Intra-Service Time	18.00	30.00	60.00
Median Immediate Post-service Time	5.00	0.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	28.00	30.00	75.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity		55%	45%		

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
18%	73%	9%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	82%	0%	18%
Physical effort required	73%	0%	27%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

45%

0%

55%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

56%

44%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

33%

22%

44%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

78%

22%

Physical effort required

78%

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

67%

33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the April 2023 CPT Editorial Panel meeting Category III codes 0537T, 0538T, 0593T, and 0540T used to describe the services associated with Chimeric Antigen Receptor T cell (CAR-T) therapies were approved for Category I status for CPT 2025.

3X018 Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for

development of genetically modified autologous CAR-T cells, per day

3X019 Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)

3X020 Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration

3X021 Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous

All four codes were designated as XXX global services on the RUC's level of interest. The CAP indicated level one interest in CPT codes 3X018, 3X019, and 3X020. ASCO, ASH, ASTCT indicted level one interest in CPT code 3X021 only.

CAR-T cell therapy has significantly grown in use nationwide since the Category III codes were approved. CAR-T therapies are now the standard of care for many patients with relapsed/ refractory large B-cell lymphoma and myeloma and other hematologic malignancies.

The codes describe procedures required for creating and administering CAR-T therapy, a treatment for certain cancers. Six types of CAR-T cell therapies have been approved by the FDA and are currently being administered to patients with the following conditions:

B-cell acute lymphoblastic leukemia (ALL)

Diffuse B-cell non-Hodgkin lymphoma (NHL)

Follicular lymphoma

Mantle cell lymphoma

Multiple myeloma

To create and administer CAR-T cells, lymphocytes are collected from the peripheral blood of the patient, genetically altered using a viral vector that causes the production of new cell surface receptors that enable the cells to attack the patient's cancer, expanded and then administered to the patient. Although these processes bear a resemblance to autologous stem cell transplant, there are significant differences: the patient population is frequently sicker, and the collection, handling, and administration of the cells must be performed under stringent conditions.

The genetic alteration and cell expansion are performed by biotechnology companies operating according to FDA good manufacturing processes. Therefore, the proposed codes describe only those steps of this complex process that are currently performed or supervised by physicians. The first code (3X018) describes lymphocyte collection; the second code (3X019) describes the post-collection handling of the lymphocytes and preparation of the cells to be shipped to the manufacturer; the third code (3X020) describes receipt of and handling and additional preparation of the genetically altered lymphocytes before administration; the fourth code (3X021) describes administration of the genetically altered lymphocytes. In the U.S., the collection, testing, preparation, storage and transport of blood and blood components must comply with FDA regulations and guidance documents. Additionally, the facility's standard operating procedures and administrative operations must be in compliance with applicable law and the standards of two joint accrediting agencies, the Foundation for the Accreditation of Cellular Therapy (known as FACT) and the Joint Accreditation Committee of the International Society for Cellular Therapy and the European Group for Blood & Marrow Transplantation (also known as JACIE). FACT-JACIE Standards are unique in depth and breadth, being applicable to all phases of cell collection, processing, storage, transportation, and administration, and to all phases of clinical application including standard of care therapies and products, products administered under regulatory-approved clinical trials, and licensed (or other regulatory approval) products.

Multiple specialty physicians administer CAR-T therapy. Pathologists work as a team with oncologists and hematologists to provide this service to patients. Pathologists routinely perform the harvesting of the T lymphocytes, the preparation of the cells for transport, and the receipt and preparation of the CAR-T cells for administration. Hematologists, oncologists, and transplantation physicians routinely administer CAR-T cells. Therefore, the College of American Pathologists (CAP) surveyed and developed RUC recommendations for 3X018, 3X019, and 3X020. The American Society of Hematology (ASH), American Society for Transplantation and Cellular Therapy (ASTCT), and the American Society of Clinical Oncology (ASCO) surveyed and developed RUC recommendations for 3X021.

Survey effort and results

The RUC's standard therapy work survey instrument was used for CPT codes 3X019 and 3X020 as the standard pathology survey instrument is used mainly for anatomic pathology services. CPT code 3X019 is used to report the preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage) which occurs after the harvesting of blood-derived T lymphocytes.

The CAP conducted a physician work survey of 7,300 randomly selected active CAP members, resulting in 32 respondents. Survey respondents agreed (100%) that the vignette represented the typical patient, which describes a 67-year-old male with refractory diffuse large B-cell lymphoma is referred for treatment with autologous chimeric antigen receptor T cell (CAR-T) therapy.

The survey instrument contained 21 reference codes for respondents to choose from to depict the most similar physician service that were easily recognizable and understood by all specialty physicians. AMA staff directed us to only include XXX global services on the reference service list. The reference service list physician work RVUs ranged from 0.23 to 4.00.

The Key Reference Service (KRS) codes were:

First 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. **34%**

Secondary 38210 - Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion **28%**

Pathologists are integrally involved with all of the clinical and regulatory aspects of blood and cell collection, processing, storage, transportation, and administration, and understand the processes undertaken and physician work associated with CPT codes 38210 and 80504.

Expert Panel Review and Opinion:

The survey results for CPT code 3X019 were reviewed by an expert panel consisting of CAP's Economic Affairs Committee physician members, including experts who perform the service. The expert panel considered the total work, time, intensity, and complexity of the typical patient case, and agreed that the 25th percentile work value of 0.79 with a median time of 5 minutes preservice, 18 minutes intra-service, and 5 minutes post service represent the physician work of this service based on the survey results and their experience. Additionally, the value of 0.79 is appropriate based on comparisons of key reference services, IWPUT, and relative to other codes on the physician fee schedule.

Recommendation:

The CAP recommends a physician work RVU of 0.79 for CPT code 3X019 with 5 minutes preservice, 18 minutes intra-service, and 5 minutes post service and total time of 28 minutes. The expert panel believes that our survey supports our recommendation for this new CPT code service.

Additional Discussion and Comparison Codes

The CAP reviewed the following XXX global MPC codes for time and work RVUs that are similar in physician work, time, and complexity to our RUC recommendation for CPT code 3X019. See the table below.

CPT Code	Long Descriptor	Work RVU	Intra Time	Total Time	IWPUT	RUC Review
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	0.54	10	22	0.027	2016-04
76830	Ultrasound, transvaginal	0.69	10	23	0.040	2012-04
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	0.70	15	20	0.039	2016-10
88342*	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	0.70	25	25	0.0280	2014-4
88305	Level IV - Surgical pathology, gross and microscopic examination	0.75	25	25	0.030	2010-04
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	20	26	0.031	2012-04
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude,)	0.78	20	33	0.024	2015-04
76700	Ultrasound, abdominal, real time with image documentation; complete	0.81	11	21	0.053	2013-10
78306	Bone and/or joint imaging; whole body	0.86	10	20	0.064	2016-04

		CPT Code: 3X019				
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	0.88	15	25	0.044	2007-02
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	0.90	15	22	0.050	2019-01
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	0.92	15	25	0.046	2007-02
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	0.93	15	20	0.047	2019-04
85097	Bone marrow, smear interpretation	0.94	25	25	0.038	2017-04
36440	Push transfusion, blood, 2 years or younger	1.03	15	35	0.039	2016-01
95819	Electroencephalogram (EEG); including recording awake and asleep	1.08	15	26	0.056	2012-10

* Non MPC code

The CAP recommends a physician work RVU of 0.79 for new service CPT code 3X019 with 5 minutes of pre-service, 18 minutes of intra-service and 5 minutes of post service time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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. Harvesting (3X018) and preparation for transport (3X019) may be performed on the same day.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0538T - Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood derived T lymphocytes for transportation (eg, cryopreservation, storage)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 3X020	Tracking Number E3	Original Specialty Recommended RVU: 0.96
Global Period: XXX	Current Work RVU: NA	Presented Recommended RVU: 0.96
		RUC Recommended RVU: 0.80

CPT Descriptor: Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with refractory diffuse large B-cell lymphoma is referred for treatment with autologous chimeric antigen receptor T cell (CAR-T) therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Receipt and review of product from manufacturer following all mandated regulatory protocols, and other elements related to the transfection of the cells.

Description of Intra-Service Work: Confirm documentation of all steps of final review have been completed on the facility-defined CAR-T specific treatment process checklist including;

- Review and confirm the infusion order of cellular therapy products and confirm that the order product type matches the drug information as documented on the CAR-T specific treatment process checklist,
- Review commercial CAR-T certification of analysis to confirm matching of batch record patient identifiers with product information.
- Confirm infusion cell dose is within acceptable limits as described on the drug product label and package insert.
- Confirm patient infusion weight is within facility-defined change range from collection weight. If necessary, confirm drug infusion dose is not out of specification given weight change.

The physician or other qualified health care professional oversees the thawing of cryopreserved, genetically modified cells for cellular therapy. These cells must be thawed in a controlled manner to ensure viability and stored in containers to minimize risk of product cross-contamination.

Description of Post-Service Work: Ensure that cells were appropriately thawed and remain viable for infusion. Problems or deviations before and/or after infusion must be documented.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023			
Presenter(s):	Roger McLendon,MD, Elizabeth Godbey, MD, Patrick Godbey, MD				
Specialty Society(ies):	College of American Pathologists				
CPT Code:	3X020				
Sample Size:	7300	Resp N:	32		
Description of Sample:	Random and Random Sample of Applicable Subset				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	6.00	15.00	25.00	300.00
Survey RVW:	0.45	0.96	1.13	1.63	4.30
Pre-Service Evaluation Time:			5.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	15.00	20.00	25.00	50.00
Immediate Post Service-Time:	5.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	3X020	Recommended Physician Work RVU: 0.80		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		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:		20.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
38210	XXX	1.57	RUC Time

CPT Descriptor Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
80504	XXX	0.91	RUC Time

CPT Descriptor 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.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
85097	XXX	0.94	RUC Time	133,378

CPT Descriptor 1 Bone marrow, smear interpretation

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95819	XXX	1.08	RUC Time	161,385

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
36440	XXX	1.03	RUC Time

CPT Descriptor Push transfusion, blood, 2 years or younger

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 % of respondents: 34.3 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 21.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>3X020</u>	Top Key Reference CPT Code: <u>38210</u>	2nd Key Reference CPT Code: <u>80504</u>
Median Pre-Service Time	5.00	5.00	0.00
Median Intra-Service Time	20.00	60.00	30.00
Median Immediate Post-service Time	5.00	10.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	30.00	75.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	73%	0%	27%	0%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	82%	0%	18%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	100%	0%	0%
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

100%

0%

0%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

14%

0%

43%

43%

0%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

14%

57%

29%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

14%

43%

0%

Physical effort required

28%

43%

29%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

14%

57%

29%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the April 2023 CPT Editorial Panel meeting Category III codes 0537T, 0538T, 0593T, and 0540T used to describe the services associated with Chimeric Antigen Receptor T cell (CAR-T) therapies were approved for Category I status for CPT 2025.

3X018 Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for

development of genetically modified autologous CAR-T cells, per day

3X019 Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)

3X020 Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration

3X021 Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous

All four codes were designated as XXX global services on the RUC's level of interest. The CAP indicated level one interest in CPT codes 3X018, 3X019, and 3X020. ASCO, ASH, ASTCT indicted level one interest in CPT code 3X021 only.

CAR-T cell therapy has significantly grown in use nationwide since the Category III codes were approved. CAR-T therapies are now the standard of care for many patients with relapsed/ refractory large B-cell lymphoma and myeloma and other hematologic malignancies.

The codes describe procedures required for creating and administering CAR-T therapy, a treatment for certain cancers. Six types of CAR-T cell therapies have been approved by the FDA and are currently being administered to patients with the following conditions:

B-cell acute lymphoblastic leukemia (ALL)

Diffuse B-cell non-Hodgkin lymphoma (NHL)

Follicular lymphoma

Mantle cell lymphoma

Multiple myeloma

To create and administer CAR-T cells, lymphocytes are collected from the peripheral blood of the patient, genetically altered using a viral vector that causes the production of new cell surface receptors that enable the cells to attack the patient's cancer, expanded and then administered to the patient. Although these processes bear a resemblance to autologous stem cell transplant, there are significant differences: the patient population is frequently sicker, and the collection, handling, and administration of the cells must be performed under stringent conditions.

The genetic alteration and cell expansion are performed by biotechnology companies operating according to FDA good manufacturing processes. Therefore, the proposed codes describe only those steps of this complex process that are currently performed or supervised by physicians. The first code (3X018) describes lymphocyte collection; the second code (3X019) describes the post-collection handling of the lymphocytes and preparation of the cells to be shipped to the manufacturer; the third code (3X020) describes receipt of and handling and additional preparation of the genetically altered lymphocytes before administration; the fourth code (3X021) describes administration of the genetically altered lymphocytes. In the U.S., the collection, testing, preparation, storage and transport of blood and blood components must comply with FDA regulations and guidance documents. Additionally, the facility's standard operating procedures and administrative operations must be in compliance with applicable law and the standards of two joint accrediting agencies, the Foundation for the Accreditation of Cellular Therapy (known as FACT) and the Joint Accreditation Committee of the International Society for Cellular Therapy and the European Group for Blood & Marrow Transplantation (also known as JACIE). FACT-JACIE Standards are unique in depth and breadth, being applicable to all phases of cell collection, processing, storage, transportation, and administration, and to all phases of clinical application including standard of care therapies and products, products administered under regulatory-approved clinical trials, and licensed (or other regulatory approval) products.

Multiple specialty physicians administer CAR-T therapy. Pathologists work as a team with oncologists and hematologists to provide this service to patients. Pathologists routinely perform the harvesting of the T lymphocytes, the preparation of the cells for transport, and the receipt and preparation of the CAR-T cells for administration. Hematologists, oncologists, and transplantation physicians routinely administer CAR-T cells. Therefore, the College of American Pathologists (CAP) surveyed and developed RUC recommendations for 3X018, 3X019, and 3X020. The American Society of Hematology (ASH), American Society for Transplantation and Cellular Therapy (ASTCT), and the American Society of Clinical Oncology (ASCO) surveyed and developed RUC recommendations for 3X021.

Survey effort and results

The RUC's standard therapy work survey instrument was used for CPT codes 3X019 and 3X020 as the standard pathology survey instrument is used mainly for anatomic pathology services. CPT code 3X019 is used to report the preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage) which occurs after the harvesting of blood-derived T lymphocytes.

The CAP conducted a physician work survey of 7,300 randomly selected active CAP members, resulting in 32 respondents. Survey respondents agreed (100%) that the vignette represented the typical patient, which describes a 67-year-old male with refractory diffuse large B-cell lymphoma is referred for treatment with autologous chimeric antigen receptor T cell (CAR-T) therapy.

The survey instrument contained 21 reference codes for respondents to choose from to depict the most similar physician service that were easily recognizable and understood by all specialty physicians. AMA staff directed us to only include XXX global services on the reference service list. The reference service list physician work RVUs ranged from 0.23 to 4.00.

The Key Reference Service (KRS) codes were:

First 38210 - Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion **34%**

Secondary 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. **22%**

Pathologists are integrally involved with all of the clinical and regulatory aspects of blood and cell collection, processing, storage, transportation, and administration, and understand the processes undertaken and physician work associated with CPT codes 38210 and 80504.

Expert Panel Review and Opinion:

The survey results for CPT code 3X020 were reviewed by an expert panel consisting of CAP's Economic Affairs Committee physician members, including experts who perform the service. The expert panel considered the total work, time, intensity, and complexity of the typical patient case, and agreed that the 25th percentile work value of 0.96 with a median time of 5 minutes preservice, 20 minutes intra-service, and 5 minutes post service represent the physician work of this service based on the survey results and their experience. Additionally, the value of 0.96 is appropriate based on comparisons of key reference services, IWP/UT, and relative to other codes on the physician fee schedule.

Recommendation:

The CAP recommends a physician work RVU of 0.96 for CPT code 3X020 with 5 minutes preservice, 20 minutes intra-service, and 5 minutes post service and total time of 30 minutes. The expert panel believes that our survey supports our recommendation for this new CPT code service.

Additional Discussion and Comparison Codes

The CAP reviewed the following XXX global MPC codes for time and work RVUs that are similar in physician work, time, and complexity to our RUC recommendation for CPT code 3X020. See the table below.

CPT Code	Long Descriptor	Work RVU	Intra Time	Total Time	IWP/UT	RUC Review
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	0.54	10	22	0.027	2016-04
76830	Ultrasound, transvaginal	0.69	10	23	0.040	2012-04
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report	0.70	15	20	0.039	2016-10
88305	Level IV - Surgical pathology, gross and microscopic examination	0.75	25	25	0.030	2010-04
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	20	26	0.031	2012-04
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude,	0.78	20	33	0.024	2015-04
76700	Ultrasound, abdominal, real time with image documentation; complete	0.81	11	21	0.053	2013-10
78306	Bone and/or joint imaging; whole body	0.86	10	20	0.064	2016-04
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	0.88	15	25	0.044	2007-02

		CPT Code: 3X020				
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	0.90	15	22	0.050	2019-01
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	0.92	15	25	0.046	2007-02
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	0.93	15	20	0.047	2019-04
85097	Bone marrow, smear interpretation	0.94	25	25	0.038	2017-04
36440	Push transfusion, blood, 2 years or younger	1.03	15	35	0.039	2016-01
95819	Electroencephalogram (EEG); including recording awake and asleep	1.08	15	26	0.056	2012-10

The CAP recommends a physician work RVU of 0.96 for new service CPT code 3X020 with 5 minutes of pre-service, 20 minutes of intra-service and 5 minutes of post service time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.
- Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. Receipt and preparation 3X020 may be performed on the same day as CAR-T administration 3X021.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) Category III CPT code 0539T - Chimeric antigen receptor T cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration

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 Pathology

How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 4000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. CIBMTR CAR-T registry data

Specialty Pathology Frequency 4000 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? 1,200If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CIBMTR CAR-T registry data, 30% Medicare patients

Specialty Pathology Frequency 1200 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

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Minor procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number NAIf 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. 36512

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:3X021	Tracking Number E4	Original Specialty Recommended RVU: 3.00
Global Period: XXX	Current Work RVU: N/A	Presented Recommended RVU: 3.00
		RUC Recommended RVU: 3.00

CPT Descriptor: Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with refractory diffuse large B-cell lymphoma is referred for treatment with autologous chimeric antigen receptor T cell (CAR-T) therapy.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the medical records and clinical history. Review the plan for the procedure with the patient, nurse, and other team members. Perform mental status assessment to obtain baseline neurologic score (baseline for post-procedure ICANS monitoring). Provide premedications to patient. Ensure that emergency medications/equipment and infusion supplies are gathered. Ensure that intravenous access is obtained and has appropriate patency. Review the cell product label, patient identification, sterility testing and other quality control testing results, and product cell dose and other characteristics. Complete pre-infusion checklist. Communicate with cell therapy lab that the patient and team are ready; instruct lab to begin product thaw. Obtain thawed product from cell therapy lab. Fill out chain of custody paperwork, including checking product and patient identifiers with the lab and then again with the patient at bedside.

Description of Intra-Service Work: The physician supervises the initiation of the product infusion and is present for the first 15 to 30 minutes. The physician remains immediately available to manage toxicities and complications occurring during the infusion. The physician evaluates the patient at the end of the infusion.

Description of Post-Service Work: Manage any late toxicities. Review clinical care plan with nurse and rest of team, including monitoring for complications and avoidance of certain medications. Document the entire procedure, including the pre-infusion evaluation, verification of cell processing and appropriateness of treatment, the infusion, any intra-infusion adverse events, and the post-infusion evaluation.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023				
Presenter(s):	Ellen Fraint, MD, Amar Kelkar, MD, Sam Silver, MD, PhD, Elizabeth Blanchard, MD					
Specialty Society(ies):	ASTCT, ASH & ASCO					
CPT Code:	3X021					
Sample Size:	2604	Resp N:	35			
Description of Sample:	ASTCT: 1010 All US, MD/DO members ASH: 1496 Random ASCO: 98 Random sample of applicable subset					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		1.00	5.00	10.00	20.00	30.00
Survey RVW:		1.20	3.00	3.00	4.00	8.00
Pre-Service Evaluation Time:				40.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		10.00	20.00	30.00	60.00	300.00
Immediate Post Service-Time:		30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x	0.00	99292x	0.00	
Other Hospital time/visit(s):	0.00	99231x	0.00	99232x	0.00	99233x 0.00
Discharge Day Mgmt:	0.00	99238x	0.00	99239x	0.00	99217x 0.00
Office time/visit(s):	0.00	99211x	0.00	12x	0.00	13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x	0.00	55x	0.00	56x 0.00 57x 0.00
Sub Obs Care:	0.00	99224x	0.00	99225x	0.00	99226x 0.00

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	3X021	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:		40.00	0.00	40.00
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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		30.00	0.00	30.00

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
38241	XXX	3.00	RUC Time

CPT Descriptor Hematopoietic progenitor cell (HPC); autologous transplantation

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
38240	XXX	4.00	RUC Time

CPT Descriptor

Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72158	XXX	2.29	RUC Time	216,368

CPT Descriptor 1 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 % of respondents: 68.5 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 20.0 %

TIME ESTIMATES (Median)

	CPT Code: <u>3X021</u>	Top Key Reference CPT Code: <u>38241</u>	2nd Key Reference CPT Code: <u>38240</u>
Median Pre-Service Time	40.00	18.00	30.00
Median Intra-Service Time	30.00	60.00	60.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	100.00	108.00	120.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	45%	41%	12%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	0%	54%	46%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	79%	21%
Physical effort required	0%	92%	8%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

4%

46%

50%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

57%

0%

43%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%

57%

43%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

71%

29%

Physical effort required

0%

71%

29%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%

57%

43%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Survey Data

The specialty societies received 35 completed RUC surveys, with a median service performance rate of 10. The survey data were consistent between the three surveying specialty societies.

Pre Time

The two key reference codes selected by survey respondents were CPT Codes 38241 and 38240. The key reference code has 18 minutes of pre time. The RUC database notes the surveyed pretime of 30 minutes for 38241 was reduced to 18 minutes b/c *“This service will require less pre-service time than 38240 since the donor and recipient are the same person.”* The pre service evaluation time for 38240 is 30 minutes.

The median pre service evaluation time was 40 minutes. There are several unique physician activities included in CAR-T services which are novel or more exaggerated in comparison to the 38240 and 38241 reference codes. These include checking and confirming multiple aspects of the CART product specifications, quality control testing results, and dose. These are more extensive than the checks on the product in the reference code. Performing a baseline ICANS assessment is done which is not part of the reference codes. Preparing the patient, staff, pre-medications, and emergency equipment are also done in advance before product thawing in this code, since the CART product (unlike the product in the reference codes) has a very short expiration time. This prolongs the pre-time as compared to the reference codes since coordination and preparation must be sequential and precisely coordinated.

Intensity

A significant proportion of survey respondents reported that the intensity of administering CART cells is higher than the reference codes. CAR-T services are more intense for a variety of reasons. The cell product is small, extremely expensive, and very hard to get. Patients and providers will have spent weeks or even months working to obtain and get ready for the administration of this product. Therefore, the preciousness of the bag of cells and the emotional valence are intense. If anything were to happen with the CART product, it would be extremely difficult if not impossible to get another chance, unlike in the reference codes where donors can be approached for additional donations if circumstances warranted it. Intensity is also high because the impending toxicities of CART treatment are novel and life threatening. The specialty society recommendation of 3.00 wRVUs (25th and median) for 3X021 yields an appropriate IWPUT in comparison to the reference services codes. See below:

	IWPUT	WPUT
38241	0.032	0.028
38240	0.044	0.033
3X021	0.048	0.030

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. New Code 3X021 will be reported with new Code 3X020 on the same day, typically by a different provider.

FREQUENCY INFORMATION

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: Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services																												
2	TAB: 5																												
3					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
4	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
5	1st REF	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	XXX	April 2012	15	0.032	0.028			3.00			108	18					60			30						
6	2nd REF	80505	Pathology clinical consultation; for a highly complex clinical problem, with comprehensive	XXX	Jan-21	10	0.032	0.032			1.71			54						54									
7	CURRENT	0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T	XXX	CAT III code	-	-	-						0															
8	SVY	3X018	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T	XXX		42	0.049	0.033	0.26	1.94	2.88	3.50	4.20	86	30			6	20	36	46	180	20	2	11	20	35	88	
9	REC	3X018	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day				0.023	0.023			1.94			86	30					36			20						
10																													
11					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
12	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
13	1st REF	80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of	XXX	Jan-21	11	0.030	0.030			0.91			30						30									
14	2nd REF	38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within	XXX	April 2003	9	0.021	0.021			1.57			75	5					60			10						
15	CURRENT	0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T	XXX	CAT III code	-	-	-						0															
16	SVY	3X019	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T	XXX		32	0.038	0.033	0.50	0.79	0.91	1.24	4.30	28	5			5	15	18	20	60	5	2	5	15	25	300	
17	REC	3X019	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)				0.031	0.028			0.79			28	5					18			5						
18																													
19					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
20	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
21	1st REF	38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within	XXX	April 2012	11	0.021	0.021			1.57			75	5					60			10						
22	2nd REF	80504	Pathology clinical consultation; for a moderately complex clinical problem, with review of	XXX	Jan-21	7	0.030	0.030			0.91			30						30									
23	CURRENT	0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells	XXX	CAT III code	-	-	-						0															
24	SVY	3X020	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells	XXX		32	0.045	0.038	0.45	0.96	1.13	1.63	4.30	30	5			0	15	20	25	50	5	2	6	15	25	300	
25	XWALK	92240	Indocyanine-green angiography (includes multiframe imaging) with interpretation and	XXX	Jan-16		0.038	0.036			0.80			22	1					20			1						
26	REC	3X020	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	XXX			0.036	0.033			0.80			24	1					20			3						
27																													
28					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
29	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
30	1st REF	38241	Hematopoietic progenitor cell (HPC); autologous transplantation	XXX	April 2012	24	0.032	0.028			3.00			108	18					60			30						
31	2nd REF	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	XXX	April 2012	7	0.044	0.033			4.00			120	30					60			30						
32	CURRENT	0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration,	YYY	CAT III code	-	-	-						0															
33	SVY	3X021	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration,	XXX		35	0.048	0.030	1.20	3.00	3.00	4.00	8.00	100	40			10	20	30	60	300	30	1	5	10	20	30	
37	REC	3X021	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	XXX			0.048	0.030			3.00			100	40					30			30						

NONFACILITY DIRECT PE INPUTS

CPT CODE(S):3X021

SPECIALTY SOCIETY(IES): ASCO, ASH, ASTCT

PRESENTER(S): Ellen Fraint, MD, Amar Kelkar, MD, Sam Silver, MD, PhD, Elizabeth Blanchard, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Meeting Date: Sept 2023

CPT Code	Long Descriptor	Global Period
3X021	CAR-T cell administration, autologous	XXX

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
3X021	A 67-year-old male with refractory diffuse large B-cell lymphoma is referred for treatment with autologous chimeric antigen receptor T cell (CAR-T) therapy.

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 specialty societies convened multispecialty consensus panel including RUC advisors, providers of CAR-T and NF providers of CAR-T. The panel developed the direct practice expense recommendations for CPT Code 3X021 based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

CPT Code 96413 *chemotherapy administration, intravenous infusion technique, up to 1 hour, single or initial substance/drug* was selected as the reference service code for 3X021. CPT Code 96413 is performed in the non facility setting, by the same specialties involved in the development of recommendations for 3X021 and is RUC reviewed. The services are both infusions and have similarities in direct practice expenses. The key reference code on the physician work side is CPT Code 38241. However, 38241 does not currently have direct practice expense inputs.

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?

In the F setting, an E/M would be typically reported with 3X021.
In the NF setting, an E/M would not be typically reported with 3X021.

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

NONFACILITY DIRECT PE INPUTS

CPT CODE(S):3X021

SPECIALTY SOCIETY(IES): ASCO, ASH, ASTCT

PRESENTER(S): Ellen Fraint, MD, Amar Kelkar, MD, Sam Silver, MD, PhD, Elizabeth Blanchard, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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.

CPT Code 3X021 is a new CPT code, converted from Cat III HCPCS Code 0540T. The current Medicare data for the Cat III codes has the following specialty distribution:

- Hematology/Oncology 34%
- Hematology 23%
- Medical Oncology 22%
- Hematopoietic cell transplantation and cellular therapy 8%

The specialties anticipate a similar distribution in the NF setting.

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:

CA013 Prepare room, equipment and supplies

The current PE standard for CA013 is two minutes.

The reference code, 96413, included both the two minutes for initial prepare room as well as the steps for preparing the drug in CA013. As such, the specialty societies developing the recommendations for 3X021 followed the same pattern. The recommendations include two minutes as well as the time to prepare the product:

- Request product (1)
- Confirm dosing (1)
- Second verification orders (1)
- Assemble supplies (1)
- Prep labels (1)
- Document lot # and product specifications (1)

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 3X021

SPECIALTY SOCIETY(IES): ASCO, ASH, ASTCT

PRESENTER(S): Ellen Fraint, MD, Amar Kelkar, MD, Sam Silver, MD, PhD, Elizabeth Blanchard, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- Calculate drip rate (1)
- Pre infusion checklist (3)
- Clean prep area (1)

CA035 Review home care instructions, coordinate visits/prescriptions

The current PE standard for CA035 is two minutes.

The reference code, 96413, includes five minutes for homecare instructions.

The home care instructions for 3X021 include several additional steps. CAR-T patients need to have a caretaker monitoring for side effects 24/7. The caretaker needs to perform and report ICANS scores.

The caretaker needs to take swift action to get the CAR-T patient to a facility setting at the first sign of adverse reactions.

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:

Clinical activities for reference code 96413 are being rolled into similar clinical activities –

- (1) CA013 Prepare room, equipment and supplies:

2 minutes for initial prepare room

The following clinical activities rolled up into CA013

Mix Chemotherapy (21)

- Verify medication interactions (2)
- Calculate dose (1)
- Maximum and cumulative dose (2)
- Second verification orders (1)
- Assemble supplies (1)
- Prep labels (1)
- Document lot # and expiration date (1)
- Clean hood (1)
- Reconstitute drug (7)
- Prep pump (5)

- (2) CA021 Perform procedure/service – NOT directly related to physician work time

The following clinical activities rolled up into CA021:

Perform procedure	28
Start IV	5
Verification by second RN/OCN	1
Sets rate	1
Monitor during service	
1st 8min. @1 min./min.	0
1st 6min. @ 1min./1min.	6
Subsequent @ 1 min./4 min.	13
Subsquent min. @ 1 min./5 min.	0
Supplies	

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 3X021

SPECIALTY SOCIETY(IES): ASCO, ASH, ASTCT

PRESENTER(S): Ellen Fraint, MD, Amar Kelkar, MD, Sam Silver, MD, PhD, Elizabeth Blanchard, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

	Remove IV/hemostasis	1
	Flush line	1

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:

Prior to CMS increasing obtaining vital signs to 5 minutes in 2018, 3 minutes were allocated to CA010 *obtain vital signs* for reference code 96413

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

The RN/OCN coordinates with the other physician and clinical care team, confirming product to be infused and obtaining update on patient's condition. Confirms availability of tocilizumab doses.

b. Service period (includes pre, intra and post):

The RN/OCN escorts patient to infusion chair and completes pre-infusion check. The nurse prepares the product and educates patient on adverse effects. The nurse administers product to the patient and monitors for toxicity throughout. Nurse consults with supervising physician during course of treatment.

c. Post-service period:

The nurse continues to monitor the patient after treatment is completed. S/he documents the treatment in the medical record and reviews instructions with patient. The nurse makes follow up phone calls to the patient and others with whom care is being coordinated.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time*:

The nurse:
prepares the central or peripheral line (3)
verification by second RN/ONC (1)
confirms rate (1)
monitors the infusion (20)
Disconnects the line (1)
Flushes line (1)

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

NONFACILITY DIRECT PE INPUTS

CPT CODE(S):3X021

SPECIALTY SOCIETY(IES): ASCO, ASH, ASTCT

PRESENTER(S): Ellen Fraint, MD, Amar Kelkar, MD, Sam Silver, MD, PhD, Elizabeth Blanchard, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 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:

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).

N/A

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 Latitude D600), ED038?
a. If yes, please explain how the computer is used for this service(s).

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 3X021

SPECIALTY SOCIETY(IES): ASCO, ASH, ASTCT

PRESENTER(S): Ellen Fraint, MD, Amar Kelkar, MD, Sam Silver, MD, PhD, Elizabeth Blanchard, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- 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 “other” equipment formula was chosen to compute time for EF009 chair, medical recliner. Time was calculated following the guidelines for the default formula PLUS monitoring formula.

PE-ONLY CODES ADDITIONAL INFORMATION

- 24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

- 25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

- 26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Place of Service (POS)
 CAR-T is typically performed in the facility setting, however CMS issued instructions that POS 11 (office) and 49 (independent clinic) are valid POS for CAR T-cell claims (implementation date January 31, 2023). [CMS Transmittal 11774](#), Issued December 30, 2022. Pub.199004

Clinical Time
 Post Procedure Monitoring: CAR-T patients are monitored in the NF setting for a minimum of 3 hours.

Supplies
 There are several CAR-T cell products. They are reimbursed separately through HCPCS codes.

The following is a breakdown of the supplies from the PE spreadsheet:

Universal Protection
 SB027 gown, staff, impervious, 1
 SB033 mask, surgical, 1

Prepare Product for Infusion
 SB044 chux (laid out to prepare product), 1
 SB023 gloves, non-sterile, nitrile, 1

NONFACILITY DIRECT PE INPUTS

CPT CODE(S):3X021

SPECIALTY SOCIETY(IES): ASCO, ASH, ASTCT

PRESENTER(S): Ellen Fraint, MD, Amar Kelkar, MD, Sam Silver, MD, PhD, Elizabeth Blanchard, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Prep Patient for Infusion

SB024 gloves, sterile, 1
SC058 syringe w-needle, OSHA compliant (SafetyGlide), 1
SJ053 swab-pad, alcohol, 1
SH065 sodium chloride 0.9% flush syringe, 1
SH039 heparin 1,000 units-ml inj, 1

Infusion

SC018 iv infusion set, 1
SC019 iv tubing (extension), 1

SECOND LINE

SC018 iv infusion set, 1
SH067 sodium chloride 0.9% inj (250-1000ml uou), 1
SC049 stop cock, 3-way

Post Procedure Flush

SB023 gloves, non-sterile, nitrile, 1
SJ053 swab-pad, alcohol, 1
SH065 sodium chloride 0.9% flush syringe, 1

Dressing Change

SG037 dressing, 4in x 4.75in (Tegaderm), 1
SH023 chlorhexidine 0.12% (Peridex)

Post Procedure Cleaning

SM022 sanitizing cloth-wipe (surface, instruments, equipment), 1

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	D	E	F	G	H	K	L		
1	RUC Practice	Expense Spreadsheet				REFERENCE CODE		RECOMMENDED			
2						96413 - MPC (2013)		3X021			
3		RUC Collaboration Website				Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug		CAR-T cell administration, autologous			
4	Clinical Activity Code	Meeting Date: Sept 2023 Revision Date (if applicable): Tab: 5 Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services Specialty: ASCO, ASH, ASTCT	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			98	0	131	0		
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D			2	0	2	0		
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D			90	0	123	0		
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D			6	0	6	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		L056A			2		2			
16	CA002		L056A								
17	CA003		L037D								
18	CA004		L037D								
19	CA005		L037D								
20	CA006		L037D								
21	CA007		L037D								
22	CA008		L037D								
23			L037D								
24			L037D								
25			L037D								
27		Other activity: please include short clinical description here and type	L037D								
28		Other activity: please include short clinical description here and type	L037D								
30		SERVICE PERIOD									
31		Start: When patient enters office/facility for surgery/procedure:									
32		Pre-Service (of service period)									
33	CA009		L056A			3		3			
34	CA010		L056A			5		5			
35	CA011		L056A			5		5			
36	CA012		L056A			4		4			
37	CA013		L056A			24		13			
38	CA014		L056A			1		1			
39	CA015		L037D								
40	CA016		L056A			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								
50	CA019		L037D								
51	CA020		L037D								
52	CA021		L056A			28		27			
55			L037D								
56		Other activity: please include short clinical description here and type	L037D								
59		Post-Service (of service period)									
60	CA022		L056A			5		45			
61	CA023		L037D								
62	CA024		L056A			3		3			
63	CA025		L037D								
64	CA026		L037D								
65	CA027		L056A			5		5			
66	CA028		L037D								
67	CA029		L056A								
68	CA030		L037D								
69	CA031		L037D								
70	CA032		L037D								
71	CA033		L037D								
72	CA034		L037D								
73	CA035		L056A			5		10			
74	CA036		L037D			n/a		n/a			
75			L037D								
78		Other activity: please include short clinical description here and type	L037D								

	A	B	D	E	F	G	H	K	L		
1	RUC Practice	Expense Spreadsheet				REFERENCE CODE		RECOMMENDED			
2						96413 - MPC (2013)		3X021			
3		RUC Collaboration Website				Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug		CAR-T cell administration, autologous			
4	Clinical Activity Code	Meeting Date: Sept 2023 Revision Date (if applicable): Tab: 5 Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services Specialty: ASCO, ASH, ASTCT	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			98	0	131	0		
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D			2	0	2	0		
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D			90	0	123	0		
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D			6	0	6	0		
81		End: Patient leaves office/facility									
82		POST-SERVICE PERIOD									
83		Start: Patient leaves office/facility									
84	CA037		L056A			6		6			
85	CA038		L037D								
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	G	H	K	L		
1	RUC Practice	Expense Spreadsheet				REFERENCE CODE	RECOMMENDED				
2						96413 - MPC (2013)	3X021				
3		RUC Collaboration Website				Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	CAR-T cell administration, autologous				
4	Clinical Activity Code	Meeting Date: Sept 2023 Revision Date (if applicable): Tab: 5 Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services Specialty: ASCO, ASH, ASTCT	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			98	0	131	0		
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D			2	0	2	0		
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D			90	0	123	0		
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D			6	0	6	0		
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT							
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ -	\$ -	\$ -	\$ -		
102	SB004					1					
103	SB022					1					
104	SB023					3		2			
105	SB024							1			
106	SB027					1		1			
107	SB033							1			
108	SB044							1			
109	SC018					2		2			
110	SC019					1		1			
111	SC030										
112	SC039					1					
113	SC049							1			
114	SC051					1					
115	SC052					1					
116	SC053					1					
117	SC056					1					
118	SC058					3		1			
119	SG021										
120	SG037					1		1			
121	SG049										
122	SG050										
123	SG079										
124	SH023							1			
125	SH039					1		1			
126	SH065							2			
127	SH067					1		1			
128	SH068					1					
129	SH075										
130	SJ053					2		2			
131	SJ088					1					
132	SM022							1			
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 Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute						
136		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ -	\$ -	\$ -	\$ -		
137	EP016					20					
138	EF023										
139	EQ032					90.0					
140	EF009			Other Formula		90.0		243			
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.									

September 2023

Intra-Abdominal Tumor Excision or Destruction – Tab 6

In May 2023, the CPT Editorial Panel created five new Category I codes to describe the sum of the maximum length of intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s) excised or destroyed. The new codes will replace existing CPT codes 49203, 49204, and 49205 that described tumor excision or destruction based on the size of the single largest tumor, cyst, or endometrioma removed, no matter the number of tumors. The five new Category I codes were surveyed for the September 2023 RUC meeting.

Compelling Evidence

The specialty societies presented compelling evidence to support a change in physician work for excision and destruction of intra-abdominal tumors based on a change in technology and patient population. When current codes 49203-49205 were established in 2008 as a replacement for two legacy codes (pre-1990) that differentiated tumor excision as "simple" or "complex" (49200-49201), the replacement codes 49203-49205 were established to report tumor excision or destruction based on the size of the largest tumor, cyst, or endometrioma removed, no matter the number of tumors removed. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of patients that were not considered candidates for treatment previously. In the past, peritoneal surface malignancies (PSM) were considered orphan diseases with limited therapeutic options and a poor prognosis. The primary reasons for poor patient outcomes were related to diagnosis at an advanced stage and the limited clinical response of most entities to conventional therapeutic options such as systemic chemotherapy. Major innovations over the past two decades include the adoption of novel surgical techniques, such as complete cytoreduction (defined as absence of macroscopic disease), and the application of intraperitoneal chemotherapy to address microscopic residual disease. Despite the perception of high morbidity of such procedures, optimization of perioperative care has led to the morbidity and mortality rates of these procedures being equivalent to those of other major abdominal cancer surgeries. Concurrent development of new multidisciplinary strategies involving perioperative systemic chemotherapy and targeted and maintenance therapies has dramatically changed the landscapes and the prognoses of these diseases. In selected patients, long-term survival and even cure have become possible and the overall prognosis seems to be equivalent to that of patients with metastatic disease at other sites (such as in the liver or the lungs). In addition, regardless of the underlying origins, the two main prognostic factors for curative management of PSMs are the completeness of cytoreductive surgery (CRS) and the extent of peritoneal disease. Cytoreduction of macroscopic tumors represents a greater amount of work, particularly when dealing with very large tumors and an increased burden of associated macroscopic tumors compared to a single tumor measuring 10-15 cm. Several factors contribute to the increased workload, including the need for more time, physical effort, assessment of resectability, involvement of adjacent structures, and collaboration with additional surgical teams or specialties. **The RUC accepted compelling evidence based on a change in technology and patient population.**

4X015 Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less

The RUC reviewed the survey results from 52 surgeons and recommends a work RVU of 22.00 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes positioning time, 15 minutes scrub/dress/wait time, 150 minutes intra-service time, and 30 minutes immediate post-service time, 1-99232 and 2-99231 hospital visits, 1-99238 discharge day management visit, 1-99214 and 2-99213 office visits, and 442 minutes total time. The RUC agreed that the pre-service work involved a difficult patient and difficult procedure given that patients typically have a malignant neoplastic process which leads to systemic symptoms and eventual diagnosis.

Intraoperatively, an abdominal incision is made that is large enough to allow evaluation of the entire abdominal cavity. The peritoneal cavity is entered, adhesions are cleared to expose the abdominal area, and a manual exploration of the abdominal cavity is completed. The surrounding anatomy is carefully palpated for any additional disease, infection, malignancy, or mass. After the extensive manual palpation exploration of the abdomen is complete, the self-retaining retractor is carefully inserted while avoiding injury to surrounding anatomy. The primary mass location is confirmed, and the surrounding anatomy is packed away for optimal exposure. The mass is tediously resected while avoiding division of the blood supply to the corresponding organ. The abdominal cavity is irrigated copiously with antibiotic solution, hemostasis is obtained, the cavity is inspected for injury and presence of instruments, the retractor is removed, and the organs are returned to normal anatomical position. The omentum is placed over the abdominal contents, drain(s) are placed, the fascia is closed, supplies are re-counted, and the subcutaneous tissues are irrigated and closed.

The RUC accepted that 3 post-operative inpatient visits as indicated by the survey respondents are appropriate for this tumor burden size to allow for the restoration of proper bowel function, nutrition intake, pain control, and appropriate recovery of wounds, drains, and incisions. Further imaging is also often required. Additionally, the specialty societies indicated that the number and level of office visits are appropriate based on the level of medical decision making required for one or more chronic illnesses with exacerbation, the continuation of working toward the treatment goal, review of pathology reports, coordination of care with oncologists, and management of postoperative pain. The RUC agreed with the typical post-operative care given the clear need for continuous assessment of the treatment plan for an optimal patient outcome.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 22905 *Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater* (work RVU = 21.58, 150 minutes intra-service, 463 minutes total time) and 27059 *Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater* (work RVU = 29.35, 220 minutes intra-service, 608 minutes total time). Survey respondents indicated that the surveyed code was somewhat more, to much more intense and complex when compared to codes 22905 and 27059. The slightly higher complexity of the surveyed code is due to the increased depth and breadth of intraperitoneal exploration to identify and excise not only a single large tumor, but also to inspect peritoneal surfaces and the abdominal contents for any additional smaller tumors that may not have shown up on preoperative imaging. This adds psychological stress and requires more mental effort and judgment to confirm excision and destruction of all macroscopic tumors. Paired with this increased complexity and the intra-service and total time when compared with the key reference services, the surveyed code is appropriately valued at the recommended work RVU of 22.00.

For additional support, the RUC compared the surveyed code to MPC code 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU = 21.16, 120 minutes intra-service, and 404 minutes total time). The MPC code

requires less intra-service time and total time providing support that the surveyed code is valued appropriately higher. **The RUC recommends a work RVU of 22.00 for CPT code 4X015.**

4X016 Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm

The RUC reviewed the survey results from 48 surgeons and recommends a work RVU of 28.65 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes positioning time, 15 minutes scrub/dress/wait time, 195 minutes intra-service time, and 30 minutes immediate post-service time, 1-99233, 1-99232, and 2-99231 hospital visits, 1-99238 discharge day management visit, 1-99214 and 2-99213 office visits, and 542 minutes total time. Similar to the first code in this family, the RUC agreed that the pre-service work related to a difficult patient and difficult procedure were appropriate given that patients typically have a malignant neoplastic process which leads to systemic symptoms and eventual diagnosis.

For code 4X016, the intra-service work is similar to code 4X015, however, additional exploration and additional excision and destruction of additional tumor burden is performed, including macroscopic tumor deposits on parietal, omental, and peritoneal surfaces and small lesions and multiple surface nodules of the omentum, visceral, and peritoneal surfaces. Lastly, given the increase in the tumor(s) or cyst(s) size, the incision is larger and the tumor excision becomes more tedious given the complexities of the surround anatomy. This also factors into the post-operative work and additional hospital inpatient care when compared with the typical postoperative stay for patients undergoing 4X015.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 27059 *Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater* (work RVU = 29.35, 220 minutes intra-service, 608 minutes total time) and 22905 *Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater* (work RVU = 21.58, 150 minutes intra-service, 463 minutes total time). Survey respondents indicated that the surveyed code was somewhat more, to much more intense and complex when compared to codes 27059 and 22905. Given that the same surgeons perform 27059 and 22905, they are optimal comparators to determine the relative intensity and complexity of the surveyed code. For example, the higher intensity and complexity of the surveyed code is due to the increased breadth of intraperitoneal exploration to identify and excise not only multiple implants identified preoperatively, but also to inspect the bowel and abdominal organs for any additional tumors that may not have shown up on preoperative imaging. This adds psychological stress and requires more mental effort and judgment, which supports a slightly higher level of complexity to perform the surveyed procedure. Given this increased complexity and the intra-service and total time when compared with the key reference services, the surveyed code is appropriately valued at the recommended work RVU of 28.65.

For additional support, the RUC compared the surveyed code to MPC code 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)* (work RVU = 29.58, 150 minutes intra-service, and 512 minutes total time). MPC code 34705 requires less intra-service and total time, although is slightly more complex and therefore, the surveyed code is valued slightly lower at a work RVU of 28.65. The RUC also compared the survey code to MPC code 55845 *Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes* (work RVU = 25.18, 198 minutes

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

intra-service, and 466 minutes total time). Although MPC code 55845 has almost the same intraoperative time and a similar intraoperative intensity, 55845 requires significantly less postoperative work and therefore has a lower work RVU. **The RUC recommends a work RVU of 28.65 for CPT code 4X016.**

4X017 Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm

The RUC reviewed the survey results from 47 surgeons and recommends a work RVU of 34.00 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 50 minutes of pre-service evaluation time, 8 minutes positioning time, 15 minutes scrub/dress/wait time, 240 minutes intra-service time, and 30 minutes immediate post-service time, 2-99233, 299232, 1-99231 hospital visits, 1-99239 discharge day management visit, 1-99214 and 3-99213 office visits, and 717 minutes total time. The RUC accepted that an additional 10 minutes of evaluation time appropriately accounts for atypical extensive preoperative review of angiograms, MR, and CT imaging and reports to assist with preoperative planning. The abdomen cannot be marked for lesion excision, and instead, imaging must be reviewed and available to appropriately sequence the exploration and excision and destruction of tumors. The RUC also accepted that additional positioning time was appropriate to account for lithotomy positioning so that the surgeon can explore all areas of the intra-abdominal cavity throughout the procedure.

The intraoperative work of 4X017 is more extensive than for 4X015 and 4X016. The increased tumor excision and destruction factors into the postoperative work and additional hospital inpatient care when compared with the postoperative stay for patients undergoing 4X015 or 4X016. As more tumors and peritoneal stripping is performed, there is increased peritoneal swelling and fluid shift, significant pain, prolonged GI dysfunction requiring modulation of nutrition, and a need for close monitoring of labs--all requiring a longer and more intensive hospital stay.

The RUC agreed with the specialties that the final facility exam and discharge management for the typical patient will require more time and work which is consistent with 99239. These patients will all be going home weak from surgery and require continued prophylaxis for DVT, and coordination with home health care providers for nutrition, therapy and drain management, and coordination with other providers regarding initiation of preoperative medications chronic disease. The RUC also agreed with the specialties that the number and level of postoperative office visits was appropriate and supported by medical decision making and time.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 47780 *Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract* (work RVU = 42.32, 240 minutes intra-service, 799 minutes total time) and 27059 *Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater* (work RVU = 29.35, 220 minutes intra-service, 608 minutes total time). The surveyed code is bracketed appropriately by the key reference services given the similar intra-service times and the surveyed code total time that falls appropriately in the middle of the key reference services justifying the recommended work RVU of 34.00.

For additional support, the RUC compared the surveyed code to MPC codes 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)* (work RVU = 29.58, 150 minutes intra-service, 512 minutes total time) and 33534

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Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts (work RVU = 39.88, 193 minutes intra-service, 717 total time). MPC code 34705 requires less intraoperative time and less postoperative work and is appropriately less than 4X017. MPC code 33534 requires less intraoperative time, but significantly more and higher level postoperative work and is appropriately valued higher than 4X017. The MPC codes therefore appropriately bracket the surveyed code. Therefore, the recommended work RVU of 34.00 is justified and maintains relativity within the code family and within the MPS. **The RUC recommends a work RVU of 34.00 for CPT code 4X017.**

4X018 Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm

The RUC reviewed the survey results from 46 surgeons and recommends a work RVU of 45.00 based on the survey median percentile, which maintains relativity within the family for this code. The RUC recommends 50 minutes of pre-service evaluation time, 15 minutes positioning time, 15 minutes scrub/dress/wait time, 310 minutes intra-service time, and 30 minutes immediate post-service time, 2-99233, 2-99232, 2-99231 hospital visits, 1-99239 discharge day management visit, 1-99214 and 3-99213 office visits, and 814 minutes total time. The RUC accepted that an additional 10 minutes of evaluation time appropriately accounts for atypical extensive preoperative review of angiograms, MR, and CT imaging and reports to assist with preoperative planning. The abdomen cannot be marked for lesion excision, and instead, imaging must be reviewed and available to appropriately sequence the exploration and excision and destruction of tumors. The RUC also accepted that additional positioning time was appropriate to account for initial lithotomy positioning and repositioning as needed to gain access to all areas of the peritoneal and retroperitoneal space during the 5+ hour procedure.

The intraoperative work of 4X018 is more extensive than for 4X015, 4X016, and 4X017. The increased tumor excision and destruction factors into the postoperative work and additional hospital inpatient care when compared with the postoperative stay. As more tumors and peritoneal stripping is performed, there is increased peritoneal swelling and fluid shift, significant pain, prolonged GI dysfunction requiring modulation of nutrition, and a need for close monitoring of labs--all requiring a longer and more intensive hospital stay.

The RUC agreed with the specialties that the final facility exam and discharge management for the typical patient will require more time and work which is consistent with 99239. These patients will all be going home weak from surgery and require continued prophylaxis for DVT and coordination with home health care providers for nutrition, therapy and drain management, and coordination with other providers regarding initiation of preoperative medications chronic disease. The RUC also agreed with the specialties that the number and level of postoperative office visits was appropriate and supported by medical decision making and time.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 58240 *Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof* (work RVU = 49.33, 420 minutes intra-service, and 1,118 minutes total time) and 47780 *Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract* (work RVU = 42.32, 240 minutes intra-service, 799 minutes total time). Survey respondents indicated that the surveyed code was somewhat more, to much more intense and complex when compared to code 58240. Further, the survey respondents indicated that the surveyed code was identical to more intense and complex when compared to code 47780. Therefore, the surveyed code is bracketed appropriately by the key reference services given that the intra-service time falls relatively in the middle with the total time slightly higher than

code 47780. However, the complexity to perform the surveyed code is slightly higher than both key reference services offering support that the surveyed code recommended work RVU of 45.00 is appropriate.

For additional support, the RUC reviewed similar 090-day global codes that were reviewed in the last 15 years with an intra-service time between 300-320 minutes and found that the recommended work RVU of 45.00 falls at the bottom of the values for similar services. The RUC recognized that the survey 25th percentile would be too low for the complexity and intensity of this procedure and that the median work RVU would more appropriately value 4X018 relative to similarly complex and intense procedures. The RUC agreed that the recommended work RVU maintains relativity within the code family and within the MPS. **The RUC recommends a work RVU of 45.00 for CPT code 4X018.**

4X019 Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm

The RUC reviewed the survey results from 39 surgeons and recommends a work RVU of 55.00 based on the survey median percentile, which maintains relativity within the family for this code. The RUC recommends 60 minutes of pre-service evaluation time, 15 minutes positioning time, 15 minutes scrub/dress/wait time, 360 minutes intra-service time, and 40 minutes immediate post-service time, 5-99233, 2-99232, 1-99231 hospital visits, 1-99239 discharge day management visit, 2-99214 and 2-99213 office visits, and 1,046 minutes total time. The RUC accepted that an additional 20 minutes of evaluation time appropriately accounts for atypical extensive preoperative review of angiograms, MR, and CT imaging and reports to assist with preoperative planning for this procedure that would typically require two surgeons who will typically be of different specialties to access the extensive peritoneal and retroperitoneal examination to locate and excise tumor implants. Additionally, multidisciplinary discussion between the surgeons and with anesthesia requires significantly more time. The RUC also accepted that additional positioning time was appropriate to account for initial lithotomy positioning and repositioning as needed to gain access to all areas of the peritoneal and retroperitoneal space during the 6+ hour procedure.

The intraoperative work of 4X019 is more extensive than for the other codes in this family. The increased tumor excision and destruction factors into the postoperative work and additional hospital inpatient care when compared with the postoperative stay. As more tumors and peritoneal stripping is performed, there is increased peritoneal swelling and fluid shift, significant pain, prolonged GI dysfunction requiring modulation of nutrition, and a need for close monitoring of labs--all requiring a longer and more intensive hospital stay. These patients will be very weak and very sick for many days after this procedure and require very close monitoring.

The RUC agreed with the specialties that the final facility exam and discharge management for the typical patient will require more time and work which is consistent with 99239. These patients will all be going home weak from surgery and require continued prophylaxis for DVT and coordination with home health care providers for nutrition, therapy and drain management, and coordination with other providers regarding initiation of preoperative medications chronic disease. The RUC also agreed with the specialties that the number and level of postoperative office visits was appropriate and supported by medical decision making and time.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 43124 *Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy* (work RVU = 69.09, 243 minutes intra-service, 1,398 minutes total time) and 43107 *Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal)* (work RVU = 52.05, 270 minutes intra-service, 977 minutes total time). Survey respondents indicated that the surveyed

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code was somewhat more, to much more intense and complex when compared to codes 43124 and 43107. Although the surveyed code intra-service time is significantly higher than both key reference services, the intraoperative intensity is appropriately similar or slightly less. Therefore, the surveyed code recommended work RVU of 55.00 is bracketed appropriately by the key reference services.

For additional support, the RUC reviewed similar 090-day global codes that were reviewed in the last 15 years with an intra time equivalent to 360 minutes and a total time greater than 900 minutes and found that the recommended work RVU of 55.00 falls at the bottom of the values for similar services. The RUC recognized that the survey 25th percentile would be too low for the complexity and intensity of this procedure and that the median work RVU would more appropriately value 4X019 relative to similarly complex and intense procedures. The RUC agreed that the recommended work RVU maintains relativity within the code family and within the MPS. **The RUC recommends a work RVU of 55.00 for CPT code 4X019.**

Practice Expense

The Practice Expense (PE) Subcommittee agreed with the specialty societies that there is compelling evidence to support an increase over the aggregate current cost for clinical activities, supplies, and equipment for the deleted CPT codes 49203-49205. The Subcommittee concurred that there is compelling evidence to justify the opportunity for an increase in the inputs based upon evidence of flawed methodology of prior review which was missing required postoperative disposable supplies. The Subcommittee also acknowledged the increase in post-operative office visits. The PE Subcommittee reviewed the direct practice expense inputs and made no modifications. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p>Digestive System Abdomen, Peritoneum, and Omentum Excision, Destruction</p> <p><i>Code 49185 describes sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma) through a percutaneous access. It includes contrast injection(s), sclerosant injection(s), sclerosant dwell time, diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy), and radiological supervision and interpretation, when performed. Code 49185 may be reported once per day for each lesion treated through a separate catheter. Do not report 49185 more than once if treating multiple lesions through the same catheter. Codes for access to and drainage of the collection may be separately reportable according to location (eg, 10030, 10160, 49405, 49406, 49407, 50390).</i></p> <p><u>Codes 4X015, 4X016, 4X017, 4X018, 4X019 describe excision or destruction of intra-abdominal primary or secondary tumor(s) or cyst(s), via an open approach. Excision or destruction of intra-abdominal primary or secondary tumor(s) or cyst(s) via an open approach includes cytoreduction, debulking, or other methods of removal of the tumor(s) or cyst(s). These codes are reported based on the sum of the maximum length of each tumor or cyst that is excised or destroyed (eg, ultrasound desiccation). Only the tumor(s) and cyst(s) are measured, not the tissue (eg, mesentery) in which the tumor(s) and cyst(s) may be implanted. If only a portion of a tumor or cyst is excised or destroyed, then only the</u></p>				

excised or destroyed portion is measured. The tumor(s) and cyst(s) should be measured in situ prior to excision or destruction and documented in the operative report. Measurement includes only the tumor(s) and cyst(s) and not margins. Codes 4X015, 4X016, 4X017, 4X018, 4X019 are reported when the resected or destroyed intra-abdominal tumor(s) and cyst(s) do not directly arise from a resected organ (eg, small bowel mass, renal mass, liver mass) or soft tissue that may be separately reportable. When the tumors directly arise from an organ or soft tissue, only the organ or soft tissue resection or destruction procedure code from which the tumors arise is reported. For example, if a partial ascending colon resection including small tumor implants is performed and a separate excision of multiple small tumor implants in the mesentery of the descending colon is also performed, the appropriate colectomy code (eg, 44140) is reported for the partial ascending colon resection and the excision of the tumor implants in the mesentery of the descending colon is separately reported with an appropriate tumor excision code (4X015, 4X016, 4X017, 4X018, 4X019). The implants that were part of the ascending colon resection would not be included in the measurement for reporting the tumor excision code (4X015, 4X016, 4X017, 4X018, 4X019).

Open resection of recurrent ovarian, endometrial, tubal or primary peritoneal gynecological malignancies without lymphadenectomy should be reported with 4X015, 4X016, 4X017, 4X018, 4X019. All other open resection of initial or recurrent ovarian, endometrial, tubal, or primary peritoneal gynecologic malignancies should be reported with 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58958, 58960.

(For lysis of intestinal adhesions, use 44005)

49180 *Biopsy, abdominal or retroperitoneal mass, percutaneous needle*

(If imaging guidance is performed, see 76942, 77002, 77012, 77021)

(For fine needle aspiration biopsy, see 10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012, 10021)

(For evaluation of fine needle aspirate, see 88172, 88173)

49185 *Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed*

(For treatment of multiple lesions in a single day requiring separate access, use modifier 59 for each additional treated lesion)

(For treatment of multiple interconnected lesions treated through a single access, report 49185 once)

(For access/drainage with needle, see 10160, 50390)

(For access/drainage with catheter, see 10030, 49405, 49406, 49407, 50390)

(For exchange of existing catheter, before or after injection of sclerosant, see 49423, 75984)

(For sclerotherapy of a lymphatic/vascular malformation, use 37241)

(For sclerosis of veins or endovenous ablation of incompetent extremity veins, see 36468, 36470, 36471, 36475, 36476, 36478, 36479)

(For pleurodesis, use 32560)

<i>(Do not report 49185 in conjunction with 49424, 76080)</i>				
●4X015	F1	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	090	22.00
●4X016	F2	5.1 to 10 cm	090	28.65
●4X017	F3	10.1 to 20 cm	090	34.00
●4X018	F4	20.1 to 30 cm	090	45.00
●4X019	F5	greater than 30 cm <u>(Do not report 4X015, 4X016, 4X017, 4X018, 4X019 in conjunction with 49000, 49010, 49215, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58958, 58960)</u> <u>(For excision of perinephric cyst, use 50290)</u>	090	55.00
D49203	-	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	090	(2023 Work RVU = 20.13)
D49204	-	largest tumor 5.1-10.0 cm diameter	090	(2023 Work RVU = 26.13)
D49205	-	largest tumor greater than 10.0 cm diameter (Do not report 49203-49205 in conjunction with 38770, 38780, 49000, 49010, 49215, 50010, 50205, 50225, 50236, 50250, 50290, 58920, 58925, 58940, 58943, 58951, 58952, 58953, 58954, 58956, 58957, 58958, 58960) (For partial or total nephrectomy, use 50220 or 50240 in conjunction with 49203-49205) (For colectomy, use 44140 in conjunction with 49203-49205) (For small bowel resection, use 44120 in conjunction with 49203-49205)	090	(2023 Work RVU = 30.13)

	<p>(For vena caval resection with reconstruction, use 49203-49205 in conjunction with 37799)</p> <p>(For resection of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy, see 58957, 58958)</p> <p>(For cryoablation of renal tumors, see 50250, 50593)</p> <p><u>(49203, 49204, 49205 have been deleted. For open excision or destruction of intra-abdominal [ie, peritoneal, mesenteric, retroperitoneal] primary or secondary tumor[s] or cyst[s], see 4X015, 4X016, 4X017, 4X018, 4X019)</u></p> <p><u>(For excision or destruction of endometriomas, open method, use 58999)</u></p>		
49215	<p><i>Excision of presacral or sacrococcygeal tumor</i></p> <p><i>(Do not report modifier 63 in conjunction with 49215)</i></p> <p><i>(49220 has been deleted)</i></p>		
49250	<p><i>Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)</i></p>		
	<p>Urinary System</p> <p>Kidney</p> <p>Incision</p> <p><i>Report one unit of 50080 or 50081...</i></p> <p><u>(For retroperitoneal exploration, abscess, tumor, or cyst, see 49010, 49060, 49203-49205)</u></p> <p><u>(For open retroperitoneal exploration, use 49010)</u></p> <p><u>(For open drainage of retroperitoneal abscess, use 49060)</u></p> <p><u>(For open excision or destruction of intra-abdominal [ie, peritoneal, mesenteric, retroperitoneal] primary or secondary tumor[s] or cyst[s], see 4X015, 4X016, 4X017, 4X018, 4X019)</u></p> <p><i>Nephrolithotomy is the surgical....</i></p> <p>Excision</p> <p><u>(For open excision or destruction of retroperitoneal tumor[s] or cyst[s] [other than endometriomas], see 4X015, 4X016, 4X017, 4X018, 4X019 49203-49205)</u></p>		

(For excision or destruction of endometriomas, open method, use 58999)

Female Genital System

(For pelvic laparotomy, use 49000)

(For excision or destruction of endometriomas, open method, use 58999 ~~49203-49205, 58957, 58958~~)

(For paracentesis, see 49082, 49083, 49084)

(For secondary closure of abdominal wall evisceration or disruption, use 49900)

(For fulguration or excision of lesions, laparoscopic approach, use 58662)

(For chemotherapy, see 96401-96549)

Oviduct/Ovary Repair

58740 *Lysis of adhesions (salpingolysis, ovariolysis)*

(For laparoscopic approach, use 58660)

(For excision or destruction of endometriomas, open method, use 58999 ~~49203-49205, 58957, 58958~~)

(For fulguration or excision of lesions, laparoscopic approach, use 58662)

Oviduct/Ovary Repair Ovary Excision

58940 *Oophorectomy, partial or total, unilateral or bilateral;*

(For oophorectomy with concomitant debulking for ovarian malignancy, use 58952)

58943 *for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy*

(Do not report 58943 in conjunction with 4X015, 4X016, 4X017, 4X018, 4X019)

58950 *Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy*

58951 *with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy*

58952 *with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)*

<p><u>(Do not report 58950, 58951, 58952 in conjunction with 4X015, 4X016, 4X017, 4X018, 4X019)</u></p> <p>(For resection of recurrent ovarian, tubal, primary peritoneal, or uterine malignancy, use 58957, 58958)</p> <p>58953 <i>Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking</i></p> <p>58954 <i>with pelvic lymphadenectomy and limited para-aortic lymphadenectomy</i></p> <p><u>(Do not report 58953, 58954 in conjunction with 4X015, 4X016, 4X017, 4X018, 4X019)</u></p> <p>58956 <i>Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy</i></p> <p>(Do not report 58956 in conjunction with 49255, 58150, 58180, 58262, 58263, 58550, 58661, 58700, 58720, 58900, 58925, 58940, 58957, 58958)</p>				
D 58957	-	<p><u>Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;</u></p> <p><u>(58957 has been deleted. For resection (tumor debulking) of recurrent ovarian, endometrial, tubal or primary peritoneal gynecological malignancies, with omentectomy, if performed, without lymphadenectomy see 4X015, 4X016, 4X017, 4X018, 4X019)</u></p>	090	(2023 Work RVU = 26.22)
(e)58958	-	<p><u>Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed, with pelvic lymphadenectomy and limited para-aortic lymphadenectomy</u></p> <p>(Do not report 58957, 58958 in conjunction with 38770, 38780, 44005, 49000, 4X015, 4X016, 4X017, 4X018, 4X019, 49203-49215, 49255, 58900-58960)</p>	090	- (2023 Work RVU = 29.22)
<p>58960 <i>Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy</i></p> <p>(Do not report 58960 in conjunction with <u>4X015, 4X016, 4X017, 4X018, 4X019</u>, 58957, 58958)</p> <p>Endocrine System Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body</p>				

Excision

60540 *Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure)*

60545 *with excision of adjacent retroperitoneal tumor*

(Do not report 60540, 60545 in conjunction with 50323)

(For bilateral procedure, report 60540 with modifier 50)

(For open excision or destruction of remote or disseminated pheochromocytoma, see 4X015, 4X016, 4X017, 4X018, 4X019 49203-49205)

(For laparoscopic approach, use 60650)

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration**Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration****Other Injection and Infusion Services**

†•9X034 *Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)*

†•9X035 *each additional 30 minutes (List separately in addition to code for primary procedure)*

(Use 9X034, 9X035 in conjunction with 38100, 38101, 38102, 38120, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 44010, 44015, 44110, 44111, 44120, 44121, 44125, 44130, 44139, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44202, 44203, 44204, 44207, 44213, 44227, 47001, 47100, 48140, 48145, 48152, 48155, 49000, 49010, 49320, 58200, 58210, 58575, 58940, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58958, 58960)

96549 *Unlisted chemotherapy procedure*

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:4X015	Tracking Number F1	Original Specialty Recommended RVU: 22.00
		Presented Recommended RVU: 22.00
Global Period: 090	Current Work RVU: n/a	RUC Recommended RVU: 22.00

CPT Descriptor: Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female presents with a 4-cm mesenteric mass involving the small bowel mesentery near the base. She undergoes a resection of the mass.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 15% , Overnight stay-more than 24 hours 85%

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 90%

Description of Pre-Service Work: Review pre-operative work-up, with particular attention to imaging and reports. Review results of preoperative testing (lab, EKG, chest x-ray, availability of blood products). Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Write orders for preoperative medications including beta blockers, if indicated. Meet with patient and family to review planned procedure and postoperative management. Review and obtain informed consent, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Monitor/assist with supine positioning of patient. Assist anesthesia team with line placement and induction of anesthesia and intubation. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Skin incision is made using sharp dissection. Hemostasis is achieved using electrocautery and small ligatures, as necessary. The linea alba is identified and carefully divided. The peritoneum is grasped, elevated, and carefully incised to avoid injury to bowel. The peritoneal cavity is entered under direct vision. Adhesions are cleared by sharp dissection in order to expose all of the abdominal viscera. A visual and manual complete exploration of the abdominal cavity and its contents is carried out. The NG tube is placed and its position is confirmed. The stomach is inspected and palpated for pathology. The duodenum is visualized and palpated. The gallbladder is inspected and palpated for the presence of stones. The liver is palpated bimanually, as is the porta hepatis. The pancreas is inspected through the hepatogastric ligament and palpated for possible masses. The tail of the pancreas is palpated for possible lymphadenopathy. The small bowel is inspected and palpated from the ligament of Treitz to the ileocecal valve. The small bowel mesentery is inspected and palpated for the presence of lymphadenopathy. A large mass is identified in the mesentery of the distal small bowel. The cecum and appendix, ascending, transverse, and descending colon are inspected and palpated. The cul-de-sac and pelvic contents are inspected and palpated. A self-retaining retractor is carefully inserted, while avoiding injury or entrapment of abdominal contents. The location and extent of the primary lesion is confirmed. The abdominal contents, to the exclusion of the right colon, are packed away using laparotomy pads and additional retractors are placed for optimal exposure. The right colon and distal small bowel are mobilized lateral to medial by incising the line of Toldt. The small bowel mesentery containing the mass and the corresponding loop of small bowel are identified. The 4 cm mass is resected along with the corresponding mesentery avoiding division of the blood supply to the corresponding small bowel loop and right colon. During this dissection, the right ureter is identified and a vessel loop is placed for continual identification and protection of the ureter. The abdominal cavity is irrigated copiously with antibiotic solution.

Hemostasis is obtained. The abdomen is inspected for injury and the presence of any instruments or lap-pads (ie, count is made). The retractor components are removed and accounted for. The abdominal organs are returned to normal anatomical position. The omentum is draped over the abdominal contents. Drain(s) are placed as required. The fascia is closed with running suture. A second instrument, needle, sponge, and lap-pad count is conducted. The subcutaneous tissues are irrigated and approximated and the skin is closed.

Description of Post-Service Work:

Immediate postoperative care [operative day through discharge from recovery room]: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff, including need for patient-controlled analgesia. Discontinue prophylactic antibiotic therapy as appropriate. Review postoperative laboratory results. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note in patient's chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to general surgical floor and discuss ongoing care with nursing staff.

Later same day hospital inpatient care [operative day after discharge from recovery room]: Review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Auscultate heart, lungs, and abdomen. Monitor fluid and electrolyte status and renal function; monitor for problems, such as ileus, intestinal ischemia, and urinary retention. Examine patient, check wounds, and change dressings. Monitor drain(s) output. Continue prophylaxis for DVT. Assess need for beta-blockers and order as required. Assess pain scores and adequacy of analgesia. Write orders for laboratory tests, films, and medications. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate.

Daily hospital inpatient care: Review interval nursing/other provider chart notes. Write patient care orders and discuss floor care with nursing staff. Examine patient, including reviewing vital signs and confirming as necessary. Auscultate heart, lungs, and abdomen for bowel sounds. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Monitor drain(s) output. Continue prophylaxis for DVT and monitor daily for adequacy. Assess need for beta-blockers, order as required. Assess need for antibiotics, order as required. Monitor and document patient progress: evaluate for sepsis, bowel function; cardiorespiratory function. Assess pain scores and adequacy of analgesia. Monitor fluid and electrolyte status and renal function. Write orders for labs, films, and medications. Manage nasogastric tube, remove when appropriate and advance diet. Write orders for patient activity and therapy as required. Chart patient progress notes. Answer patient and family questions. Answer nursing/other provider questions.

Discharge Management: The patient will be discharged when there is return of bowel function, adequate nutrition intake, and adequate pain control with oral analgesics. Prior to discharge, the patient is examined and wounds, drains and status of incisions are assessed. The heart, lungs, and abdomen are auscultated. Hospital medications are reconciled and in consultation with other treating providers, confirmation is made that all orders are in place for medications needed post-discharge, including timing and need for resumption of presurgery medications. Continuation of prophylaxis for DVT is ordered. Home restrictions (ie, diet, activity, bathing) are discussed with the patient, family members, and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service Office Work: An interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Staples are removed when appropriate (at a single visit or over multiple visits). Drains are removed when appropriate (at a single visit or over multiple visits). Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. The pathology report is reviewed with the patient and family, typically at the first postoperative visit. Patient and family questions are answered. A PDMP check is performed at every visit, pain medications are reviewed and adjustments made including counseling on side effects and tapering instructions. DVT prophylaxis is considered and continued, typically for 30 days postoperatively, unless contraindicated. Activity limitations and wound care are reviewed with the patient and family. Physical therapy, home health, occupational therapy are discussed and ordered as required. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with review. Imaging to evaluate for healing or complications is considered and ordered as required. Dietary instructions and need for nutritional supplements are discussed. Multidisciplinary discussion with other treating providers and update to primary care physician is performed. Leave of absence or short term disability forms are completed. Medical record progress notes are dictated, reviewed, and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Charles Mabry, MD, FACS; Don Selzer, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Weiss, Richard, MD, FACS; Jonathan Kiechle, MD				
Specialty Society(ies):	ACS, ACOG, ASCRS, AUA, APSA				
CPT Code:	4X015				
Sample Size:	11604	Resp N:	52		
Description of Sample:	random and self-identified surgical oncologists and gynecological oncologists				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	3.00	9.00	100.00
Survey RVW:	16.80	22.00	26.23	30.00	55.00
Pre-Service Evaluation Time:			40.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			15.00		
Intra-Service Time:	90.00	120.00	150.00	203.00	450.00
Immediate Post Service-Time:	<u>30.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>80.00</u>	99231x 2.00	99232x 1.00	99233x 0.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	<u>86.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 1.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	4X015	Recommended Physician Work RVU: 22.00		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		40.00	40.00	0.00
Pre-Service Positioning Time:		3.00	3.00	0.00
Pre-Service Scrub, Dress, Wait Time:		15.00	20.00	-5.00
Intra-Service Time:		150.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		30.00	33.00	-3.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>80.00</u>	99231x 2.00	99232x 1.00	99233x 0.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>86.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22905	090	21.58	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
27059	090	29.35	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
35301	090	21.16	RUC Time	25,815

CPT Descriptor 1 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55866	090	22.46	RUC Time	19,282

CPT Descriptor 2 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 % of respondents: 23.0 %

Number of respondents who choose 2nd Key Reference Code: 9 % of respondents: 17.3 %

TIME ESTIMATES (Median)

	CPT Code: <u>4X015</u>	Top Key Reference CPT Code: <u>22905</u>	2nd Key Reference CPT Code: <u>27059</u>
Median Pre-Service Time	58.00	63.00	63.00
Median Intra-Service Time	150.00	150.00	220.00
Median Immediate Post-service Time	30.00	30.00	45.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	80.0	80.00	140.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	86.0	102.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	442.00	463.00	608.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	8%	33%	42%	17%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
8%	33%	58%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	8%	58%	33%
Physical effort required	8%	58%	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

8%

17%

75%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

11%

22%

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

11%

44%

44%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

11%

33%

56%

Physical effort required

11%

44%

44%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

11%

33%

56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Compelling Evidence**Overview**

The peritoneal surface, characterized by its unique features and the difficulties associated with studying and managing diseases involving this region, is commonly labeled as an "orphan organ." Historically, the peritoneal surface has

received less emphasis in comparison to organs like the liver, lungs, or heart. However, in the last decade or so, there has been a growing acknowledgment of the significance of the peritoneal surface, accompanied by endeavors to advance treatment options. In the past, peritoneal surface malignancies (PSM) were considered orphan diseases with limited therapeutic options and a poor prognosis. The primary reasons for poor patient outcomes were related to diagnosis at an advanced stage and the limited clinical response of most entities to conventional therapeutic options such as systemic chemotherapy. Major innovations over the past two decades include the adoption of novel surgical techniques, such as complete cytoreduction (defined as absence of macroscopic disease), and the application of intraperitoneal chemotherapy to address microscopic residual disease. Despite the perception of high morbidity of such procedures, optimization of perioperative care has led to the morbidity and mortality rates of these procedures being equivalent to those of other major abdominal cancer surgeries. Concurrent development of new multidisciplinary strategies involving perioperative systemic chemotherapy and targeted and maintenance therapies has dramatically changed the landscapes and the prognoses of these diseases. In selected patients, long-term survival and even cure have become possible and the overall prognosis seems to be equivalent to that of patients with metastatic disease at other sites (such as in the liver or the lungs).¹

Over the past 10 to 15 years, the integration of a locoregional therapeutic approach with modern multidisciplinary strategies that involve perioperative systemic treatments has profoundly changed the prognosis of patients with PSMs. Regardless of the underlying origins, the two main prognostic factors for curative management of PSMs are the completeness of cytoreductive surgery (CRS) and the extent of peritoneal disease.²

Changes in Patient Population and Technology

In recent years, the patient population undergoing CRS for the treatment of PSMs has witnessed several changes, including expanded eligibility criteria..

Expanded Eligibility Criteria: Over time, there has been a broadening of eligibility criteria for CRS, allowing a wider range of patients to be considered for the procedure. Initially, CRS was primarily offered to patients with limited disease burden and favorable prognostic factors. However, with advancements in surgical techniques and perioperative multidisciplinary management, there has been a shift towards considering patients with more extensive disease involvement and various primary cancer origins. This expanded eligibility has been supported by studies showing favorable outcomes in carefully selected patients.³⁴ Also, in recent years, there has been a noticeable shift towards including patients who were previously deemed marginal candidates for CRS. This change in practice considers patients with factors like advanced age, comorbidities, or suboptimal performance status. The evolving expertise in surgical techniques and improvements in perioperative care have facilitated a more personalized evaluation process that takes into account not only the extent of disease but also patient-specific factors.⁵

Targeted Surgical Approaches: Advances in imaging techniques, such as computed tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET), have enabled more precise preoperative tumor mapping. This has led to the development of targeted surgical approaches, such as tumor-specific resections and organ-preserving surgeries. Surgeons can now plan and execute surgeries with greater accuracy, focusing on removing the tumor while preserving vital structures and minimizing unnecessary tissue removal. These targeted approaches require additional preoperative time as part of the evaluation work and increased intraoperative time and technical skill to preserve organs.⁶

Integration of Multimodal Therapies: In recent years, there has been a notable rise in the integration of multimodal therapies, including the use of CRS in conjunction with other treatment modalities. The combination of CRS with hyperthermic intraperitoneal chemotherapy (HIPEC) has increasingly become a common approach for selected patients, as studies have demonstrated improved outcomes compared to CRS alone. Furthermore, neoadjuvant chemotherapy or

¹ Cortes-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

² Kepenekian, V., et al. Advances in the management of peritoneal malignancies. *Nat Rev Clin Oncol* 19, 698–718 (2022).

³ Sokmen S, et al. Extreme cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in treatment of peritoneal metastasis. *Turk J Surg.* 2023 Mar 3;39(1):43-51.

⁴ Hung HC, et al. Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy for Gastric Cancer with Peritoneal Carcinomatosis: Additional Information Helps to Optimize Patient Selection before Surgery. *Cancers (Basel).* 2023 Mar 31;15(7):2089.

⁵ Foster, J.M., et al. (2023), The contemporary management of peritoneal metastasis: A journey from the cold past of treatment futility to a warm present and a bright future. *CA A Cancer J Clin*, 73: 49-71.

⁶ Cortés-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

systemic therapy followed by CRS has been employed to shrink tumors and improve the feasibility of resection. This multimodal approach enables a comprehensive treatment strategy that addresses both visible and microscopic disease, expanding the potential for surgical candidacy in patients who may not have previously been considered.^{7,8}

Expanded Perioperative Work: Enhanced anesthesia techniques and postoperative pain management strategies have improved patient comfort and recovery. Multidisciplinary perioperative teams collaborate to implement enhanced recovery after surgery (ERAS) protocols,⁹ which aim to reduce surgical stress, enhance patient recovery, and expedite return to normal function. In recent years, there has been notable improvement in the multidisciplinary management of peritoneal surface malignancies. Enhanced collaboration among surgical oncologists, medical oncologists, radiologists, and other specialists has facilitated comprehensive treatment planning and decision-making.¹⁰ This multidisciplinary approach plays a crucial role in achieving optimal patient outcomes and enhancing care coordination. This coordination requires additional perioperative time and work.

Tumor Size and burden: The current coding guidelines do not differentiate between the excision of any single intraperitoneal tumor larger than 10 cm in size. However, recent changes in the standard of care necessitate not only the excision of individual large tumors but also the cytoreduction of macroscopic tumors. This additional task represents a greater amount of work, particularly when dealing with very large tumors and an increased burden of macroscopic tumors compared to a single tumor measuring 10-15 cm. Several factors contribute to the increased workload, including the need for more time, physical effort, assessment of resectability, involvement of adjacent structures, and collaboration with additional surgical teams or specialties. The presence of larger and more extensive tumor burden also raises the likelihood of involving multiple surgeons, requiring additional preoperative time to coordinate their efforts, which was not previously accounted for.

⁷ Verwaal, V. J., et al. (2008). 8-year follow-up of randomized trial: cytoreduction and hyperthermic intraperitoneal chemotherapy versus systemic chemotherapy in patients with peritoneal carcinomatosis of colorectal cancer. *Annals of Surgical Oncology*, 15(9), 2426–2432.

⁸ Arjona-Sánchez A, et al. Efficacy and Safety of Intraoperative Hyperthermic Intraperitoneal Chemotherapy for Locally Advanced Colon Cancer: A Phase 3 Randomized Clinical Trial. *JAMA Surg*. Published online April 26, 2023.

⁹ Hübner M, K, et al.. Guidelines for Perioperative Care in Cytoreductive Surgery (CRS) with or without hyperthermic IntraPERitoneal chemotherapy (HIPEC): Enhanced Recovery After Surgery (ERAS®) Society Recommendations - Part II: Postoperative management and special considerations. *Eur J Surg Oncol*. 2020 Dec;46(12):2311-2323

¹⁰ Cortes-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

Summary

Over the past 10 to 15 years, treatment for peritoneal surface malignancies has evolved significantly. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of patients that were not considered candidates for treatment previously. These changes provide compelling evidence that work has changed since the codes were proposed in 2006, almost 20 years ago.

Background

Current codes 49203-49205 were established in 2008 as a replacement for two legacy codes (pre-1990) that differentiated tumor excision as "simple" or "complex" (49200-49201). The replacement codes 49203-49205 were established to report tumor excision or destruction based on the size of the largest tumor, cyst, or endometrioma removed, no matter the number of tumors -- this does not accurately differentiate the surgeon's work (time, intensity, complexity). For example, excision of 15 small 1-3 cm tumors over an extensive area of the peritoneal surface versus excision of a single 4 cm tumor were both reported with the same code (49203) although the work, time, and intensity of the operations are vastly different. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of patients that were not considered candidates for treatment previously. In recognition of the vastly different work in current practice, the CPT Editorial Panel deleted the current codes (49203-49205) and created five new codes (4X015-4X019) based on total peritoneal, mesenteric, and/or retroperitoneal tumor cytoreduction.

Recommendation

We recommend the survey 25th percentile work RVU of 22.00.

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Standard package time of 40 minutes.

Positioning time: Standard package time of 3 minutes for supine positioning.

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

Immediate Post-time

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Discussion of Postoperative Office Visits

At the first postoperative visit, an interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Some or all staples/sutures are removed as appropriate. Drain(s) may be removed. Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. The pathology report is reviewed with the patient and family. Patient and family questions are answered. A PDMP check is performed, pain medications are reviewed and alterations made including counseling on side effects and tapering instructions. DVT prophylaxis is considered and continued unless contraindicated. Activity limitations and wound care are reviewed. Physical therapy, home health, occupational therapy are discussed and ordered as required. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with reviewed. Imaging to evaluate for healing or complications is considered and ordered as required. Dietary instructions and need for nutritional supplements are discussed. Multidisciplinary discussion with other treating providers and update to primary care physician is performed. Leave of absence or short term disability forms are completed. Medical record progress notes are dictated, reviewed, and signed.

At the second postoperative visit, an interval history and physical exam is performed. The wounds are inspected and any remaining staples, sutures, and drain(s) are removed, with dressings applied as required. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. Activity limitations and wound care are reviewed. DVT prophylaxis is considered and continued unless contraindicated. Physical therapy, home health, and/or occupational therapy notes are reviewed. Continuation of therapy and home health is discussed with patient and ordered as required. Evaluation of overall nutrition, dietary recommendations, and weight evaluation is performed with consideration of referral to a dietician as required. Patient and family questions are answered. Discussion with other treating providers

occurs as additional treatment plans may be initiated once surgical recovery is adequate (eg systemic therapy or radiation). Interval imaging and labs reviewed and care plan changed if appropriate. Medical record progress notes are dictated, reviewed, and signed. Leave of absence or short term disability forms are updated, as required. An update to other treating providers and primary care physician is provided.

At the third postoperative visit, an interval history and physical exam is performed, including wound check. Additional postoperative labs are reviewed. Activity and sometimes dietary restrictions are released. PDMP is reviewed and pain medication tapering or cessation will be addressed. The care plans of other treating providers are reviewed and discussed in a multidisciplinary fashion to ensure patient-centered plans that include other therapies and/or outlining surveillance plans. Medical record progress notes are dictated, reviewed, and signed. An update to other treating providers and primary care physician is provided.

Key Reference Code Comparison

Code 22905 has identical intraop time and almost identical total time, making it a good comparator code. Respondents who chose 22905 as a reference indicated that 4X015 was somewhat more to much more intense and complex. The same surgeons who perform 4X015 will have experience with performing 22905 and therefore are fit to rate and compare the procedures. The slightly higher intensity of 4X015 when compared with 22905 is due to the increased depth and breadth of intraperitoneal exploration to identify and excise not only the single large tumor, but also to inspect the bowel and abdominal organs for any additional smaller tumors that may not have shown up on preoperative imaging. This adds psychological stress and requires more mental effort and judgment, which support a slightly higher intensity.

Similarly, respondents who chose 27059 as a reference indicated that 4X015 was somewhat more intense and complex. The same surgeons who would perform 4X015 would have experience with performing 27059 and therefore are fit to rate and compare. The slightly higher intensity of 4X015 when compared with 27059 is due to the increased breadth of intraperitoneal exploration to identify and excise not only the single large tumor, but also to inspect the bowel and abdominal organs for any additional smaller tumors that may not have shown up on preoperative imaging. This adds psychological stress and requires more mental effort and judgment, which supports a slightly higher intensity.

MPC Code Comparison

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99233	99232	99231	99238	99214	99213
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	21.16	0.104	404	75	120	30	1	1		1		2
4X015	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	22.00	0.084	442	58	150	30		1	2	1	1	2
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	22.46	0.097	362	67	180	50				0.5		2

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.

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. 49203

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 4X016	Tracking Number F2	Original Specialty Recommended RVU: 28.65
		Presented Recommended RVU: 28.65
Global Period: 090	Current Work RVU: n/a	RUC Recommended RVU: 28.65

CPT Descriptor: Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male has progressive colorectal carcinoma with limited peritoneal disease. Multiple implants measuring 8-cm in total size are removed from the peritoneal cavity.

Percentage of Survey Respondents who found Vignette to be Typical: 67%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 4% , Overnight stay-more than 24 hours 96%

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 92%

Description of Pre-Service Work: Review pre-operative work-up, with particular attention to imaging and reports. Review results of preoperative testing (lab, EKG, chest x-ray, availability of blood products). Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Write orders for preoperative medications including beta blockers, if indicated. Meet with patient and family to review planned procedure and postoperative management. Review and obtain informed consent, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Monitor/assist with supine positioning of patient. Assist anesthesia team with line placement and induction of anesthesia and intubation. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Skin incision is made using sharp dissection. Hemostasis is achieved using electrocautery and small ligatures, as necessary. The linea alba is identified and carefully divided. The peritoneum is grasped, elevated, and carefully incised to avoid injury to bowel. The peritoneal cavity is entered under direct vision. Adhesions are cleared by sharp dissection in order to expose all of the abdominal viscera. A visual and manual complete exploration of the abdominal cavity and its contents is carried out. The NG tube is placed and its position is confirmed. The stomach is inspected and palpated for pathology. The duodenum is visualized and palpated. The gallbladder is inspected and palpated for the presence of stones. The liver is palpated bimanually, as is the porta hepatis. The pancreas is inspected through the hepatogastric ligament and palpated for possible masses. The tail of the pancreas is palpated for possible lymphadenopathy. The small bowel is inspected and palpated from the ligament of Treitz to the ileocecal valve. The small bowel mesentery is inspected and palpated for the presence of lymphadenopathy. The cecum and appendix, ascending, transverse, and descending colon are inspected and palpated. The cul-de-sac and pelvic contents are inspected and palpated. The greater vessels of the abdomen and the urinary tract are examined. All other intra-abdominal organs are systematically inspected. Following peritoneal and retroperitoneal exploration, excision and destruction of all macroscopic tumor deposits on parietal, omental and peritoneal surfaces is performed. Resection of the small lesions and multiple surface nodules of the omentum, visceral and peritoneal surfaces is performed. Some lesions on the small intestine serosal surface are desiccated with ultrasonic desiccation. The in situ measured total dimension of all excised tumors is documented as 8 cm. The abdominal cavity is irrigated copiously with antibiotic solution. Hemostasis is obtained. The abdomen is inspected for injury and the presence of any instruments or lap-pads (ie, count is made). The retractor components are removed and accounted for. The abdominal organs are returned to normal anatomical position. The omentum is draped over the

abdominal contents. Drain(s) are placed as required. The fascia is closed with running suture. A second instrument, needle, sponge, and lap-pad count is conducted. The subcutaneous tissues are irrigated and approximated and the skin is closed.

Description of Post-Service Work:

Immediate postoperative care [operative day through discharge from recovery room]: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff, including need for patient-controlled analgesia. Discontinue prophylactic antibiotic therapy as appropriate. Review postoperative laboratory results. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note in patient's chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to intensive care unit or general surgical floor and discuss ongoing care with nursing staff.

Later same day hospital inpatient care [operative day after discharge from recovery room]: Review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Auscultate heart, lungs, and abdomen. Monitor fluid and electrolyte status and renal function; monitor for problems, such as ileus, intestinal ischemia, and urinary retention. Examine patient, check wounds, and change dressings. Monitor drain(s) output. Continue prophylaxis for DVT. Assess need for beta-blockers and order as required. Assess pain scores and adequacy of analgesia. Write orders for laboratory tests, films, and medications. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate.

Daily hospital inpatient care: Review interval nursing/other provider chart notes. Write patient care orders and discuss floor care with nursing staff. Examine patient, including reviewing vital signs and confirming as necessary. Auscultate heart, lungs, and abdomen for bowel sounds. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Monitor drain(s) output. Continue prophylaxis for DVT and monitor daily for adequacy. Assess need for beta-blockers, order as required. Assess need for antibiotics, order as required. Monitor and document patient progress: evaluate for sepsis, bowel function; cardiorespiratory function. Assess pain scores and adequacy of analgesia. Monitor fluid and electrolyte status and renal function. Write orders for labs, films, and medications. Manage nasogastric tube, remove when appropriate and advance diet. Write orders for patient activity and therapy as required. Chart patient progress notes. Answer patient and family questions. Answer nursing/other provider questions.

Discharge Management: The patient will be discharged when there is return of bowel function, adequate nutrition intake, and adequate pain control with oral analgesics. Prior to discharge, the patient is examined and wounds, drains and status of incisions are assessed. The heart, lungs, and abdomen are auscultated. Hospital medications are reconciled and in consultation with other treating providers, confirmation is made that all orders are in place for medications needed post-discharge, including timing and need for resumption of presurgery medications. Continuation of prophylaxis for DVT is ordered. Home restrictions (ie, diet, activity, bathing) are discussed with the patient, family members, and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service Office Work: An interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Staples are removed when appropriate (at a single visit or over multiple visits). Drains are removed when appropriate (at a single visit or over multiple visits). Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. The pathology report is reviewed with the patient and family, typically at the first postoperative visit. Patient and family questions are answered. A PDMP check is performed at every visit, pain medications are reviewed and adjustments made including counseling on side effects and tapering instructions. DVT prophylaxis is considered and continued, typically for 30 days postoperatively, unless contraindicated. Activity limitations and wound care are reviewed with the patient and family. Physical therapy, home health, occupational therapy are discussed and ordered as required. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with review. Imaging to evaluate for healing or complications is considered and ordered as required. Dietary instructions and need for nutritional supplements are discussed. Multidisciplinary discussion with other treating providers and update to primary care physician is performed. Leave of absence or short term disability forms are completed. Medical record progress notes are dictated, reviewed, and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023			
Presenter(s):	Charles Mabry, MD, FACS; Don Selzer, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Weiss, Richard, MD, FACS; Jonathan Kiechle, MD				
Specialty Society(ies):	ACS, ACOG, ASCRS, AUA, APSA				
CPT Code:	4X016				
Sample Size:	11604	Resp N:	48		
Description of Sample:	random and self-identified surgical oncologists and gynecological oncologists				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	3.00	10.00	50.00
Survey RVW:	19.00	28.65	31.50	37.75	56.00
Pre-Service Evaluation Time:			45.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			15.00		
Intra-Service Time:	120.00	175.00	195.00	270.00	480.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	135.00	99231x 2.00	99232x 1.00	99233x 1.00	
Discharge Day Mgmt:	38.00	99238x 1.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	86.00	99211x 0.00	12x 0.00	13x 2.00	14x 1.00
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)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	4X016	Recommended Physician Work RVU: 28.65		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		40.00	40.00	0.00
Pre-Service Positioning Time:		3.00	3.00	0.00
Pre-Service Scrub, Dress, Wait Time:		15.00	20.00	-5.00
Intra-Service Time:		195.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		30.00	33.00	-3.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>135.00</u>	99231x 2.00	99232x 1.00	99233x 1.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>86.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
27059	090	29.35	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
22905	090	21.58	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55845	090	25.18	RUC Time	589

CPT Descriptor 1 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
34705	090	29.58	RUC Time	10,394

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 % of respondents: 27.0 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 14.5 %

TIME ESTIMATES (Median)

	CPT Code: <u>4X016</u>	Top Key Reference CPT Code: <u>27059</u>	2nd Key Reference CPT Code: <u>22905</u>
Median Pre-Service Time	58.00	63.00	63.00
Median Intra-Service Time	195.00	220.00	150.00
Median Immediate Post-service Time	30.00	45.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	135.0	140.00	80.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	86.0	102.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	542.00	608.00	463.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	31%	46%	23%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	38%	62%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
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

8%

38%

54%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

29%

57%

14%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%

57%

43%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

43%

57%

Physical effort required

0%

14%

86%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%

57%

43%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Compelling Evidence**Overview**

The peritoneal surface, characterized by its unique features and the difficulties associated with studying and managing diseases involving this region, is commonly labeled as an "orphan organ." Historically, the peritoneal surface has

received less emphasis in comparison to organs like the liver, lungs, or heart. However, in the last decade or so, there has been a growing acknowledgment of the significance of the peritoneal surface, accompanied by endeavors to advance treatment options. In the past, peritoneal surface malignancies (PSM) were considered orphan diseases with limited therapeutic options and a poor prognosis. The primary reasons for poor patient outcomes were related to diagnosis at an advanced stage and the limited clinical response of most entities to conventional therapeutic options such as systemic chemotherapy. Major innovations over the past two decades include the adoption of novel surgical techniques, such as complete cytoreduction (defined as absence of macroscopic disease), and the application of intraperitoneal chemotherapy to address microscopic residual disease. Despite the perception of high morbidity of such procedures, optimization of perioperative care has led to the morbidity and mortality rates of these procedures being equivalent to those of other major abdominal cancer surgeries. Concurrent development of new multidisciplinary strategies involving perioperative systemic chemotherapy and targeted and maintenance therapies has dramatically changed the landscapes and the prognoses of these diseases. In selected patients, long-term survival and even cure have become possible and the overall prognosis seems to be equivalent to that of patients with metastatic disease at other sites (such as in the liver or the lungs).¹

Over the past 10 to 15 years, the integration of a locoregional therapeutic approach with modern multidisciplinary strategies that involve perioperative systemic treatments has profoundly changed the prognosis of patients with PSMs. Regardless of the underlying origins, the two main prognostic factors for curative management of PSMs are the completeness of cytoreductive surgery (CRS) and the extent of peritoneal disease.²

Changes in Patient Population and Technology

In recent years, the patient population undergoing CRS for the treatment of PSMs has witnessed several changes, including expanded eligibility criteria..

Expanded Eligibility Criteria: Over time, there has been a broadening of eligibility criteria for CRS, allowing a wider range of patients to be considered for the procedure. Initially, CRS was primarily offered to patients with limited disease burden and favorable prognostic factors. However, with advancements in surgical techniques and perioperative multidisciplinary management, there has been a shift towards considering patients with more extensive disease involvement and various primary cancer origins. This expanded eligibility has been supported by studies showing favorable outcomes in carefully selected patients.³⁴ Also, in recent years, there has been a noticeable shift towards including patients who were previously deemed marginal candidates for CRS. This change in practice considers patients with factors like advanced age, comorbidities, or suboptimal performance status. The evolving expertise in surgical techniques and improvements in perioperative care have facilitated a more personalized evaluation process that takes into account not only the extent of disease but also patient-specific factors.⁵

Targeted Surgical Approaches: Advances in imaging techniques, such as computed tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET), have enabled more precise preoperative tumor mapping. This has led to the development of targeted surgical approaches, such as tumor-specific resections and organ-preserving surgeries. Surgeons can now plan and execute surgeries with greater accuracy, focusing on removing the tumor while preserving vital structures and minimizing unnecessary tissue removal. These targeted approaches require additional preoperative time as part of the evaluation work and increased intraoperative time and technical skill to preserve organs.⁶

Integration of Multimodal Therapies: In recent years, there has been a notable rise in the integration of multimodal therapies, including the use of CRS in conjunction with other treatment modalities. The combination of CRS with hyperthermic intraperitoneal chemotherapy (HIPEC) has increasingly become a common approach for selected patients, as studies have demonstrated improved outcomes compared to CRS alone. Furthermore, neoadjuvant chemotherapy or

¹ Cortes-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

² Kepenekian, V., et al. Advances in the management of peritoneal malignancies. *Nat Rev Clin Oncol* 19, 698–718 (2022).

³ Sokmen S, et al. Extreme cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in treatment of peritoneal metastasis. *Turk J Surg.* 2023 Mar 3;39(1):43-51.

⁴ Hung HC, et al. Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy for Gastric Cancer with Peritoneal Carcinomatosis: Additional Information Helps to Optimize Patient Selection before Surgery. *Cancers (Basel).* 2023 Mar 31;15(7):2089.

⁵ Foster, J.M., et al. (2023), The contemporary management of peritoneal metastasis: A journey from the cold past of treatment futility to a warm present and a bright future. *CA A Cancer J Clin*, 73: 49-71.

⁶ Cortés-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

systemic therapy followed by CRS has been employed to shrink tumors and improve the feasibility of resection. This multimodal approach enables a comprehensive treatment strategy that addresses both visible and microscopic disease, expanding the potential for surgical candidacy in patients who may not have previously been considered.^{7,8}

Expanded Perioperative Work: Enhanced anesthesia techniques and postoperative pain management strategies have improved patient comfort and recovery. Multidisciplinary perioperative teams collaborate to implement enhanced recovery after surgery (ERAS) protocols,⁹ which aim to reduce surgical stress, enhance patient recovery, and expedite return to normal function. In recent years, there has been notable improvement in the multidisciplinary management of peritoneal surface malignancies. Enhanced collaboration among surgical oncologists, medical oncologists, radiologists, and other specialists has facilitated comprehensive treatment planning and decision-making.¹⁰ This multidisciplinary approach plays a crucial role in achieving optimal patient outcomes and enhancing care coordination. This coordination requires additional perioperative time and work.

Tumor Size and burden: The current coding guidelines do not differentiate between the excision of any single intraperitoneal tumor larger than 10 cm in size. However, recent changes in the standard of care necessitate not only the excision of individual large tumors but also the cytoreduction of macroscopic tumors. This additional task represents a greater amount of work, particularly when dealing with very large tumors and an increased burden of macroscopic tumors compared to a single tumor measuring 10-15 cm. Several factors contribute to the increased workload, including the need for more time, physical effort, assessment of resectability, involvement of adjacent structures, and collaboration with additional surgical teams or specialties. The presence of larger and more extensive tumor burden also raises the likelihood of involving multiple surgeons, requiring additional preoperative time to coordinate their efforts, which was not previously accounted for.

Summary

Over the past 10 to 15 years, treatment for peritoneal surface malignancies has evolved significantly. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of patients that were not considered candidates for treatment previously. These changes provide compelling evidence that work has changed since the codes were proposed in 2006, almost 20 years ago.

Background

Current codes 49203-49205 were established in 2008 as a replacement for two legacy codes (pre-1990) that differentiated tumor excision as "simple" or "complex" (49200-49201). The replacement codes 49203-49205 were established to report tumor excision or destruction based on the size of the largest tumor, cyst, or endometrioma removed, no matter the number of tumors -- this does not accurately differentiate the surgeon's work (time, intensity, complexity). For example, excision of 15 small 1-3 cm tumors over an extensive area of the peritoneal surface versus excision of a single 4 cm tumor were both reported with the same code (49203) although the work, time, and intensity of the operations are vastly different. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of patients that were not considered candidates for treatment previously. In recognition of the vastly different work in current practice, the CPT Editorial Panel deleted the current codes (49203-49205) and created five new codes (4X015-4X019) based on total peritoneal, mesenteric, and/or retroperitoneal tumor cytoreduction.

Recommendation

We recommend the survey 25th percentile work RVU of 28.65.

⁷ Verwaal, V. J., et al. (2008). 8-year follow-up of randomized trial: cytoreduction and hyperthermic intraperitoneal chemotherapy versus systemic chemotherapy in patients with peritoneal carcinomatosis of colorectal cancer. *Annals of Surgical Oncology*, 15(9), 2426–2432.

⁸ Arjona-Sánchez A, et al. Efficacy and Safety of Intraoperative Hyperthermic Intraperitoneal Chemotherapy for Locally Advanced Colon Cancer: A Phase 3 Randomized Clinical Trial. *JAMA Surg*. Published online April 26, 2023.

⁹ Hübner M, K, et al.. Guidelines for Perioperative Care in Cytoreductive Surgery (CRS) with or without hyperthermic IntraPERitoneal chemotherapy (HIPEC): Enhanced Recovery After Surgery (ERAS®) Society Recommendations - Part II: Postoperative management and special considerations. *Eur J Surg Oncol*. 2020 Dec;46(12):2311-2323

¹⁰ Cortes-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

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),.....for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	29.58	0.130	512	150	150	40	1	1		1		1	1
4X016	...sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm	28.65	0.089	542	58	195	30	1	1	2	1	1	2	
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	25.18	0.084	466	51	198	33			1	1	1	1	2

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) 49203, 49204

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 general surgery

How often? Sometimes

Specialty surgical and gynecological oncology

How often? Sometimes

Specialty colorectal surgery and urological surgery

How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Specialty	Frequency	Percentage	%
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,050
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty general surgery	Frequency 400	Percentage 38.09 %
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Specialty surgical oncology	Frequency 300	Percentage 28.57 %
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Specialty gynecological oncology	Frequency 130	Percentage 12.38 %
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Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 49204

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:4X017	Tracking Number F3	Original Specialty Recommended RVU: 34.00
		Presented Recommended RVU: 34.00
Global Period: 090	Current Work RVU: n/a	RUC Recommended RVU: 34.00

CPT Descriptor: Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old female diagnosed with peritoneal mesothelioma with a 6-cm right lower quadrant mass and multiple intraperitoneal and retroperitoneal implants undergoes resection of the mass and excision and destruction of the implants.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 98%

Description of Pre-Service Work: Review pre-operative work-up, with particular attention to angiograms and extensive MRI and CT imaging and reports to assist with preoperative planning. Review results of preoperative testing (lab, EKG, chest x-ray, availability of blood products). Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Write orders for preoperative medications including beta blockers, if indicated. Meet with patient and family to review planned procedure and postoperative management. Review and obtain informed consent, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Monitor/assist with lithotomy positioning of patient. Assist anesthesia team with line placement and induction of anesthesia and intubation. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Skin incision is made using sharp dissection. Hemostasis is achieved using electrocautery and small ligatures, as necessary. The linea alba is identified and carefully divided. The peritoneum is grasped, elevated, and carefully incised to avoid injury to bowel. The peritoneal cavity is entered under direct vision. Adhesions are cleared by sharp dissection in order to expose all of the abdominal viscera. A visual and manual complete exploration of the abdominal cavity and its contents is carried out. The NG tube is placed and its position is confirmed. The stomach is inspected and palpated for pathology. The duodenum is visualized and palpated. The gallbladder is inspected and palpated for the presence of stones. The liver is palpated bimanually, as is the porta hepatis. The pancreas is inspected through the hepatogastric ligament and palpated for possible masses. The tail of the pancreas is palpated for possible lymphadenopathy. The small bowel is inspected and palpated from the ligament of Treitz to the ileocecal valve. The small bowel mesentery is inspected and palpated for the presence of lymphadenopathy. The cecum and appendix, ascending, transverse, and descending colon are inspected and palpated. The cul-de-sac and pelvic contents are inspected and palpated. The greater vessels of the abdomen and the urinary tract are examined. All other intra-abdominal organs are systematically inspected. Following peritoneal and retroperitoneal exploration, resection of the large lower abdominal mass and multiple surface nodules of the omentum, visceral and peritoneal surfaces is performed. Resection of the small lesions and multiple surface nodules of the omentum, visceral and peritoneal surfaces is performed. The in situ measured total dimension of all excised tumors is documented as 19 cm. The abdominal cavity is irrigated copiously with antibiotic solution. Hemostasis is obtained. The abdomen is inspected for injury and the presence of any instruments or lap-pads (ie, count is made). The

retractor components are removed and accounted for. The abdominal organs are returned to normal anatomical position. The omentum is draped over the abdominal contents. A lateral incision is made and a closed suction drain is pulled through the abdominal wall and placed in the resection bed. The drain is sutured to the skin with monofilament suture. Additional drains may be placed as required. The fascia is closed with running suture. A second instrument, needle, sponge, and lap-pad count is conducted. The subcutaneous tissues are irrigated and approximated and the skin is closed.

Description of Post-Service Work:

Immediate postoperative care [operative day through discharge from recovery room]: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff, including need for patient-controlled analgesia. Discontinue prophylactic antibiotic therapy as appropriate. Review postoperative laboratory results. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note in patient's chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to intensive care unit and discuss ongoing care with nursing staff.

Later same day hospital inpatient care [operative day after discharge from recovery room]: Review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Auscultate heart, lungs, and abdomen. Monitor fluid and electrolyte status and renal function; monitor for problems, such as ileus, intestinal ischemia, and urinary retention. Examine patient, check wounds, and change dressings. Monitor drain(s) output. Continue prophylaxis for DVT. Assess need for beta-blockers and order as required. Assess pain scores and adequacy of analgesia. Write orders for laboratory tests, films, and medications. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate.

Daily hospital inpatient care: Review interval nursing/other provider chart notes. Write patient care orders and discuss floor care with nursing staff. Examine patient, including reviewing vital signs and confirming as necessary. Auscultate heart, lungs, and abdomen for bowel sounds. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Monitor drain(s) output. Continue prophylaxis for DVT and monitor daily for adequacy. Assess need for beta-blockers, order as required. Assess need for antibiotics, order as required. Monitor and document patient progress: evaluate for sepsis, bowel function; cardiorespiratory function. Assess pain scores and adequacy of analgesia. Adjust parenteral controlled pain medication dosing appropriately. Closely monitor fluid and electrolyte status and renal function as extensive tissue excision and tumor desiccation causes dramatic fluid shifts. Write orders for labs, films, and medications. Manage nasogastric tube, remove when appropriate and advance diet. Write orders for patient activity and therapy as required. Chart patient progress notes. Answer patient and family questions. Answer nursing/other provider questions.

Discharge Management: The patient will be discharged when there is return of bowel function, adequate nutrition intake, and adequate pain control with oral analgesics. Prior to discharge, the patient is examined and wounds, drains and status of incisions are assessed. The heart, lungs, and abdomen are auscultated. Hospital medications are reconciled and in consultation with other treating providers, confirmation is made that all orders are in place for medications needed post-discharge, including timing and need for resumption of presurgery medications. Continuation of prophylaxis for DVT is ordered. Home restrictions (ie, diet, activity, bathing) are discussed with the patient, family members, and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service Office Work: An interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Staples are removed when appropriate (at a single visit or over multiple visits). Drains are removed when appropriate (at a single visit or over multiple visits). Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. The pathology report is reviewed with the patient and family, typically at the first postoperative visit. Patient and family questions are answered. A PDMP check is performed at every visit, pain medications are reviewed and adjustments made including counseling on side effects and tapering instructions. DVT prophylaxis is considered and continued, typically for 30 days postoperatively, unless contraindicated. Activity limitations and wound care are reviewed with the patient and family. Imaging to evaluate for healing or complications is considered and ordered as required. Physical therapy, home health, occupational therapy are discussed and ordered as required. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with review. Dietary instructions and need for nutritional supplements are discussed. Evaluation of overall nutrition, dietary recommendations, and weight evaluation is performed with consideration of referral to a dietician as required. Discussion with other treating providers occurs as additional treatment plans may be initiated once surgical recovery is adequate (eg systemic therapy or radiation). The

postoperative care plan and the care plans of other treating providers are reviewed and discussed in a multidisciplinary fashion to ensure patient-centered plans that include other therapies and/or outline surveillance plans. Multidisciplinary discussion with other treating providers is performed. An update to primary care physician is performed. Leave of absence or short term disability forms are completed and updated as required. Medical record progress notes are dictated, reviewed, and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Charles Mabry, MD, FACS; Don Selzer, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Weiss, Richard, MD, FACS; Jonathan Kiechle, MD				
Specialty Society(ies):	ACS, ACOG, ASCRS, AUA, APSA				
CPT Code:	4X017				
Sample Size:	11604	Resp N:	47		
Description of Sample:	random and self-identified surgical oncologists and gynecological oncologists				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	2.00	6.00	30.00
Survey RVW:	22.00	34.00	40.00	27.09	65.00
Pre-Service Evaluation Time:			60.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			15.00		
Intra-Service Time:	180.00	210.00	240.00	300.00	600.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	210.00	99231x 1.00	99232x 2.00	99233x 2.00	
Discharge Day Mgmt:	55.00	99238x 0.00	99239x 1.00	99217x 0.00	
Office time/visit(s):	109.00	99211x 0.00	12x 0.00	13x 3.00	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)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	4X017	Recommended Physician Work RVU: 34.00		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		50.00	40.00	10.00
Pre-Service Positioning Time:		8.00	3.00	5.00
Pre-Service Scrub, Dress, Wait Time:		15.00	20.00	-5.00
Intra-Service Time:		240.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		30.00	33.00	-3.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>210.00</u>	99231x 1.00	99232x 2.00	99233x 2.00	
Discharge Day Mgmt:	<u>55.00</u>	99238x 0.0	99239x 1.0	99217x 0.00	
Office time/visit(s):	<u>109.00</u>	99211x 0.00	12x 0.00	13x 3.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
47780	090	42.32	RUC Time

CPT Descriptor Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
27059	090	29.35	RUC Time

CPT Descriptor Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
34705	090	29.58	RUC Time	10,394

CPT Descriptor 1 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)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33534	090	39.88	RUC Time	4,632

CPT Descriptor 2 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 % of respondents: 14.8 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 14.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>4X017</u>	Top Key Reference CPT Code: <u>47780</u>	2nd Key Reference CPT Code: <u>27059</u>
Median Pre-Service Time	73.00	75.00	63.00
Median Intra-Service Time	240.00	240.00	220.00
Median Immediate Post-service Time	30.00	40.00	45.00
Median Critical Care Time	0.0	70.00	0.00
Median Other Hospital Visit Time	210.0	250.00	140.00
Median Discharge Day Management Time	55.0	38.00	38.00
Median Office Visit Time	109.0	86.00	102
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	717.00	799.00	608.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	29%	71%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	29%	71%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	57%	43%
Physical effort required	0%	14%	86%

Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	29%	71%
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Survey Code Compared to 2nd Key Reference Code

Much Less Somewhat Less Identical Somewhat More Much More

Overall intensity/complexity	0%	0%	14%	43%	43%
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Mental Effort and Judgment

Less Identical More

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%	29%	71%
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Technical Skill/Physical Effort

Less Identical More

Technical skill required	29%	14%	57%
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Physical effort required	14%	14%	71%
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Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	29%	71%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Compelling Evidence

Overview

The peritoneal surface, characterized by its unique features and the difficulties associated with studying and managing diseases involving this region, is commonly labeled as an "orphan organ." Historically, the peritoneal surface has

received less emphasis in comparison to organs like the liver, lungs, or heart. However, in the last decade or so, there has been a growing acknowledgment of the significance of the peritoneal surface, accompanied by endeavors to advance treatment options. In the past, peritoneal surface malignancies (PSM) were considered orphan diseases with limited therapeutic options and a poor prognosis. The primary reasons for poor patient outcomes were related to diagnosis at an advanced stage and the limited clinical response of most entities to conventional therapeutic options such as systemic chemotherapy. Major innovations over the past two decades include the adoption of novel surgical techniques, such as complete cytoreduction (defined as absence of macroscopic disease), and the application of intraperitoneal chemotherapy to address microscopic residual disease. Despite the perception of high morbidity of such procedures, optimization of perioperative care has led to the morbidity and mortality rates of these procedures being equivalent to those of other major abdominal cancer surgeries. Concurrent development of new multidisciplinary strategies involving perioperative systemic chemotherapy and targeted and maintenance therapies has dramatically changed the landscapes and the prognoses of these diseases. In selected patients, long-term survival and even cure have become possible and the overall prognosis seems to be equivalent to that of patients with metastatic disease at other sites (such as in the liver or the lungs).¹

Over the past 10 to 15 years, the integration of a locoregional therapeutic approach with modern multidisciplinary strategies that involve perioperative systemic treatments has profoundly changed the prognosis of patients with PSMs. Regardless of the underlying origins, the two main prognostic factors for curative management of PSMs are the completeness of cytoreductive surgery (CRS) and the extent of peritoneal disease.²

Changes in Patient Population and Technology

In recent years, the patient population undergoing CRS for the treatment of PSMs has witnessed several changes, including expanded eligibility criteria..

Expanded Eligibility Criteria: Over time, there has been a broadening of eligibility criteria for CRS, allowing a wider range of patients to be considered for the procedure. Initially, CRS was primarily offered to patients with limited disease burden and favorable prognostic factors. However, with advancements in surgical techniques and perioperative multidisciplinary management, there has been a shift towards considering patients with more extensive disease involvement and various primary cancer origins. This expanded eligibility has been supported by studies showing favorable outcomes in carefully selected patients.³⁴ Also, in recent years, there has been a noticeable shift towards including patients who were previously deemed marginal candidates for CRS. This change in practice considers patients with factors like advanced age, comorbidities, or suboptimal performance status. The evolving expertise in surgical techniques and improvements in perioperative care have facilitated a more personalized evaluation process that takes into account not only the extent of disease but also patient-specific factors.⁵

Targeted Surgical Approaches: Advances in imaging techniques, such as computed tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET), have enabled more precise preoperative tumor mapping. This has led to the development of targeted surgical approaches, such as tumor-specific resections and organ-preserving surgeries. Surgeons can now plan and execute surgeries with greater accuracy, focusing on removing the tumor while preserving vital structures and minimizing unnecessary tissue removal. These targeted approaches require additional preoperative time as part of the evaluation work and increased intraoperative time and technical skill to preserve organs.⁶

Integration of Multimodal Therapies: In recent years, there has been a notable rise in the integration of multimodal therapies, including the use of CRS in conjunction with other treatment modalities. The combination of CRS with hyperthermic intraperitoneal chemotherapy (HIPEC) has increasingly become a common approach for selected patients, as studies have demonstrated improved outcomes compared to CRS alone. Furthermore, neoadjuvant chemotherapy or

¹ Cortes-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

² Kepenekian, V., et al. Advances in the management of peritoneal malignancies. *Nat Rev Clin Oncol* 19, 698–718 (2022).

³ Sokmen S, et al. Extreme cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in treatment of peritoneal metastasis. *Turk J Surg.* 2023 Mar 3;39(1):43-51.

⁴ Hung HC, et al. Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy for Gastric Cancer with Peritoneal Carcinomatosis: Additional Information Helps to Optimize Patient Selection before Surgery. *Cancers (Basel).* 2023 Mar 31;15(7):2089.

⁵ Foster, J.M., et al. (2023), The contemporary management of peritoneal metastasis: A journey from the cold past of treatment futility to a warm present and a bright future. *CA A Cancer J Clin*, 73: 49-71.

⁶ Cortés-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

systemic therapy followed by CRS has been employed to shrink tumors and improve the feasibility of resection. This multimodal approach enables a comprehensive treatment strategy that addresses both visible and microscopic disease, expanding the potential for surgical candidacy in patients who may not have previously been considered.^{7,8}

Expanded Perioperative Work: Enhanced anesthesia techniques and postoperative pain management strategies have improved patient comfort and recovery. Multidisciplinary perioperative teams collaborate to implement enhanced recovery after surgery (ERAS) protocols,⁹ which aim to reduce surgical stress, enhance patient recovery, and expedite return to normal function. In recent years, there has been notable improvement in the multidisciplinary management of peritoneal surface malignancies. Enhanced collaboration among surgical oncologists, medical oncologists, radiologists, and other specialists has facilitated comprehensive treatment planning and decision-making.¹⁰ This multidisciplinary approach plays a crucial role in achieving optimal patient outcomes and enhancing care coordination. This coordination requires additional perioperative time and work.

Tumor Size and burden: The current coding guidelines do not differentiate between the excision of any single intraperitoneal tumor larger than 10 cm in size. However, recent changes in the standard of care necessitate not only the excision of individual large tumors but also the cytoreduction of macroscopic tumors. This additional task represents a greater amount of work, particularly when dealing with very large tumors and an increased burden of macroscopic tumors compared to a single tumor measuring 10-15 cm. Several factors contribute to the increased workload, including the need for more time, physical effort, assessment of resectability, involvement of adjacent structures, and collaboration with additional surgical teams or specialties. The presence of larger and more extensive tumor burden also raises the likelihood of involving multiple surgeons, requiring additional preoperative time to coordinate their efforts, which was not previously accounted for.

⁷ Verwaal, V. J., et al. (2008). 8-year follow-up of randomized trial: cytoreduction and hyperthermic intraperitoneal chemotherapy versus systemic chemotherapy in patients with peritoneal carcinomatosis of colorectal cancer. *Annals of Surgical Oncology*, 15(9), 2426–2432.

⁸ Arjona-Sánchez A, et al. Efficacy and Safety of Intraoperative Hyperthermic Intraperitoneal Chemotherapy for Locally Advanced Colon Cancer: A Phase 3 Randomized Clinical Trial. *JAMA Surg*. Published online April 26, 2023.

⁹ Hübner M, K, et al.. Guidelines for Perioperative Care in Cytoreductive Surgery (CRS) with or without hyperthermic IntraPERitoneal chemotherapy (HIPEC): Enhanced Recovery After Surgery (ERAS®) Society Recommendations - Part II: Postoperative management and special considerations. *Eur J Surg Oncol*. 2020 Dec;46(12):2311-2323

¹⁰ Cortes-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

Summary

Over the past 10 to 15 years, treatment for peritoneal surface malignancies has evolved significantly. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of patients that were not considered candidates for treatment previously. These changes provide compelling evidence that work has changed since the codes were proposed in 2006, almost 20 years ago.

Background

Current codes 49203-49205 were established in 2008 as a replacement for two legacy codes (pre-1990) that differentiated tumor excision as "simple" or "complex" (49200-49201). The replacement codes 49203-49205 were established to report tumor excision or destruction based on the size of the largest tumor, cyst, or endometrioma removed, no matter the number of tumors -- this does not accurately differentiate the surgeon's work (time, intensity, complexity). For example, excision of 15 small 1-3 cm tumors over an extensive area of the peritoneal surface versus excision of a single 4 cm tumor were both reported with the same code (49203) although the work, time, and intensity of the operations are vastly different. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of patients that were not considered candidates for treatment previously. In recognition of the vastly different work in current practice, the CPT Editorial Panel deleted the current codes (49203-49205) and created five new codes (4X015-4X019) based on total peritoneal, mesenteric, and/or retroperitoneal tumor cytoreduction.

Recommendation

We recommend the survey 25th percentile work RVU of 34.00.

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Add 10 minutes (total = 50 minutes) for extensive preoperative review of angiograms and MRI and CT imaging and reports to assist with preoperative planning.

Positioning time: Add 5 minutes (total time = 8 minutes) for lithotomy positioning.

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

Immediate Post-time

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Discussion of Postoperative Office Visits

At the first postoperative visit, an interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Some or all staples/sutures are removed as appropriate. Drain(s) may be removed. Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. The pathology report is reviewed with the patient and family. Patient and family questions are answered. A PDMP check is performed, pain medications are reviewed and alterations made including counseling on side effects and tapering instructions. DVT prophylaxis is considered and continued unless contraindicated. Activity limitations and wound care are reviewed. Physical therapy, home health, occupational therapy are discussed and ordered as required. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with reviewed. Imaging to evaluate for healing or complications is considered and ordered as required. Dietary instructions and need for nutritional supplements are discussed. Multidisciplinary discussion with other treating providers and update to primary care physician is performed. Leave of absence or short term disability forms are completed. Medical record progress notes are dictated, reviewed, and signed.

At the second postoperative visit, an interval history and physical exam is performed. The wounds are inspected and any remaining staples, sutures, and drain(s) are removed, with dressings applied as required. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. A PDMP check is performed, pain medications are reviewed and alterations made including counseling on side effects and tapering instructions. Activity limitations and wound care are reviewed. DVT prophylaxis is considered and continued unless contraindicated. Physical therapy, home

health, and/or occupational therapy notes are reviewed. Continuation of therapy and home health is discussed with patient and ordered as required. Evaluation of overall nutrition, dietary recommendations, and weight evaluation is performed with consideration of referral to a dietician as required. Patient and family questions are answered. Discussion with other treating providers occurs as additional treatment plans may be initiated once surgical recovery is adequate (eg systemic therapy or radiation). Interval imaging and labs reviewed and care plan changed if appropriate. Medical record progress notes are dictated, reviewed, and signed. Leave of absence or short term disability forms are updated, as required. An update to other treating providers and primary care physician is provided.

At the third postoperative visit, an interval history and physical exam is performed, including wound check. Activity restrictions are considered and modified as appropriate. Discussion about dietary recommendations to (new) baseline and adequate weight stabilization or returning to baseline is performed. A PDMP check is performed, pain medications are reviewed, and alterations made including counseling on side effects and tapering instructions. Physical therapy, home health, and/or occupational therapy notes are reviewed. Continuation of therapy and home health is discussed with patient and discontinued or ordered as required. Interval imaging and labs reviewed and care plan changed if appropriate. Review of other treating providers care plans and discussion in a multidisciplinary fashion is performed. Additional postoperative imaging and labs are reviewed. Medical record progress notes are dictated, reviewed, and signed. An update to other treating providers and primary care physician is provided.

At the fourth postoperative visit, an interval history and physical exam is performed, including wound check. Additional postoperative labs are reviewed. Typically, activity and sometimes dietary restrictions are released. PDMP is reviewed and pain medication tapering or cessation will be addressed. The care plans of other treating providers are reviewed and discussed in a multidisciplinary fashion to ensure patient-centered plans that include other therapies and/or outlining surveillance plans. Medical record progress notes are dictated, reviewed, and signed. An update to other treating providers and primary care physician is provided.

MPC Code Comparison

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99291	99233	99232	99231	99238-99239	99214	99213	99212
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing,.....for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	29.58	0.130	512	150	150	40		1	1		1		1	1
4X017	...sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm	34.00	0.075	717	73	240	30		2	2	1	1	1	3	
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	39.88	0.110	717	95	193	40	1	3	1	1	1	1		1

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.

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 49205

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 4X018	Tracking Number F4	Original Specialty Recommended RVU: 45.00
		Presented Recommended RVU: 45.00
Global Period: 090	Current Work RVU: n/a	RUC Recommended RVU: 45.00

CPT Descriptor: Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male with a 28-cm retroperitoneal sarcoma and no evidence of distant metastases undergoes resection of the sarcoma.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review pre-operative work-up, with particular attention to angiograms and extensive MRI and CT imaging and reports to assist with preoperative planning of operative approach to search and excise suspicious/possible lesions in the peritoneal and retroperitoneal space. Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Write orders for preoperative medications including beta blockers, if indicated. Meet with patient and family to review planned procedure and postoperative management. Review and obtain informed consent, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Monitor/assist with initial lithotomy positioning of patient, keeping in mind that throughout the lengthy procedure, the patient will typically be repositioned as needed to gain access to all areas of the peritoneal and retroperitoneal space. Assist anesthesia team with line placement and induction of anesthesia and intubation. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Skin incision is made using sharp dissection. Hemostasis is achieved using electrocautery and small ligatures, as necessary. The linea alba is identified and carefully divided. The peritoneum is grasped, elevated, and carefully incised to avoid injury to bowel. The peritoneal cavity is entered under direct vision. Adhesions are cleared by sharp dissection in order to expose all of the abdominal viscera. A visual and manual complete exploration of the abdominal cavity and its contents is carried out. The NG tube is placed and its position is confirmed. The stomach is inspected and palpated for pathology. The duodenum is visualized and palpated. The gallbladder is inspected and palpated for the presence of stones. The liver is palpated bimanually, as is the porta hepatis. The pancreas is inspected through the hepatogastric ligament and palpated for possible masses. The tail of the pancreas is palpated for possible lymphadenopathy. The small bowel is inspected and palpated from the ligament of Treitz to the ileocecal valve. The small bowel mesentery is inspected and palpated for the presence of lymphadenopathy. The cecum and appendix, ascending, transverse, and descending colon are inspected and palpated. The cul-de-sac and pelvic contents are inspected and palpated. The greater vessels of the abdomen and the urinary tract are examined. All other intra-abdominal organs are systematically inspected. Following peritoneal and retroperitoneal exploration, the ascending colon is mobilized by dividing the peritoneal reflection and the hepatic flexure of the colon is taken down. The second portion of the duodenum and head of the pancreas are elevated from the retroperitoneum exposing the vena cava and aorta. The base of the small bowel mesentery is mobilized to the third portion of the duodenum further exposing the vena cava and aorta. The kidneys, vasculature and

ureters are identified. The proximal aorta, iliac arteries, subrenal vena cava and iliac veins are controlled superior and inferior to the retroperitoneal tumor. The 28 cm tumor is then resected from the retroperitoneum with sequential ligation of inflow and outflow vasculature of the tumor. The abdominal cavity is irrigated copiously with antibiotic solution. Hemostasis is obtained. The abdomen is inspected for injury and the presence of any instruments or lap-pads (ie, count is made). The retractor components are removed and accounted for. The abdominal organs are returned to normal anatomical position. The omentum is draped over the abdominal contents. A lateral incision is made and a closed suction drain is pulled through the abdominal wall and placed in the resection bed. The drain is sutured to the skin with monofilament suture. Additional drains may be placed as required. The fascia is closed with running suture. A second instrument, needle, sponge, and lap-pad count is conducted. The subcutaneous tissues are irrigated and approximated and the skin is closed.

Description of Post-Service Work:

Immediate postoperative care [operative day through discharge from recovery room]: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff, including need for patient-controlled analgesia. Discontinue prophylactic antibiotic therapy as appropriate. Review postoperative laboratory results. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note in patient's chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to intensive care unit and discuss ongoing care with nursing staff.

Later same day hospital inpatient care [operative day after discharge from recovery room]: Review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Auscultate heart, lungs, and abdomen. Monitor fluid and electrolyte status and renal function; monitor for problems, such as ileus, intestinal ischemia, and urinary retention. Examine patient, check wounds, and change dressings. Monitor drain(s) output. Continue prophylaxis for DVT. Assess need for beta-blockers and order as required. Assess pain scores and adequacy of analgesia. Write orders for laboratory tests, films, and medications. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate.

Daily hospital inpatient care: Review interval nursing/other provider chart notes. Write patient care orders and discuss floor care with nursing staff. Examine patient, including reviewing vital signs and confirming as necessary. Auscultate heart, lungs, and abdomen for bowel sounds. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Monitor drain(s) output. Continue prophylaxis for DVT and monitor daily for adequacy. Assess need for beta-blockers, order as required. Assess need for antibiotics, order as required. Monitor and document patient progress: evaluate for sepsis, bowel function; cardiorespiratory function. Assess pain scores and adequacy of analgesia. Adjust parenteral controlled pain medication dosing appropriately. Closely monitor fluid and electrolyte status and renal function as extensive tissue excision and tumor desiccation causes dramatic fluid shifts. Write orders for labs, films, and medications. Manage nasogastric tube, remove when appropriate and advance diet. Write orders for patient activity and therapy as required. Chart patient progress notes. Answer patient and family questions. Answer nursing/other provider questions.

Discharge Management: The patient will be discharged when there is return of bowel function, adequate nutrition intake, and adequate pain control with oral analgesics. Prior to discharge, the patient is examined and wounds, drains and status of incisions are assessed. The heart, lungs, and abdomen are auscultated. Hospital medications are reconciled and in consultation with other treating providers, confirmation is made that all orders are in place for medications needed post-discharge, including timing and need for resumption of presurgery medications. Continuation of prophylaxis for DVT is ordered. Home restrictions (ie, diet, activity, bathing) are discussed with the patient, family members, and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service Office Work: An interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Staples are removed when appropriate (at a single visit or over multiple visits). Drains are removed when appropriate (at a single visit or over multiple visits). Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. The pathology report is reviewed with the patient and family, typically at the first postoperative visit. Patient and family questions are answered. A PDMP check is performed at every visit, pain medications are reviewed and adjustments made including counseling on side effects and tapering instructions. DVT prophylaxis is considered and continued, typically for 30 days postoperatively, unless contraindicated. Activity limitations and wound care are reviewed with the patient and family. Imaging to evaluate for healing or complications is considered and ordered as required. Physical therapy, home health, occupational therapy are discussed and ordered as required. Labs evaluating postoperative

anemia, hydration, electrolytes are considered and ordered as required with review. Dietary instructions and need for nutritional supplements are discussed. Evaluation of overall nutrition, dietary recommendations, and weight evaluation is performed with consideration of referral to a dietician as required. Discussion with other treating providers occurs as additional treatment plans may be initiated once surgical recovery is adequate (eg systemic therapy or radiation). The postoperative care plan and the care plans of other treating providers are reviewed and discussed in a multidisciplinary fashion to ensure patient-centered plans that include other therapies and/or outline surveillance plans. Multidisciplinary discussion with other treating providers is performed. An update to primary care physician is performed. Leave of absence or short term disability forms are completed and updated as required. Medical record progress notes are dictated, reviewed, and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Charles Mabry, MD, FACS; Don Selzer, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Weiss, Richard, MD, FACS; Jonathan Kiechle, MD				
Specialty Society(ies):	ACS, ACOG, ASCRS, AUA, APSA				
CPT Code:	4X018				
Sample Size:	11604	Resp N:	46		
Description of Sample:	random and self-identified surgical oncologists and gynecological oncologists				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	1.00	3.00	30.00
Survey RVW:	30.30	40.00	45.00	56.69	81.97
Pre-Service Evaluation Time:			60.00		
Pre-Service Positioning Time:			20.00		
Pre-Service Scrub, Dress, Wait Time:			15.00		
Intra-Service Time:	210.00	280.00	310.00	360.00	500.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	230.00	99231x 2.00	99232x 2.00	99233x 2.00	
Discharge Day Mgmt:	55.00	99238x 0.00	99239x 1.00	99217x 0.00	
Office time/visit(s):	109.00	99211x 0.00	12x 0.00	13x 3.00	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)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	4X018	Recommended Physician Work RVU: 45.00		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		50.00	40.00	10.00
Pre-Service Positioning Time:		15.00	3.00	12.00
Pre-Service Scrub, Dress, Wait Time:		15.00	20.00	-5.00
Intra-Service Time:		310.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		30.00	33.00	-3.00

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>230.00</u>	99231x 2.00	99232x 2.00	99233x 2.00	
Discharge Day Mgmt:	<u>55.00</u>	99238x 0.0	99239x 1.0	99217x 0.00	
Office time/visit(s):	<u>109.00</u>	99211x 0.00	12x 0.00	13x 3.00	14x 1.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
58240	090	49.33	RUC Time

CPT Descriptor Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
47780	090	42.32	RUC Time

CPT Descriptor Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33426	090	43.28	RUC Time	2,297

CPT Descriptor 1 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
43117	090	57.50	RUC Time	421

CPT Descriptor 2 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 % of respondents: 19.5 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 10.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>4X018</u>	Top Key Reference CPT Code: <u>58240</u>	2nd Key Reference CPT Code: <u>47780</u>
Median Pre-Service Time	80.00	120.00	75.00
Median Intra-Service Time	310.00	420.00	240.00
Median Immediate Post-service Time	30.00	75.00	40.00
Median Critical Care Time	0.0	0.00	70.00
Median Other Hospital Visit Time	230.0	300.00	250.00
Median Discharge Day Management Time	55.0	55.00	38.00
Median Office Visit Time	109.0	148.00	86.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	814.00	1,118.0	799.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	11%	44%	44%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
11%	11%	78%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	11%	89%
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%

60%

20%

20%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%

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%

40%

60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Compelling Evidence

Overview

The peritoneal surface, characterized by its unique features and the difficulties associated with studying and managing diseases involving this region, is commonly labeled as an "orphan organ." Historically, the peritoneal surface has received less emphasis in comparison to organs like the liver, lungs, or heart. However, in the last decade or so, there has been a growing acknowledgment of the significance of the peritoneal surface, accompanied by endeavors to advance treatment options. In the past, peritoneal surface malignancies (PSM) were considered orphan diseases with limited therapeutic options and a poor prognosis. The primary reasons for poor patient outcomes were related to diagnosis at an advanced stage and the limited clinical response of most entities to conventional therapeutic options such as systemic chemotherapy. Major innovations over the past two decades include the adoption of novel surgical techniques, such as complete cytoreduction (defined as absence of macroscopic disease), and the application of intraperitoneal chemotherapy to address microscopic residual disease. Despite the perception of high morbidity of such procedures, optimization of perioperative care has led to the morbidity and mortality rates of these procedures being equivalent to those of other major abdominal cancer surgeries. Concurrent development of new multidisciplinary strategies involving perioperative systemic chemotherapy and targeted and maintenance therapies has dramatically changed the landscapes and the prognoses of these diseases. In selected patients, long-term survival and even cure have become possible and the overall prognosis seems to be equivalent to that of patients with metastatic disease at other sites (such as in the liver or the lungs).¹

Over the past 10 to 15 years, the integration of a locoregional therapeutic approach with modern multidisciplinary strategies that involve perioperative systemic treatments has profoundly changed the prognosis of patients with PSMs. Regardless of the underlying origins, the two main prognostic factors for curative management of PSMs are the completeness of cytoreductive surgery (CRS) and the extent of peritoneal disease.²

Changes in Patient Population and Technology

In recent years, the patient population undergoing CRS for the treatment of PSMs has witnessed several changes, including expanded eligibility criteria..

Expanded Eligibility Criteria: Over time, there has been a broadening of eligibility criteria for CRS, allowing a wider range of patients to be considered for the procedure. Initially, CRS was primarily offered to patients with limited disease burden and favorable prognostic factors. However, with advancements in surgical techniques and perioperative multidisciplinary management, there has been a shift towards considering patients with more extensive disease involvement and various primary cancer origins. This expanded eligibility has been supported by studies showing favorable outcomes in carefully selected patients.³⁴ Also, in recent years, there has been a noticeable shift towards including patients who were previously deemed marginal candidates for CRS. This change in practice considers patients with factors like advanced age, comorbidities, or suboptimal performance status. The evolving expertise in surgical techniques and improvements in perioperative care have facilitated a more personalized evaluation process that takes into account not only the extent of disease but also patient-specific factors.⁵

Targeted Surgical Approaches: Advances in imaging techniques, such as computed tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET), have enabled more precise preoperative tumor mapping. This has led to the development of targeted surgical approaches, such as tumor-specific resections and organ-preserving surgeries. Surgeons can now plan and execute surgeries with greater accuracy, focusing on removing the tumor while preserving vital structures and minimizing unnecessary tissue removal. These targeted approaches require

¹ Cortes-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

² Kepenekian, V., et al. Advances in the management of peritoneal malignancies. *Nat Rev Clin Oncol* 19, 698–718 (2022).

³ Sokmen S, et al. Extreme cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in treatment of peritoneal metastasis. *Turk J Surg.* 2023 Mar 3;39(1):43-51.

⁴ Hung HC, et al. Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy for Gastric Cancer with Peritoneal Carcinomatosis: Additional Information Helps to Optimize Patient Selection before Surgery. *Cancers (Basel).* 2023 Mar 31;15(7):2089.

⁵ Foster, J.M., et al. (2023), The contemporary management of peritoneal metastasis: A journey from the cold past of treatment futility to a warm present and a bright future. *CA A Cancer J Clin*, 73: 49-71.

additional preoperative time as part of the evaluation work and increased intraoperative time and technical skill to preserve organs.⁶

Integration of Multimodal Therapies: In recent years, there has been a notable rise in the integration of multimodal therapies, including the use of CRS in conjunction with other treatment modalities. The combination of CRS with hyperthermic intraperitoneal chemotherapy (HIPEC) has increasingly become a common approach for selected patients, as studies have demonstrated improved outcomes compared to CRS alone. Furthermore, neoadjuvant chemotherapy or systemic therapy followed by CRS has been employed to shrink tumors and improve the feasibility of resection. This multimodal approach enables a comprehensive treatment strategy that addresses both visible and microscopic disease, expanding the potential for surgical candidacy in patients who may not have previously been considered.^{7,8}

Expanded Perioperative Work: Enhanced anesthesia techniques and postoperative pain management strategies have improved patient comfort and recovery. Multidisciplinary perioperative teams collaborate to implement enhanced recovery after surgery (ERAS) protocols,⁹ which aim to reduce surgical stress, enhance patient recovery, and expedite return to normal function. In recent years, there has been notable improvement in the multidisciplinary management of peritoneal surface malignancies. Enhanced collaboration among surgical oncologists, medical oncologists, radiologists, and other specialists has facilitated comprehensive treatment planning and decision-making.¹⁰ This multidisciplinary approach plays a crucial role in achieving optimal patient outcomes and enhancing care coordination. This coordination requires additional perioperative time and work.

Tumor Size and burden: The current coding guidelines do not differentiate between the excision of any single intraperitoneal tumor larger than 10 cm in size. However, recent changes in the standard of care necessitate not only the excision of individual large tumors but also the cytoreduction of macroscopic tumors. This additional task represents a greater amount of work, particularly when dealing with very large tumors and an increased burden of macroscopic tumors compared to a single tumor measuring 10-15 cm. Several factors contribute to the increased workload, including the need for more time, physical effort, assessment of resectability, involvement of adjacent structures, and collaboration with additional surgical teams or specialties. The presence of larger and more extensive tumor burden also raises the likelihood of involving multiple surgeons, requiring additional preoperative time to coordinate their efforts, which was not previously accounted for.

Summary

Over the past 10 to 15 years, treatment for peritoneal surface malignancies has evolved significantly. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of patients that were not considered candidates for treatment previously. These changes provide compelling evidence that work has changed since the codes were proposed in 2006, almost 20 years ago.

Coding Background

Current codes 49203-49205 were established in 2008 as a replacement for two legacy codes (pre-1990) that differentiated tumor excision as "simple" or "complex" (49200-49201). The replacement codes 49203-49205 were established to report tumor excision or destruction based on the size of the largest tumor, cyst, or endometrioma removed, no matter the number of tumors -- this does not accurately differentiate the surgeon's work (time, intensity, complexity). For example, excision of 15 small 1-3 cm tumors over an extensive area of the peritoneal surface versus excision of a single 4 cm tumor were both reported with the same code (49203) although the work, time, and intensity of the operations are vastly different. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of

⁶ Cortés-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

⁷ Verwaal, V. J., et al. (2008). 8-year follow-up of randomized trial: cytoreduction and hyperthermic intraperitoneal chemotherapy versus systemic chemotherapy in patients with peritoneal carcinomatosis of colorectal cancer. *Annals of Surgical Oncology*, 15(9), 2426–2432.

⁸ Arjona-Sánchez A, et al. Efficacy and Safety of Intraoperative Hyperthermic Intraperitoneal Chemotherapy for Locally Advanced Colon Cancer: A Phase 3 Randomized Clinical Trial. *JAMA Surg*. Published online April 26, 2023.

⁹ Hübner M, K, et al.. Guidelines for Perioperative Care in Cytoreductive Surgery (CRS) with or without hyperthermic IntraPERitoneal chemotherapy (HIPEC): Enhanced Recovery After Surgery (ERAS®) Society Recommendations - Part II: Postoperative management and special considerations. *Eur J Surg Oncol*. 2020 Dec;46(12):2311-2323

¹⁰ Cortes-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

patients that were not considered candidates for treatment previously. In recognition of the vastly different work in current practice, the CPT Editorial Panel deleted the current codes (49203-49205) and created five new codes (4X015-4X019) based on total peritoneal, mesenteric, and/or retroperitoneal tumor cytoreduction.

Recommendation

We recommend the survey median work RVU of 45.00.

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Add 10 minutes (total = 50 minutes) for atypical additional extensive preoperative review of angiograms, MRI, and CT imaging to assist with preoperative planning of operative approach to find additional suspicious/possible lesions in the peritoneal and retroperitoneal space.

Positioning time: Add 12 minutes (total time = 15 minutes) for initial lithotomy positioning and repositioning as needed to gain access to all areas of the peritoneal and retroperitoneal space during the 5+ hour procedure.

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

Immediate Post-time

Package 9b: Subtract 3 minutes to be consistent with the survey median.

Discussion of Postoperative Office Visits

At the first postoperative visit, an interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Some or all staples/sutures are removed as appropriate. Drain(s) may be removed. Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. The pathology report is reviewed with the patient and family. Patient and family questions are answered. A PDMP check is performed, pain medications are reviewed and alterations made including counseling on side effects and tapering instructions. DVT prophylaxis is considered and continued unless contraindicated. Activity limitations and wound care are reviewed. Physical therapy, home health, occupational therapy are discussed and ordered as required. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with reviewed. Imaging to evaluate for healing or complications is considered and ordered as required. Dietary instructions and need for nutritional supplements are discussed. Multidisciplinary discussion with other treating providers and update to primary care physician is performed. Leave of absence or short term disability forms are completed. Medical record progress notes are dictated, reviewed, and signed.

At the second postoperative visit, an interval history and physical exam is performed. The wounds are inspected and any remaining staples, sutures, and drain(s) are removed, with dressings applied as required. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. Activity limitations and wound care are reviewed. DVT prophylaxis is considered and continued unless contraindicated. Physical therapy, home health, and/or occupational therapy notes are reviewed. Continuation of therapy and home health is discussed with patient and ordered as required. Evaluation of overall nutrition, dietary recommendations, and weight evaluation is performed with consideration of referral to a dietician as required. Patient and family questions are answered. Discussion with other treating providers occurs as additional treatment plans may be initiated once surgical recovery is adequate (eg systemic therapy or radiation). Interval imaging and labs reviewed and care plan changed if appropriate. Medical record progress notes are dictated, reviewed, and signed. Leave of absence or short term disability forms are updated, as required. An update to other treating providers and primary care physician is provided.

At the third postoperative visit, an interval history and physical exam is performed, including wound check. Activity restrictions are considered and modified as appropriate. Discussion about dietary recommendations to (new) baseline and adequate weight stabilization or returning to baseline is performed. A PDMP check is performed, pain medications are reviewed, and alterations made including counseling on side effects and tapering instructions. Physical therapy, home health, and/or occupational therapy notes are reviewed. Continuation of therapy and home health is discussed with patient and discontinued or ordered as required. Interval imaging and labs reviewed and care plan changed if appropriate. Review of other treating providers care plans and discussion in a multidisciplinary fashion is performed. Additional postoperative imaging and labs are reviewed. Medical record progress notes are dictated, reviewed, and signed. An update to other treating providers and primary care physician is provided.

At the fourth postoperative visit, an interval history and physical exam is performed, including wound check. Additional postoperative labs are reviewed. Activity and sometimes dietary restrictions are released. PDMP is reviewed and pain medication tapering or cessation will be addressed. The care plans of other treating providers are reviewed and discussed in a multidisciplinary fashion to ensure patient-centered plans that include other therapies and/or outlining surveillance plans. Medical record progress notes are dictated, reviewed, and signed. An update to other treating providers and primary care physician is provided.

MPC Code Comparison

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99291	99233	99232	99231	99238-99239	99214	99213	99212
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	43.28	0.111	773	95	205	40	1	3	2	1	1	1	1	
4X018	...sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm	45.00	0.091	814	80	310	30		2	2	2	1	1	3	
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	57.50	0.088	1067	105	330	45	2	2	3	3	1	1	2	1

Additional Code Comparison

As additional support for the median work RVU of 45.00, a RUC database search was conducted with the following parameters:

- RUC reviewed in the past 15 years.
- 90-day global
- Intra-time between 300-320 minutes
- Total time: no restrictions / all records

As shown in the table below, there are only a few codes that have been reviewed at this level of intraoperative work and postop visits and that a recommendation of the median work RVU at 45.00 places 4X018 at the bottom of the list in terms of work RVUs. These data also show that the intensity (IWPUT) is consistent with this level of procedures and that if the 25th percentile were used, the resulting intensity would create a rank order anomaly with other similarly intense operations.

RUC Year	CPT	Long Desc	RVW	IWPUT	Total Time	PRE	INTRA	IM-POST	HV	OV
	4X018	25 th Pctl (total = 20.1 to 30 cm)	40.00	0.075	814	80	310	30	7	4
	4X018	MEDIAN (total = 20.1 to 30 cm)	45.00	0.091	814	80	310	30	7	4
2016	43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrotomy (ie, laparoscopic transhiatal esophagectomy)	55.00	0.106	957	100	300	60	9	4
2018	33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	58.79	0.126	838	90	300	60	7	1
2010	33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	59.00	0.122	866	63	300	60	8	1
2009	33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	60.08	0.126	866	63	300	60	8	1
2018	33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	60.08	0.130	838	90	300	60	7	1
2018	33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	63.40	0.124	911	70	300	60	8	2
2010	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)	64.00	0.124	986	63	300	60	14	1
2018	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)	64.00	0.125	998	95	300	60	11	1
2010	32852	Lung transplant, single; with cardiopulmonary bypass	65.50	0.084	1320	140	300	90	14	2

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 49203, 49204, 49205. The current coding guidelines associated with 49203-49205 do not differentiate between the excision of any single intraperitoneal tumor larger than 10 cm in size. So although the vignette for this code was a single large tumor, it is just as likely that the patient can be 25 or more small tumors or a mix of medium and small tumors totaling 20.1-30 cm.

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 general surgery	How often? Rarely
Specialty surgical and gynecological oncology	How often? Sometimes
Specialty colorectal surgery and urological surgery	How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 715
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty general surgery	Frequency 250	Percentage 34.96 %
Specialty surgical oncology	Frequency 225	Percentage 31.46 %
Specialty gynecological oncology	Frequency 125	Percentage 17.48 %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 49205

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 4X019	Tracking Number F5	Original Specialty Recommended RVU: 55.00
		Presented Recommended RVU: 55.00
Global Period: 090	Current Work RVU: n/a	RUC Recommended RVU: 55.00

CPT Descriptor: Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old female with a prior colon resection for appendiceal adenocarcinoma develops extensive peritoneal carcinomatosis. She undergoes tumor excision and destruction.

Percentage of Survey Respondents who found Vignette to be Typical: 77%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 100% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 100%

Description of Pre-Service Work: This level of tumor excision will typically require two surgeons who are typically different specialties due to the required widespread peritoneal and retroperitoneal examination to locate and excise tumor implants. They both will review pre-operative work-up, with particular attention to angiograms and extensive MRI and CT imaging and reports to assist with preoperative planning of operative approach to search and excise suspicious/possible lesions in the peritoneal and retroperitoneal space. Select and order the appropriate antibiotic(s) and confirm timing and administration. Assure appropriate selection, timing, and administration of DVT prophylaxis. Write orders for preoperative medications including beta blockers, if indicated. Meet with patient and family to review planned procedure and postoperative management. Review and obtain informed consent, including witness. Review length and type of anesthesia with anesthesiologist. Verify that all required instruments and supplies are available. Assist in transfer of patient from gurney to operating table. Monitor/assist with initial lithotomy positioning of patient, keeping in mind that throughout the lengthy procedure, the patient will typically be repositioned as needed to gain access to all areas of the peritoneal and retroperitoneal space. Assist anesthesia team with line placement and induction of anesthesia and intubation. Indicate areas of skin to be prepped and mark surgical incisions. Scrub and gown. Perform surgical "time out" with operating surgical team.

Description of Intra-Service Work: Skin incision is made using sharp dissection. Hemostasis is achieved using electrocautery and small ligatures, as necessary. The linea alba is identified and carefully divided. The peritoneum is grasped, elevated, and carefully incised to avoid injury to bowel. The peritoneal cavity is entered under direct vision. Adhesions are cleared by sharp dissection in order to expose all of the abdominal viscera. A visual and manual complete exploration of the abdominal cavity and its contents is carried out. The NG tube is placed and its position is confirmed. The stomach is inspected and palpated for pathology. The duodenum is visualized and palpated. The gallbladder is inspected and palpated for the presence of stones. The liver is palpated bimanually, as is the porta hepatis. The pancreas is inspected through the hepatogastric ligament and palpated for possible masses. The tail of the pancreas is palpated for possible lymphadenopathy. The small bowel is inspected and palpated from the ligament of Treitz to the ileocecal valve. The small bowel mesentery is inspected and palpated for the presence of lymphadenopathy. The cecum and appendix, ascending, transverse, and descending colon are inspected and palpated. The cul-de-sac and pelvic contents are inspected and palpated. The greater vessels of the abdomen and the urinary tract are examined. All other intra-abdominal organs are systematically inspected. Following peritoneal and retroperitoneal exploration, cytoreduction of all macroscopic tumor deposits on parietal, omental and peritoneal surfaces is performed. Resection of multiple surface nodules of the omentum, visceral and

mesenteric surfaces is carried out. The liver is fully mobilized and the peritoneum is resected from both diaphragms. Resection of the small lesions and multiple surface nodules of the omentum, visceral and peritoneal surfaces is performed. The in situ measured total dimension of all excised tumors is documented as 35 cm. The abdominal cavity is irrigated copiously with antibiotic solution. Hemostasis is obtained. The abdomen is inspected for injury and the presence of any instruments or lap-pads (ie, count is made). The retractor components are removed and accounted for. The abdominal organs are returned to normal anatomical position. The omentum is draped over the abdominal contents. A lateral incision is made and a closed suction drain is pulled through the abdominal wall and placed in the resection bed. The drain is sutured to the skin with monofilament suture. Additional drains may be placed as required. The fascia is closed with running suture. A second instrument, needle, sponge, and lap-pad count is conducted. The subcutaneous tissues are irrigated and approximated and the skin is closed.

Description of Post-Service Work:

Immediate postoperative care [operative day through discharge from recovery room]: Apply sterile dressings. Discuss with anesthesia the need to extubate or electively ventilate depending upon patient comorbidities, duration of surgery, degree of cytoreduction, hemodynamic instability, vasopressor use, blood loss and the need for blood transfusion, and metabolic derangement. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff. Review postoperative lab results. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note in patient's chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to intensive care unit and discuss ongoing care with nursing staff.

Later same day hospital inpatient care: In the intensive care unit, examine the patient, wounds, and drains. Review interval provider chart notes. Discuss ongoing care with ICU staff. Massive fluid shifts, third spacing and blood loss that are common during cytoreductive surgery continue in the immediate postoperative period and require close monitoring. The abdominal drain losses can be as high as 40% of the total output, in the first 72 hours after surgery requiring close monitoring and assessment of fluid status guided by review of various static and dynamic parameters such as cardiac output monitoring, central venous pressure, serum lactate, urine output, abdominal drain and nasogastric losses. Need for crystalloids, colloids, blood and blood products is reviewed and ordered as needed. Levels of albumin are monitored closely as there typically is significant protein loss secondary to the extensive surgical dissection. Postoperative decline in albumin levels is common, requiring monitoring and ordering exogenous replacement as required. Additional assessment for problems, such as ileus, intestinal ischemia, and urinary retention is performed. Order continued prophylaxis for DVT as required. Assess need for beta-blockers and order as required. Assess pain scores if possible and adequacy of analgesia. Write orders for laboratory tests, films, and medications. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Daily hospital inpatient care: The patient will typically be in the intensive care unit for 2-3 midnights. Each day, the patient, wounds, and drains will be examined, typically more than once while the patient is in the ICU. Interval provider chart notes will be reviewed and ongoing care discussed with nursing staff and other providers. Fluid status and drain output will be monitored closely with IV interventions ordered as needed. Coagulopathy, which is typical, including prolongation of prothrombin time, activated partial thromboplastin time and/or reduction in platelet count requires monitoring of viscoelastic properties of clots to determine if platelet transfusion is required. Moderate to severe pain is common and will be managed closely to prevent respiratory complications or paralytic ileus. Parenteral nutrition is ordered when appropriate and switched to enteral nutrition as appropriate. The decisions regarding nutrition will consider patient baseline nutritional status, and surgical and medical concerns. Adherence to ERAS protocols include assessing the need for and ordering continued mechanical and pharmacological deep vein thrombosis prophylaxis if not contraindicated. The need for low molecular weight heparin is assessed and continued postoperatively if not contraindicated. Electrolyte abnormalities which are common due to perioperative massive fluid shifts will be reviewed with orders placed for IV intervention. Daily inpatient care will also include: Review of vital signs, and auscultation of heart, lungs, and abdomen for bowel sounds; managing dressings to wounds; monitoring status of incision, looking for signs of infection; monitoring drain output; assessing daily need for beta-blockers and antibiotics; monitoring and documenting patient progress; evaluating the patient for sepsis, bowel function, and cardiorespiratory function; assessing pain scores and adequacy of analgesia with adjustments to parenteral controlled pain medication dosing; close monitoring of fluid and electrolyte status and renal function; and writing orders for labs, films, and medications, with review of lab and film reports. When appropriate, the NG tube will be removed and diet advanced. Orders for patient activity and physical and respiratory therapy are written. Patient progress notes are charted. Patient and family questions and nursing/other provider questions are answered. Multidisciplinary discussion with other treating providers is performed.

Daily hospital inpatient care: Review interval nursing/other provider chart notes. Write patient care orders and discuss floor care with nursing staff. Examine patient, including reviewing vital signs and confirming as necessary. Auscultate heart, lungs, and abdomen for bowel sounds. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Monitor drain(s) output. Continue prophylaxis for DVT and monitor daily for adequacy. Assess need for beta-blockers, order as required. Assess need for antibiotics, order as required. Monitor and document patient progress: evaluate for sepsis, bowel function; cardiorespiratory function. Assess pain scores and adequacy of analgesia. Adjust parenteral controlled pain medication dosing appropriately. Closely monitor fluid and electrolyte status and renal function as extensive tissue excision and tumor desiccation causes dramatic fluid shifts. Write orders for labs, films, and medications. Manage nasogastric tube, remove when appropriate and advance diet. Write orders for patient activity and therapy as required. Chart patient progress notes. Answer patient and family questions. Answer nursing/other provider questions.

Discharge Management: The patient will be discharged when there is return of bowel function, adequate nutrition intake, and adequate pain control with oral analgesics. Prior to discharge, the patient is examined and wounds, drains and status of incisions are assessed. The heart, lungs, and abdomen are auscultated. Hospital medications are reconciled and in consultation with other treating providers, confirmation is made that all orders are in place for medications needed post-discharge, including timing and need for resumption of presurgery medications. Continuation of prophylaxis for DVT is ordered. Home restrictions (ie, diet, activity, bathing) are discussed with the patient, family members, and discharging nurse. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service Office Work: An interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Staples are removed when appropriate (at a single visit or over multiple visits). Drains are removed when appropriate (at a single visit or over multiple visits). Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. The pathology report is reviewed with the patient and family, typically at the first postoperative visit. Patient and family questions are answered. A PDMP check is performed at every visit, pain medications are reviewed and adjustments made including counseling on side effects and tapering instructions. DVT prophylaxis is considered and continued, typically for 30 days postoperatively, unless contraindicated. Activity limitations and wound care are reviewed with the patient and family. Imaging to evaluate for healing or complications is considered and ordered as required. Physical therapy, home health, occupational therapy are discussed and ordered as required. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with review. Dietary instructions and need for nutritional supplements are discussed. Evaluation of overall nutrition, dietary recommendations, and weight evaluation is performed with consideration of referral to a dietician as required. Discussion with other treating providers occurs as additional treatment plans may be initiated once surgical recovery is adequate (eg systemic therapy or radiation). The postoperative care plan and the care plans of other treating providers are reviewed and discussed in a multidisciplinary fashion to ensure patient-centered plans that include other therapies and/or outline surveillance plans. Multidisciplinary discussion with other treating providers is performed. An update to primary care physician is performed. Leave of absence or short term disability forms are completed and updated as required. Medical record progress notes are dictated, reviewed, and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023			
Presenter(s):	Charles Mabry, MD, FACS; Don Selzer, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Weiss, Richard, MD, FACS; Jonathan Kiechle, MD				
Specialty Society(ies):	ACS, ACOG, ASCRS, AUA, APSA				
CPT Code:	4X019				
Sample Size:	11604	Resp N:	39		
Description of Sample:	random and self-identified surgical oncologists and gynecological oncologists				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	1.00	5.00	30.00
Survey RVW:	36.30	50.00	55.00	68.98	89.82
Pre-Service Evaluation Time:			60.00		
Pre-Service Positioning Time:			20.00		
Pre-Service Scrub, Dress, Wait Time:			15.00		
Intra-Service Time:	240.00	325.00	360.00	420.00	550.00
Immediate Post Service-Time:	40.00				
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):	375.00	99231x 1.00	99232x 2.00	99233x 5.00	
Discharge Day Mgmt:	55.00	99238x 0.00	99239x 1.00	99217x 0.00	
Office time/visit(s):	126.00	99211x 0.00	12x 0.00	13x 2.00	14x 2.00 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)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	4X019	Recommended Physician Work RVU: 55.00		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		60.00	40.00	20.00
Pre-Service Positioning Time:		15.00	3.00	12.00
Pre-Service Scrub, Dress, Wait Time:		15.00	20.00	-5.00
Intra-Service Time:		360.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		40.00	33.00	7.00

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>375.00</u>	99231x 1.00	99232x 2.00	99233x 5.00	
Discharge Day Mgmt:	<u>55.00</u>	99238x 0.0	99239x 1.0	99217x 0.00	
Office time/visit(s):	<u>126.00</u>	99211x 0.00	12x 0.00	13x 2.00	14x 2.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43124	090	69.09	RUC Time

CPT Descriptor Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43107	090	52.05	RUC Time

CPT Descriptor Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
33426	090	43.28	RUC Time	2,297

CPT Descriptor 1 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
43117	090	57.50	RUC Time	421

CPT Descriptor 2 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 % of respondents: 15.3 %

Number of respondents who choose 2nd Key Reference Code: 6 % of respondents: 15.3 %

TIME ESTIMATES (Median)

	CPT Code: <u>4X019</u>	Top Key Reference CPT Code: <u>43124</u>	2nd Key Reference CPT Code: <u>43107</u>
Median Pre-Service Time	90.00	95.00	95.00
Median Intra-Service Time	360.00	243.00	270
Median Immediate Post-service Time	40.00	40.00	45.00
Median Critical Care Time	0.0	210.00	140.00
Median Other Hospital Visit Time	375.0	630.00	270.00
Median Discharge Day Management Time	55.0	55.00	55.00
Median Office Visit Time	126.0	125.00	102.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	1046.00	1,398.0	977.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	17%	17%	67%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	17%	83%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	33%	67%
Physical effort required	0%	17%	83%

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%

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%

33%

67%

Physical effort required

0%

17%

83%

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 IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Compelling Evidence

Overview

The peritoneal surface, characterized by its unique features and the difficulties associated with studying and managing diseases involving this region, is commonly labeled as an "orphan organ." Historically, the peritoneal surface has received less emphasis in comparison to organs like the liver, lungs, or heart. However, in the last decade or so, there has been a growing acknowledgment of the significance of the peritoneal surface, accompanied by endeavors to advance treatment options. In the past, peritoneal surface malignancies (PSM) were considered orphan diseases with limited therapeutic options and a poor prognosis. The primary reasons for poor patient outcomes were related to diagnosis at an advanced stage and the limited clinical response of most entities to conventional therapeutic options such as systemic chemotherapy. Major innovations over the past two decades include the adoption of novel surgical techniques, such as complete cytoreduction (defined as absence of macroscopic disease), and the application of intraperitoneal chemotherapy to address microscopic residual disease. Despite the perception of high morbidity of such procedures, optimization of perioperative care has led to the morbidity and mortality rates of these procedures being equivalent to those of other major abdominal cancer surgeries. Concurrent development of new multidisciplinary strategies involving perioperative systemic chemotherapy and targeted and maintenance therapies has dramatically changed the landscapes and the prognoses of these diseases. In selected patients, long-term survival and even cure have become possible and the overall prognosis seems to be equivalent to that of patients with metastatic disease at other sites (such as in the liver or the lungs).¹

Over the past 10 to 15 years, the integration of a locoregional therapeutic approach with modern multidisciplinary strategies that involve perioperative systemic treatments has profoundly changed the prognosis of patients with PSMs. Regardless of the underlying origins, the two main prognostic factors for curative management of PSMs are the completeness of cytoreductive surgery (CRS) and the extent of peritoneal disease.²

Changes in Patient Population and Technology

In recent years, the patient population undergoing CRS for the treatment of PSMs has witnessed several changes, including expanded eligibility criteria..

Expanded Eligibility Criteria: Over time, there has been a broadening of eligibility criteria for CRS, allowing a wider range of patients to be considered for the procedure. Initially, CRS was primarily offered to patients with limited disease burden and favorable prognostic factors. However, with advancements in surgical techniques and perioperative multidisciplinary management, there has been a shift towards considering patients with more extensive disease involvement and various primary cancer origins. This expanded eligibility has been supported by studies showing favorable outcomes in carefully selected patients.³⁴ Also, in recent years, there has been a noticeable shift towards including patients who were previously deemed marginal candidates for CRS. This change in practice considers patients with factors like advanced age, comorbidities, or suboptimal performance status. The evolving expertise in surgical techniques and improvements in perioperative care have facilitated a more personalized evaluation process that takes into account not only the extent of disease but also patient-specific factors.⁵

Targeted Surgical Approaches: Advances in imaging techniques, such as computed tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET), have enabled more precise preoperative tumor mapping. This has led to the development of targeted surgical approaches, such as tumor-specific resections and organ-preserving surgeries. Surgeons can now plan and execute surgeries with greater accuracy, focusing on removing the tumor while preserving vital structures and minimizing unnecessary tissue removal. These targeted approaches require

¹ Cortes-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

² Kepenekian, V., et al. Advances in the management of peritoneal malignancies. *Nat Rev Clin Oncol* 19, 698–718 (2022).

³ Sokmen S, et al. Extreme cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in treatment of peritoneal metastasis. *Turk J Surg.* 2023 Mar 3;39(1):43-51.

⁴ Hung HC, et al. Cytoreductive Surgery with Hyperthermic Intraperitoneal Chemotherapy for Gastric Cancer with Peritoneal Carcinomatosis: Additional Information Helps to Optimize Patient Selection before Surgery. *Cancers (Basel).* 2023 Mar 31;15(7):2089.

⁵ Foster, J.M., et al. (2023), The contemporary management of peritoneal metastasis: A journey from the cold past of treatment futility to a warm present and a bright future. *CA A Cancer J Clin*, 73: 49-71.

additional preoperative time as part of the evaluation work and increased intraoperative time and technical skill to preserve organs.⁶

Integration of Multimodal Therapies: In recent years, there has been a notable rise in the integration of multimodal therapies, including the use of CRS in conjunction with other treatment modalities. The combination of CRS with hyperthermic intraperitoneal chemotherapy (HIPEC) has increasingly become a common approach for selected patients, as studies have demonstrated improved outcomes compared to CRS alone. Furthermore, neoadjuvant chemotherapy or systemic therapy followed by CRS has been employed to shrink tumors and improve the feasibility of resection. This multimodal approach enables a comprehensive treatment strategy that addresses both visible and microscopic disease, expanding the potential for surgical candidacy in patients who may not have previously been considered.^{7,8}

Expanded Perioperative Work: Enhanced anesthesia techniques and postoperative pain management strategies have improved patient comfort and recovery. Multidisciplinary perioperative teams collaborate to implement enhanced recovery after surgery (ERAS) protocols,⁹ which aim to reduce surgical stress, enhance patient recovery, and expedite return to normal function. In recent years, there has been notable improvement in the multidisciplinary management of peritoneal surface malignancies. Enhanced collaboration among surgical oncologists, medical oncologists, radiologists, and other specialists has facilitated comprehensive treatment planning and decision-making.¹⁰ This multidisciplinary approach plays a crucial role in achieving optimal patient outcomes and enhancing care coordination. This coordination requires additional perioperative time and work.

Tumor Size and burden: The current coding guidelines do not differentiate between the excision of any single intraperitoneal tumor larger than 10 cm in size. However, recent changes in the standard of care necessitate not only the excision of individual large tumors but also the cytoreduction of macroscopic tumors. This additional task represents a greater amount of work, particularly when dealing with very large tumors and an increased burden of macroscopic tumors compared to a single tumor measuring 10-15 cm. Several factors contribute to the increased workload, including the need for more time, physical effort, assessment of resectability, involvement of adjacent structures, and collaboration with additional surgical teams or specialties. The presence of larger and more extensive tumor burden also raises the likelihood of involving multiple surgeons, requiring additional preoperative time to coordinate their efforts, which was not previously accounted for.

Summary

Over the past 10 to 15 years, treatment for peritoneal surface malignancies has evolved significantly. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of patients that were not considered candidates for treatment previously. These changes provide compelling evidence that work has changed since the codes were proposed in 2006, almost 20 years ago.

Background

Current codes 49203-49205 were established in 2008 as a replacement for two legacy codes (pre-1990) that differentiated tumor excision as "simple" or "complex" (49200-49201). The replacement codes 49203-49205 were established to report tumor excision or destruction based on the size of the largest tumor, cyst, or endometrioma removed, no matter the number of tumors -- this does not accurately differentiate the surgeon's work (time, intensity, complexity). For example, excision of 15 small 1-3 cm tumors over an extensive area of the peritoneal surface versus excision of a single 4 cm tumor were both reported with the same code (49203) although the work, time, and intensity of the operations are vastly different. As surgical indications, techniques, and technology have advanced, resection of significantly larger tumors and/or numerous small and large tumors is being performed to save and extend lives of

⁶ Cortés-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

⁷ Verwaal, V. J., et al. (2008). 8-year follow-up of randomized trial: cytoreduction and hyperthermic intraperitoneal chemotherapy versus systemic chemotherapy in patients with peritoneal carcinomatosis of colorectal cancer. *Annals of Surgical Oncology*, 15(9), 2426–2432.

⁸ Arjona-Sánchez A, et al. Efficacy and Safety of Intraoperative Hyperthermic Intraperitoneal Chemotherapy for Locally Advanced Colon Cancer: A Phase 3 Randomized Clinical Trial. *JAMA Surg*. Published online April 26, 2023.

⁹ Hübner M, K, et al.. Guidelines for Perioperative Care in Cytoreductive Surgery (CRS) with or without hyperthermic IntraPERitoneal chemotherapy (HIPEC): Enhanced Recovery After Surgery (ERAS®) Society Recommendations - Part II: Postoperative management and special considerations. *Eur J Surg Oncol*. 2020 Dec;46(12):2311-2323

¹⁰ Cortes-Guiral, D., et al. Primary and metastatic peritoneal surface malignancies. *Nat Rev Dis Primers* 7, 91 (2021).

patients that were not considered candidates for treatment previously. In recognition of the vastly different work in current practice, the CPT Editorial Panel deleted the current codes (49203-49205) and created five new codes (4X015-4X019) based on total peritoneal, mesenteric, and/or retroperitoneal tumor cytoreduction.

Recommendation

We recommend the survey median work RVU of 55.00.

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Add 20 minutes (total = 60 minutes). This level of tumor excision will typically require two surgeons who will typically be of different specialties to access the extensive peritoneal and retroperitoneal examination to locate and excise tumor implants. Both surgeons will review preoperative work-up, with particular attention to angiograms and extensive MRI and CT imaging and reports to assist with preoperative planning of operative approach to search and excise lesions in the peritoneal and retroperitoneal space. Multidisciplinary discussion between the surgeons and with anesthesia requires significantly more time.

Positioning time: Add 12 minutes (total time = 15 minutes) for initial lithotomy positioning and repositioning as needed to gain access to all areas of the peritoneal and retroperitoneal space during the 6+ hour procedure.

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

Immediate Post-time

Package 9b: Add 7 minutes (total=40 minutes) for postoperative and operative notes by two surgeons and for extensive order entry for immediate ICU care.

Discussion of Postoperative Office Visits

At the first postoperative visit, an interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Some or all staples/sutures are removed as appropriate. Drain(s) may be removed. Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. The pathology report is reviewed with the patient and family. Patient and family questions are answered. A PDMP check is performed, pain medications are reviewed and alterations made including counseling on side effects and tapering instructions. DVT prophylaxis is considered and continued unless contraindicated. Activity limitations and wound care are reviewed. Physical therapy, home health, occupational therapy are discussed and ordered as required. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with reviewed. Imaging to evaluate for healing or complications is considered and ordered as required. Dietary instructions and need for nutritional supplements are discussed. Multidisciplinary discussion with other treating providers and update to primary care physician is performed. Leave of absence or short term disability forms are completed. Medical record progress notes are dictated, reviewed, and signed.

At the second postoperative visit, an interval history and physical exam is performed. The wounds are inspected and any remaining staples, sutures, and drain(s) are removed, with dressings applied as required. Evaluation for postoperative problems (eg, seroma, constipation) is performed and addressed. Activity limitations and wound care are reviewed. DVT prophylaxis is considered and continued unless contraindicated. Physical therapy, home health, and/or occupational therapy notes are reviewed. Continuation of therapy and home health is discussed with patient and ordered as required. Labs are ordered and reviewed to evaluate for electrolyte or anemia concerns. Medications may be ordered or continued to treat these (eg, iron supplements). Evaluation of overall nutrition, dietary recommendations, and weight evaluation is performed with consideration of referral to a dietician as required. Baseline medical conditions and their medications will be addressed (eg, resuming antihypertensives). Patient and family questions are answered. Discussion with other treating providers occurs as additional treatment plans may be initiated once surgical recovery is adequate (eg systemic therapy or radiation). Medical record progress notes are dictated, reviewed, and signed. Leave of absence or short term disability forms are updated, as required. An update to other treating providers and primary care physician is provided.

At the third postoperative visit, an interval history and physical exam is performed, including wound check. Activity restrictions are considered and modified as appropriate. Discussion about dietary recommendations to (new) baseline and adequate weight stabilization or returning to baseline is performed. A PDMP check is performed, pain medications are reviewed, and alterations made including counseling on side effects and tapering instructions. Physical therapy,

home health, and/or occupational therapy notes are reviewed. Continuation of therapy and home health is discussed with patient and discontinued or ordered as required. Interval imaging and labs reviewed and care plan changed if appropriate. Review of other treating providers care plans and discussion in a multidisciplinary fashion is performed. Additional postoperative imaging and labs are reviewed. Medical record progress notes are dictated, reviewed, and signed. An update to other treating providers and primary care physician is provided.

At the fourth postoperative visit, an interval history and physical exam is performed, including wound check. Additional postoperative labs are reviewed. Activity and sometimes dietary restrictions are released. PDMP is reviewed and pain medication tapering or cessation will be addressed. The care plans of other treating providers are reviewed and discussed in a multidisciplinary fashion to ensure patient-centered plans that include other therapies and/or outlining surveillance plans. Medical record progress notes are dictated, reviewed, and signed. An update to other treating providers and primary care physician is provided.

MPC Code Comparison

MPC CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99291	99233	99232	99231	99238-99239	99214	99213	99212
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	43.28	0.111	773	95	205	40	1	3	2	1	1	1	1	
4X019	...sum of the maximum length of tumor(s) or cyst(s); > 30 cm	55.00	0.089	1046	90	360	40		5	2	1	1	2	2	
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	57.50	0.088	1067	105	330	45	2	2	3	3	1	1	2	1

Additional Code Comparison

As additional support for the median work RVU of 55.00, a RUC database search was conducted with the following parameters:

- RUC reviewed in the past 15 years.
- 90-day global
- Intra-time = 360 minutes
- Total time: all records above 900 minutes

In the entire fee schedule, there are only 72 RUC-reviewed codes that have 360 minutes or more of intraoperative time. As shown in the table below, there are only a few codes that have been reviewed at this level of intraoperative time (360 min) and that a recommendation of the median work RVU at 55.00 places 4X019 at the bottom of the list in terms of work RVU. These data also show that the intensity (IWPUT) is consistent with this level of surgery and that if the 25th percentile were used, the intensity would create a rank order anomaly with other similar procedures, including two procedures for surgical treatment of cancer.

RUC Year	CPT	Long Desc	RVW	IWPUT	Total Time	PRE	INTRA	IM-POST	HV	OV
	4X019	25th pctI (Total is greater than 30 cm)	50.00	0.075	1,046	90	360	40	9	4
	4X019	Median (Total is greater than 30 cm)	55.00	0.089	1,046	90	360	40	9	4
2016	43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)	62.00	0.093	1,097	105	360	45	11	4
2016	43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	63.00	0.097	1,097	110	360	60	10	4
2009	33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	65.08	0.119	926	63	360	60	8	1
2010	33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	78.00	0.112	1,259	63	360	60	15	2

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) 49203, 49204, 49205. The current coding guidelines associated with 49203-49205 do not differentiate between the excision of any single intraperitoneal tumor larger than 10 cm in size. So although the vignette for this code was a single large tumor, it is just as likely that the patient can be 30 or more small tumors or a mix of medium and small tumors totaling more than 30 cm.

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 general surgery

How often? Rarely

Specialty surgical and gynecological oncology

How often? Rarely

Specialty colorectal surgery and urological surgery

How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 325If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty general surgery Frequency 125 Percentage 38.46 %

Specialty surgical oncology Frequency 125 Percentage 38.46 %

Specialty gynecological oncology Frequency 50 Percentage 15.38 %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code numberIf 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. 49205

FACILITY DIRECT PE INPUTS

CPT CODE(S): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Meeting Date: 09/2023

CPT Code	Long Descriptor	Global Period
4X015	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	090
4X016	5.1 to 10 cm	090
4X017	10.1 to 20 cm	090
4X018	20.1 to 30 cm	090
4X019	greater than 30 cm	090

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
4X015	A 45-year-old female presents with a 4-cm mesenteric mass involving the small bowel mesentery near the base. She undergoes a resection of the mass.
4X016	A 62-year-old male has progressive colorectal carcinoma with limited peritoneal disease. Multiple implants measuring 8-cm in total size are removed from the peritoneal cavity.
4X017	A 70-year-old female diagnosed with peritoneal mesothelioma with a 6-cm right lower quadrant mass and multiple intraperitoneal and retroperitoneal implants undergoes resection of the mass and excision and destruction of the implants.
4X018	A 55-year-old male with a 28-cm retroperitoneal sarcoma and no evidence of distant metastases undergoes resection of the sarcoma.
4X019	A 58-year-old female with a prior colon resection for appendiceal adenocarcinoma develops extensive peritoneal carcinomatosis. She undergoes tumor excision and destruction.

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 RUC Advisors from the surveying societies reviewed the current code PE details for deleted codes 49203-49205 and discussed how the codes have changed since the prior review to determine if any revisions are needed to the current inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

The similar deleted codes 49203-49205 are used as references.

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.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

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:

The surveying specialties are recommending an increase in the aggregate cost of clinical labor, supplies and equipment compared to the existing inputs.

Flawed methodology of prior review – missing required supplies.

Clinical labor time and equipment time are consistent with standards and based on the physician work survey number and level of E/M visits.

Current disposable supplies for codes 49203-49205 were based on minimal standard 90-day global supply assignment and did not consider the additional supplies required for these procedures:

SM022, *sanitizing cloth-wipe (surface, instruments, equipment)*, is needed to clean hard surfaces at each postoperative visit. This is consistent with the addition of SM022 to E/M office visit codes as this was not included in the E/M office visit pack.

SA054, *pack, post-op incision care (suture)*, is needed for codes 4X017-4X019 in addition to SM022 as more than one drain is typical and a drain will be removed at a visit separate from removal of sutures and staples.

SB044, *underpad 2ft x 3ft (Chux)*, will be used at the visits that drains, sutures, and staples are removed

SG039, *dressing, 5in x 9in (ABD-Combine)*, and SG079, *tape, surgical paper 1in (Micropore)*, will be used for dressings related to the operative wound or drains for codes 4X017-4X019

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

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

FACILITY DIRECT PE INPUTS

CPT CODE(S): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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:

Activity	Clinical Staff Work
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including conducting requisite pre-surgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

- b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

- c. Post-service period:

The clinical staff work includes the standard activities involved in any E/M visit including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instruction.

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

FACILITY DIRECT PE INPUTS

CPT CODE(S): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

11. Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
12. Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 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.**
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 surveying specialty societies have included recommendations that include established PE supply packs (CMS defined):

- SA048 pack, minimum mutli-specialty visit
- SA053 pack, post-op incision care (suture & staple)
- SA054 pack, post-op incision care (suture)

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).

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	
DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture & staple)	SA053	pack		5.47
kit, staple removal		kit	1	
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	

FACILITY DIRECT PE INPUTS

CPT CODE(S): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	
DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	SA054	pack		4.62
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

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 Latitude D600), ED038?

- a. If yes, please explain how the computer is used for this service(s).
- b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
- c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment please explain here:

The surveying specialty societies are recommending time based on the ‘office visit’ equipment formula for EQ168, light, exam and EF031 table, power.

PE-ONLY CODES ADDITIONAL INFORMATION

FACILITY DIRECT PE INPUTS

CPT CODE(S): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- 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

- 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:

If a pelvic exam is performed at any visit, CPT Code 9X036 (PE ONLY) will be separately reported.

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): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Meeting Date: 09-2023

CPT Code	Long Descriptor	Global Period
4X015	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less	090
4X016	5.1 to 10 cm	090
4X017	10.1 to 20 cm	090
4X018	20.1 to 30 cm	090
4X019	greater than 30 cm	090

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
4X015	A 45-year-old female presents with a 4-cm mesenteric mass involving the small bowel mesentery near the base. She undergoes a resection of the mass.
4X016	A 62-year-old male has progressive colorectal carcinoma with limited peritoneal disease. Multiple implants measuring 8-cm in total size are removed from the peritoneal cavity.
4X017	A 70-year-old female diagnosed with peritoneal mesothelioma with a 6-cm right lower quadrant mass and multiple intraperitoneal and retroperitoneal implants undergoes resection of the mass and excision and destruction of the implants.
4X018	A 55-year-old male with a 28-cm retroperitoneal sarcoma and no evidence of distant metastases undergoes resection of the sarcoma.
4X019	A 58-year-old female with a prior colon resection for appendiceal adenocarcinoma develops extensive peritoneal carcinomatosis. She undergoes tumor excision and destruction.

****** NO NONFACILITY DIRECT PE INPUTS******

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:

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:

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?

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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.

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:

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.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

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:

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:

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

b. Service period (includes pre, intra and post):

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*:

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

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*):

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>.

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:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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?

[Empty text box]

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).

[Empty text box]

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:

[Empty text box]

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

[Empty text box]

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?

- a. If yes, please explain how the computer is used for this service(s).
- b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
- c. Does the computer include code specific software that is typically used to provide the service(s)?

[Empty text box]

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:

[Empty text box]

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?

[Empty text box]

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

[Empty text box]

ADDITIONAL INFORMATION

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 4X015, 4X016, 4X017, 4X018, 4X019

SPECIALTY SOCIETY(IES): ACS, ACOG, ASCRS, AUA, APSA

PRESENTER(S): Charles Mabry, MD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS; Richard Weiss, MD, FACS; Jonathan Kiechle, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. *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	U	V	W	X	Y	Z	AA	AB	
1	RUC Practice Expense Spreadsheet						REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	REFERENCE CODE	RECOMMENDED	
2							49203 Deleted	4X015	49204 Deleted	4X016	49205 Deleted	4X017	49205 Deleted	4X018	49205 Deleted	4X019											
3	Clinical Activity Code	Meeting Date: 09/2023 Revision Date (if applicable): Tab: 6 Specialty: ACS, ACOG, ASCRS, AUA, APSA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute		Excision or destruction, open, intra-abdominal tumors, cysts or	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	Excision or destruction, open, intra-abdominal tumors, cysts or	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	Excision or destruction, open, intra-abdominal tumors, cysts or	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	Excision or destruction, open, intra-abdominal tumors, cysts or	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	Excision or destruction, open, intra-abdominal tumors, cysts or	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	Excision or destruction, open, intra-abdominal tumors, cysts or	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	Excision or destruction, open, intra-abdominal tumors, cysts or	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	Excision or destruction, open, intra-abdominal tumors, cysts or	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	Excision or destruction, open, intra-abdominal tumors, cysts or	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	Excision or destruction, open, intra-abdominal tumors, cysts or	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	
4		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
5		GLOBAL PERIOD				90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
6		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7		TOTAL CLINICAL STAFF TIME	L037D			0.0	171.0	0	197	0.0	171.0	0	197	0.0	171.0	0	236	0.0	171.0	0	236	0.0	171.0	0	253		
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D			0.0	60.0	0	60	0.0	60.0	0	60	0.0	60.0	0	60	0.0	60.0	0	60	0.0	60.0	0	60		
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D			0.0	12.0	0	12	0.0	12.0	0	12	0.0	12.0	0	15	0.0	12.0	0	15	0.0	12.0	0	15		
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D			0.0	99.0	0	125	0.0	99.0	0	125	0.0	99.0	0	161	0.0	99.0	0	161	0.0	99.0	0	178		
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
12		PRE-SERVICE PERIOD																									
13		Start: Following visit when decision for surgery/procedure made																									
14	CA001		L037D				5		5		5		5		5		5		5		5		5		5		
15	CA002		L037D				20		20		20		20		20		20		20		20		20		20		
16	CA003		L037D				8		8		8		8		8		8		8		8		8		8		
17	CA004		L037D				20		20		20		20		20		20		20		20		20		20		
18	CA005		L037D				7		7		7		7		7		7		7		7		7		7		
28		End: When patient enters office/facility for surgery/procedure																									
29		SERVICE PERIOD																									
30		Start: When patient enters office/facility for surgery/procedure:																									
58		Post-Service (of service period)																									
73	CA036		L037D			n/a	12	n/a	12	n/a	12	n/a	12	n/a	12	n/a	15	n/a	12	n/a	15	n/a	12	n/a	15		
80		End: Patient leaves office/facility																									
81		POST-SERVICE PERIOD																									
85		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	# visits	# visits	# visits	# visits	# visits	
86		99211 16 minutes	16																								
87		99212 27 minutes	27			1			1		1		1		1				1				1				
88		99213 36 minutes	36			2		2	2		2		2		2		3		2		3		2		2		
89		99214 53 minutes	53					1			1		1		1		1		1		1		1		2		
90		99215 63 minutes	63																								
91	CA039		L037D			0.0	99.0	0.0	125.0	0.0	99.0	0.0	125.0	0.0	99.0	0.0	161.0	0.0	99.0	0.0	161.0	0.0	99.0	0.0	178.0		
98		End: with last office visit before end of global period																									
99	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT																							
100		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
101	SA048						3		3		3		3		3		4		3		4		3		4		
102	SM022								3		3		3		3		4		3		4		3		4		
103	SA054						1				1		1		1		1		1		1		1		1		
104	SA053								1		1		1		1		2		1		2		1		1		
105	SB044								1		1		1		1		2		1		2		1		2		
106	SG039																1				1				1		
107	SG079																12				12				12		
112	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute																						
113		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
114	EQ168			Office Visits			99		125		99		125		99		161		99		161		99		178		
115	EF031			Office Visits			99		125		99		125		99		161		99		161		99		178		

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2023

MRI-Monitored Transurethral Ultrasound Ablation of Prostate – Tab 7

At the April 2023 CPT Editorial Panel meeting, three new CPT codes, 5X006, 5X007 and 5X008, were approved for MRI-monitored transurethral ultrasound ablation (TULSA). Prior to this, the CPT code set did not have codes that reflected the physician work involved in the treatment of planning, insertion and ablation procedures conducted with an MRI-monitored TULSA system, which consists of robotically driven directional thermal ultrasound and closed-loop temperature feedback control software to deliver predictable physician prescribed ablation of prostate tissue. The MRI-monitored TULSA procedure treats patients with prostate cancer while maintaining quality of life due to low rates of adverse events. CPT 5X006 and 5X007 are reported when the work of the MRI-Monitored TULSA procedure is split, and each component is individually performed by one physician on the same patient. One physician, commonly a urologist, performs the work as defined by CPT 5X006 and the other physician, commonly a radiologist, performs the work as defined by CPT 5X007. CPT 5X008 describes the work when a single physician performs the entire procedure themselves. This code family was surveyed for the September 2023 RUC meeting.

5X006 Insertion of transurethral ablation transducers for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed

The RUC reviewed the survey results from 34 urologists and radiologists and recommends a work RVU of 4.05, which is a direct work RVU crosswalk to CPT code 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy* (work RVU = 4.05, 30 minutes intra-service time and 79 minutes total time). CPT code 5X006 describes MRI-monitored transurethral thermal ultrasound ablation typically performed by a urologist. The RUC recommends 23 minutes pre-service evaluation time, 5 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 29 minutes intra-service time, and 15 minutes post-service time, which equals 82 minutes of total time.

The specialty society selected pre-service time package *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Pro*. Both standard time packages were modified to more accurately reflect pre- and post-service time involved with this service. Ten minutes of pre-service evaluation time were removed from the pre-service time package in accordance with the survey time of 23 minutes. Two minutes of pre-service positioning time were also added to the pre-service time package, which is necessary given the use of MRI technology and the importance of positioning to ensure the alignment of the treatment planning images and appropriate placement of the transducer to the intended target match while avoiding any nearby critical structures, which includes the neurovascular bundle, the anal sphincter, and the bladder. Five minutes of pre-service scrub/dress/wait time were removed from the pre-service time package in accordance with the survey time of 10 minutes. Eighteen minutes were removed from the post-service time package in accordance with the survey time of 15 minutes. The RUC agreed with all modifications to both the pre-service and post-service time packages.

The RUC concluded that CPT code 5X006 should be valued at a work RVU of 4.05 in accordance with a direct work RVU crosswalk to CPT code 52224 to accurately reflect the physician work involved with this procedure and to maintain rank order with the other services in this code family.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

For additional support, the RUC referenced MPC code 52441 *Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant* (work RVU = 4.00, 25 minutes intra-service time and 81 minutes total time), which requires similar physician work and time to perform supporting the RUC recommended work RVU. **The RUC recommends a work RVU of 4.05 for CPT code 5X006.**

5X007 Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;

The RUC reviewed the survey results from 37 radiologists and urologists and determined the survey 25th percentile work RVU of 9.80 accurately reflects the physician work necessary to perform this service. CPT code 5X007 describes MRI-monitored transurethral thermal ultrasound ablation typically performed by a radiologist. The RUC recommends 40 minutes pre-service evaluation time, 5 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 120 minutes intra-service time, and 27 minutes post-service time, which equals 202 minutes of total time.

The specialty society selected pre-service time package *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Pro*. Both standard time packages were modified to more accurately reflect pre- and post-service time involved with this service. Seven minutes of pre-service evaluation time were added to the pre-service time package, which is necessary to ensure and review the additional preparations of the patient for compliance with MRI protocols that are specific to the procedure, including a full evaluation of imaging exams and review of the patient's clinical and pathological diagnoses. Two minutes of pre-service positioning time were also added to the pre-service time package, which is necessary given the use of MRI technology and the importance of positioning to ensure the alignment of the treatment planning images and appropriate placement of the transducer to the intended target match while avoiding any nearby critical structures, which includes the neurovascular bundle, the anal sphincter, and the bladder. Five minutes of pre-service scrub/dress/wait time were removed from the pre-service time package, which is three minutes less than the survey time to align with the post-service time for CPT code 5X008. Six minutes were removed from the post-service time package in accordance with the survey results. The RUC agreed with all modifications to both the pre-service and post-service time packages.

To support the recommended work RVU value of 9.80, the RUC compared the surveyed code to the top key reference services 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* (work RVU = 9.03, 90 minutes intra-service time and 168 minutes total time) and noted that the surveyed code is somewhat less intense than CPT code 32994, but requires 30 more minutes intra-service time, thus is appropriately valued higher. For additional support, the RUC referenced MPC code 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* (work RVU = 10.42, 90 minutes intra-service time and 141 minutes total time) and noted that the high intraoperative intensity offsets the difference in intra-service time, strengthening the comparison between the referenced code and the surveyed code. The RUC concluded that CPT code 5X007 should be valued at

the 25th percentile work RVU as supported by the survey, as it maintains rank order with the other services in this code family. **The RUC recommends a work RVU of 9.80 for CPT code 5X007.**

5X008 Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed

The RUC reviewed the survey results from 37 radiologists and urologists and determined the survey 25th percentile work RVU of 11.50 accurately reflects the physician work necessary to perform this service. CPT code 5X008 describes MRI-monitored transurethral thermal ultrasound ablation when a single physician performs the entire procedure. The RUC recommends 50 minutes pre-service evaluation time, 5 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 125 minutes intra-service time, and 27 minutes post-service time, which equals 222 minutes of total time.

The specialty society selected pre-service time package *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Pro*. Both standard time packages were modified to more accurately reflect pre- and post-service time involved with this service. Seventeen minutes of pre-service evaluation time were added to the pre-service time package, which is necessary to ensure and review the additional preparations of the patient for compliance with MRI protocols that are specific to the procedure, including a full evaluation of imaging exams and review of the patient's clinical and pathological diagnoses. Two minutes of pre-service positioning time were also added to the pre-service time package, which is necessary given the use of MRI technology and the importance of positioning to ensure the alignment of the treatment planning images and appropriate placement of the transducer to the intended target match while avoiding any nearby critical structures, which includes the neurovascular bundle, the anal sphincter, and the bladder. Six minutes were removed from the post-service time package in accordance with the survey results. Additionally, there are five additional minutes of pre-service scrub/dress/wait time (compared to CPT codes 5X006 and 5X007) consistent with the survey time and the standard time package, and this is due to a sole physician completing two separate activities in succession, namely setting up the computer software and performing the scrub/dress/wait. The RUC agreed with all modifications to both the pre-service and post-service time packages.

To support the recommended work RVU value of 11.50, the RUC compared the surveyed code to the top key reference services 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* (work RVU = 15.00, 120 minutes intra-service time and 199 minutes total time) and to the second highest key reference service 93591 *Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve* (work RVU = 17.97, 120 minutes intra-service time and 208 minutes total time). The RUC recognized that the surveyed requires 5 additional minutes of intra-service time than the two key reference services but is significantly less complex/intense to perform. CPT code 93653 involves electrophysiologic evaluation with catheter ablation, while CPT code 93591 requires

percutaneous transcatheter closure of a paravalvular leak, initial device. Thus, a lower work RVU despite the increased intra-service time is appropriate for CPT code 5X008.

For additional support, the RUC referenced MPC codes 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* (work RVU = 13.75, 90 minutes intra-service time and 166 minutes total time) and 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* (work RVU = 10.42, 90 minutes intra-service time and 141 minutes total time), which appropriately bracket the surveyed code. The RUC concluded that CPT code 5X008 should be valued at the 25th percentile work RVU as supported by the survey, as it maintains rank order with the other services in this code family. **The RUC recommends a work RVU of 11.50 for CPT code 5X008.**

Practice Expense

The Practice Expense (PE) Subcommittee discussed and approved a new high-cost supply item TULSA-PRO Disposable Kit and a new equipment item TULSA-PRO TDC Cart for CPT codes 5X007 and 5X008. The PE Subcommittee made one modification to add minutes for the new equipment item to CPT code 5X006 as well. An additional modification was made at the RUC table to reduce by 1 the number of caps, masks, and shoe covers (SB001, SB033, SB039) in code 5X008 upon receiving confirmation that the code is not intended to be used by co-surgeons.

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 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 inappropriately allocated to the subset of practices performing the service which is subsidized by the broader specialty and all other Medicare providers. If high cost supplies were paid separately with appropriate HCPCS codes, the indirect expense would no longer be associated with that service. The result would be that indirect PE RVUs would be redistributed throughout the specialty practice expense pool and the practice expense for all other services. **The RUC recommends that CMS separately identify and pay for high-cost disposable supplies priced more than \$500 using appropriate HCPCS codes. The pricing of these supplies should be based on a transparent process, where items are annually reviewed and updated.**

The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

New Technology

CPT codes 5X006, 5X007 and 5X008 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
<p>Urinary System Bladder Introduction 51720 <i>Bladder instillation of anticarcinogenic agent (including retention time)</i></p>				
●5X006	G1	Insertion of transurethral ablation transducers for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed (Do not report 5X006 in conjunction with 51701, 51702, 5X007, 5X008, 72195, 72196, 72197, 77022) (For insertion of transurethral ultrasound transducer and ablation of prostate tissue using thermal ultrasound transducer performed by the same physician, use 5X008)	000	4.05
<p>Male Genital System Prostate Other Procedures 55880 <i>Ablation of malignant prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance</i></p>				
●5X007	G2	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; (Do not report 5X007 in conjunction with 5X008)	000	9.80

		(For insertion of transurethral ultrasound transducer and ablation of prostate tissue using thermal ultrasound transducer performed by the same physician, use 5X008)		
●5X008	G3	<p>with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed</p> <p>(Do not report 5X008 in conjunction with 5X007)</p> <p>(Do not report 5X007, 5X008 in conjunction with 51701, 51702, 5X006, 72195, 72196, 72197, 77022)</p>	000	11.50

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 5X006	Tracking Number G1	Original Specialty Recommended RVU: 5.68
		Presented Recommended RVU: 5.68
Global Period: 000	Current Work RVU: N/A	RUC Recommended RVU: 4.05

CPT Descriptor: Insertion of transurethral ablation transducers for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with prostate cancer presents for MRI-monitored transurethral thermal ultrasound ablation.

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: Appropriate preoperative studies including cross sectional imaging with CT and dedicated prostate MRI, are obtained, and reviewed. Additionally, biopsy imaging and pathology reports are reviewed. Patient assessment is reviewed by physician to verify the bowel prep and MRI safety assessment were completed and appropriate. Induction of general anesthesia is performed and the patient is brought into the MRI suite. Time out is performed by all team members. The patient is then connected to a system for continuous MRI-compatible pulse oximetry, core temperature measurement, and cardiac monitoring. Patient assessment is reviewed by physician to verify the bowel prep and MRI safety assessment were completed and appropriate. Time out is performed and prophylactic IV antibiotics are administered as well as the first dose of the anti-spasmodic drug.

Description of Intra-Service Work: The anterior pelvis is prepped and draped, and the suprapubic catheter is placed. The patient is transferred and positioned appropriately in the MRI scanner to begin the process of placing the necessary applicators for the procedure. A rectal examination is performed to assess the adequacy of bowel preparation, and an endorectal cooling device with balloon is then placed into the rectum. The patient's anterior pelvis and penis are prepped and draped in sterile fashion and a foley catheter is placed via the urethra into the bladder to empty it. The bladder is then partially filled with sterile fluid after which a guidewire is advanced through the catheter and coiled into the bladder. The foley catheter is removed over the wire. Following anesthetization of the urethra with lidocaine gel, the transurethral ultrasound ablation transducer is inserted over the guidewire and positioned in the urethra with tip extending into the bladder. The guidewire is removed, and the transurethral ultrasound ablation transducer is secured within the MRI compatible robot and tested. After scout MRI imaging is obtained, any air bubbles within the treatment field or endorectal cooling device are removed by deflating, inflating, and twisting the endorectal device. A brief MRI scan is again acquired to ensure all air bubbles which could impede the cooling of the endorectal device have been removed.

Next, multiplanar MRI images are acquired to confirm correct positioning of the ultrasound transurethral ablation transducer and endorectal cooling device by another physician on a separate workstation. The patient is advanced back into the bore, and localizer images are re-acquired and reviewed. If needed, more favorable urethral treatment device and rectal cooling device positioning are achieved by entering the MRI magnet room. This is done by backing the patient out of the bore and manually adjusting the ultrasound applicator positioning and angulation, as well as the endorectal cooling device

positioning, lubrication, and balloon volume. The physician leaves the patient care area, the remainder of the MRI-guided ablation is performed, and the physician returns once ablation is completed.

The transurethral transducer is removed. If no suprapubic catheter was placed, under sterile conditions a wire is placed through the transducer into bladder and the transducer is removed over the wire. A foley catheter is advanced over the wire and the wire is removed from the foley catheter which is connected to a bag. Lastly the endorectal device is removed.

Description of Post-Service Work: The patient is transferred to a stretcher and after reversal of general anesthesia, the patient is transported to the recovery room. The physician meets with the patient and family to discuss the procedure and the postoperative regimen. Later the same day, the physician assesses the patient prior to discharge home; reviews interval chart notes; answers patient and family questions; assesses pain score, adjusts pain medication as necessary; and document the services in the medical record; discuss home restrictions (eg, activity, bathing) with the patient and family members; write prescriptions for medications needed post discharge; and complete all appropriate medical records, including discharge instructions for catheter removal, and insurance forms.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Robert Kennedy, Minhajuddin Khaja, Raj Ayyagari, Lauren Nicola, Jonathan Kiechle, and Thomas Turk				
Specialty Society(ies):	ACR, AUA, SIR				
CPT Code:	5X006				
Sample Size:	8459	Resp N:	34		
Description of Sample:	SIR Random 1,481, AUA Random 5,000 ACR Random Subset and Random Sample 1,900 Vendor Targeted 78				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	1.00	5.00	60.00
Survey RVW:	4.00	5.68	7.15	13.08	45.00
Pre-Service Evaluation Time:			23.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	3.00	15.00	29.00	60.00	240.00
Immediate Post Service-Time:	<u>15.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**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:	5X006	Recommended Physician Work RVU: 4.05		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		23.00	33.00	-10.00
Pre-Service Positioning Time:		5.00	3.00	2.00
Pre-Service Scrub, Dress, Wait Time:		10.00	15.00	-5.00
Intra-Service Time:		29.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		15.00	33.00	-18.00

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52351	000	5.75	RUC Time

CPT Descriptor Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
57155	000	5.15	RUC Time

CPT Descriptor Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
49405	000	4.00	RUC Time	5,284

CPT Descriptor 1 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
11044	000	4.10	RUC Time	114,689

CPT Descriptor 2 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
52224	000	4.05	RUC Time

CPT Descriptor Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 % of respondents: 23.5 %

Number of respondents who choose 2nd Key Reference Code: 6 % of respondents: 17.6 %

TIME ESTIMATES (Median)

	CPT Code: <u>5X006</u>	Top Key Reference CPT Code: <u>52351</u>	2nd Key Reference CPT Code: <u>57155</u>
Median Pre-Service Time	38.00	53.00	33.00
Median Intra-Service Time	29.00	45.00	60.00
Median Immediate Post-service Time	15.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	82.00	118.00	123.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	13%	38%	50%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	25%	50%	25%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	12%	63%	25%
Physical effort required	25%	75%	0%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

25%

38%

37%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

17%

0%

50%

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

34%

17%

49%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

34%

50%

16%

Physical effort required

17%

33%

50%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

34%

33%

33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

There were no current codes in the CPT code set that matched the physician work involved in the treatment planning, insertion, and ablation procedures done with an MRI-monitored TULSA system. MRI-monitored transurethral ultrasound ablation (TULSA) consists of robotically driven directional thermal ultrasound and closed-loop temperature feedback control software to deliver predictable physician prescribed ablation of

prostate tissue. The MRI-Monitored TULSA procedure treats patients with prostate cancer, while maintaining quality of life due to low rates of adverse events.

Three new CPT codes (5X006, 5X007, AND 5X008) were approved by CPT Editorial Panel for MRI-monitored transurethral ultrasound ablation (TULSA) at the April 2023 meeting.

CPT 5X006 and 5X007 are reported when the work of the MRI-Monitored TULSA procedure is split, and each component individually performed by one physician. One physician, commonly a urologist, performs the work as defined by CPT 5X006 and the other physician, commonly a radiologist, performs the work as defined by CPT 5X007. CPT 5X008 describes the work when a single physician performs the entire procedure themselves.

Methodology

A multi-disciplinary survey including ACR, AUA and SIR was distributed to randomly selected members of the representative societies. The vendor provided a targeted list of providers to be included in this survey, in addition to the required RUC vendor attestation statement prior to the survey. For code 5X006, 34 surveys were completed. The surveys were reviewed by the multi-specialty group and determined to be valid.

The pre-service time from the survey reflected greater positioning time than the selected package and both KRS codes. Most of the positioning attributed to the procedure happens during the intraservice time, specific to the placement of the applicators and positioning of the patient within the MRI scanner. The societies believe the members surveyed may not have appropriately understood the question related to the pre-service positioning time, instead attributing time related to positioning the patient throughout the procedure in their answers, not just the pre-service portion.

Work RVU Recommendation for 5X006

We are recommending a crosswalk from code 52224 (wRVU of 4.05) as the wRVU of 4.05 for 5X006.

Pre- and Post-Service Time Packages

The specialties have selected pre-package 3 (straightforward patient/ difficult procedure), with standard package times of 33 minutes pre-evaluation time, 3 minute of pre-positioning time, and 15 minutes of pre-scrub, dress, and wait time.

The specialties recommend the following times

1. **Evaluation:** We recommend a pre-service evaluation time of 23 minutes. This is 10 minutes less than the pre-service package and median time, but still appropriate for the evaluation needed.
2. **Positioning:** We recommend a time of 5 minutes, which is 2 minutes more than the package time. We feel this additional time is justified given the importance of positioning of the patient for this procedure. This is critical as the added time needed to ensure proper positioning placement of the ablation transducers and endorectal cooling device relative to nearby critical structures.
3. **Scrub, dress, and wait:** We recommend time of 10 minutes, which is 5 minutes less than the package time. We feel the median time from the survey, although less than the package time, is still appropriate for the scrub, dress, and wait.
4. **Post:** We recommend a time of 15 minutes; this is 18 minutes less than the selected post-service package 9B (general anesthesia or complex regional block/complex procedure) time of 33 minutes. We believe the post time for the physician still allows for necessary post evaluation of this procedure.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 52351 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic* (24%) and 57155 *Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy* (18%).

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
5X006 Survey	4.05	0.104	82	23	5	10	29	15
52224 Addl Reference Crosswalk	4.05	0.1008	70	19	5	5	30	20
52351 Key Ref 1	5.75	0.096	118	33	5	15	45	20
57155 Key Ref 2	5.15	0.096	123	23	5	5	60	30

We are recommending a crosswalk from code 52224 (wRVU of 4.05) as the wRVU of 4.05 for 5X006.

Comparison to MPC codes

Based on recommendation of wRVU of 4.05 for 5X006, two current MPC codes not part of the survey RSL but bracket the recommended values of the survey code include 49405 *Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous* with wRVU of 4.00 and 11044 *Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less*, with wRVU of 4.10. We believe the values of these MPC codes well brackets the recommended wRVU for code 5X006.

Conclusion

A multi-disciplinary survey of CPT 5X006 was performed with concordance between specialties. When comparing the survey results to the key reference services, it was determined a crosswalk was needed for the recommended value. We believe wRVU of 4.05, the current wRVUs for code 52224 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy*, appropriately aligns in the work and intensity related to CPT 5X006 than either KRS one or two based on survey data.

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. CPT RVW IWPUT Total Time Eval Posit SDW INTRA IM-post Physician

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. 55700

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 5X007	Tracking Number G2	Original Specialty Recommended RVU: 9.80
		Presented Recommended RVU: 9.80
Global Period: 000	Current Work RVU: N/A	RUC Recommended RVU: 9.80

CPT Descriptor: Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with prostate cancer presents for MRI-monitored transurethral thermal ultrasound ablation.

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: Appropriate preoperative studies including cross sectional imaging with CT and dedicated prostate MRI, are obtained, and reviewed. Additionally, biopsy imaging and pathology reports are reviewed. Quality assurance testing of the treatment devices is performed by the MRI technologist according to the manufacturer's directions and local standard operating procedures and reviewed by the physician.

Description of Intra-Service Work: The patient was transferred to the MRI scanner and the necessary catheters and applicators were placed and secured by the other physician. An MRI surface coil is placed over the patient's pelvis, all straps and pressure points were checked, and the patient is advanced head-first into the MRI for imaging. A brief scout MRI scan is performed to determine if any air bubbles are in rectum after the placement of the transurethral ultrasound ablation transducer and endorectal cooling tube. Any air bubbles and adjustment to the applicators is performed by the other physician. A brief MRI scan is again acquired to ensure all air bubbles which could impede the cooling of the endorectal device have been removed.

Next, multiplanar MRI images are acquired and used to confirm correct positioning of the ultrasound transurethral ablation transducer and endorectal cooling device. 3-D reformatted images are created in the treatment planning software on a separate workstation and reviewed by the physician. The patient is then advanced back into the bore, and localizer images are re-acquired and reviewed.

After satisfactory device positioning is confirmed, the position of the ultrasound transurethral ablation transducer is registered by visualization of fiducial markers located within the applicator. Any needed minor adjustments are made to the position of the applicator. Treatment planning quality MRI images are obtained and transferred to the treatment planning software within a separate workstation. If prostatic calcifications are detected that would impede treatment, the ultrasound applicator is shifted a further, placing the calcification between transducer elements and thereby reducing the ultrasound energy absorbed and reflected by the calcification. A detailed treatment plan is generated by manually contouring the target volume of prostate tissue and outlining the boundary of the ablation zone where the treatment will be directed, while contouring the surrounding critical structures of the rectal wall, neurovascular bundles, external urinary sphincter, and internal urinary sphincter which are to be avoided from ablation. The treatment planning system creates a report of the MRI temperature images to confirm whether the thermometry precision can be achieved or if any manual correction of geometric distortion in the images is needed. The physician will review the report and make any adjustments to the

placement of the ultrasound transurethral ablation transducer. Any adjustments will require a new MRI dataset, new contouring of the target tissues and ablation zone and critical structures, and treatment plan to be generated. The new report from the treatment planning system is again reviewed to confirm the treatment plan can be achieved and no other adjustments are needed.

Using the MRI-compatible robotic positioning system, the ultrasound transurethral ablation transducer is advanced for precise ablation of the prescribed, targeted volume and zone. The treating physician determines the rotational angle and direction of rotation for the ultrasound applicator. Additional MRI images may be acquired to confirm the planned target volume of prostate tissue is within the prescribed ablation volume and the normal tissue and critical structures are adequately spared prior to the ablation. A second dose of anti-spasmodic drug is administered, and the physician initiates the closed-loop MRI-guided ultrasound ablation treatment. Throughout the treatment each ultrasound transurethral ablation transducer emits the planned intensity and frequency of the ultrasound energy while also modulating the rotation rate of the transducer to achieve an optimal ablative temperature within the treatment target and ablation zone. Real-time MRI images and MRI thermometry images are acquired continuously throughout the treatment and displayed as they are acquired for the physician to closely monitor the amount of energy delivered by each transducer. Based on the thermal feedback response of the target and ablation zone, the treatment is modulated to pause or adjust the robotically driven ultrasound transducer.

Any changes which require repositioning the patient or due to any changes in the surrounding environment impacting the position of the ultrasound transurethral ablation transducer or patient will require stopping treatment, proceeding with a 20-minute cool-down phase of the target tissues, and subsequent new MRI images and treatment plan. Once the prescribed zone of treatment is ablated, pre- and post-contrast-enhanced MRI images are acquired immediately following the treatment to confirm satisfactory ablation. The physician reviews the completion imaging to confirm no intraprocedural complication(s) occurred. The power to the TULSA-PRO system electronics is turned off. The anterior MRI coil and positioning straps are removed. The ultrasound applicator is detached from the robotic positioning system, system electronics, and fluid tube sets. The applicators are removed, and catheters are managed by another physician.

Description of Post-Service Work: The physician provides review and interpretation of the images on the PACS workstation, writes a postoperative note and documentation of the procedure in the medical record; and write orders for recovery nurses for pain medication adjustments and activity restrictions.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Robert Kennedy, Minhajuddin Khaja, Raj Ayyagari, Lauren Nicola, Jonathan Kiechle, and Thomas Turk				
Specialty Society(ies):	ACR, AUA, SIR				
CPT Code:	5X007				
Sample Size:	8459	Resp N:	37		
Description of Sample:	SIR Random 1,481, AUA Random 5,000 ACR Random Subset and Random Sample 1,900 Vendor Targeted 78				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	1.00	7.00	60.00
Survey RVW:	5.00	9.80	11.03	17.00	40.00
Pre-Service Evaluation Time:			45.00		
Pre-Service Positioning Time:			20.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	10.00	60.00	120.00	180.00	300.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	5X007	Recommended Physician Work RVU: 9.80		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		40.00	33.00	7.00
Pre-Service Positioning Time:		5.00	3.00	2.00
Pre-Service Scrub, Dress, Wait Time:		10.00	15.00	-5.00
Intra-Service Time:		120.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		27.00	33.00	-6.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
32994	000	9.03	RUC Time

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
37244	000	13.75	RUC Time

CPT Descriptor 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

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37244	000	13.75	RUC Time	13,555

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36906	000	10.42	RUC Time	10,192

CPT Descriptor 2 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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 % of respondents: 29.7 %

Number of respondents who choose 2nd Key Reference Code: 4 % of respondents: 10.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>5X007</u>	Top Key Reference CPT Code: <u>32994</u>	2nd Key Reference CPT Code: <u>37244</u>
Median Pre-Service Time	55.00	48.00	31.00
Median Intra-Service Time	120.00	90.00	90.00
Median Immediate Post-service Time	27.00	30.00	45.00
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	202.00	168.00	166.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	18%	27%	55%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
9%	9%	82%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	9%	36%	55%
Physical effort required	27%	36%	36%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome 	18%	46%	36%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	25%	50%	0%	25%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	25%	25%	50%
Physical effort required	0%	50%	50%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	25%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

There were no current codes in the CPT code set that matched the physician work involved in the treatment planning, insertion, and ablation procedures done with an MRI-monitored TULSA system. MRI-monitored transurethral ultrasound ablation (TULSA) consists of robotically driven directional thermal ultrasound and closed-loop temperature feedback control software to deliver predictable physician prescribed ablation of prostate tissue. The MRI-Monitored TULSA procedure treats patients with prostate cancer, while maintaining quality of life due to low rates of adverse events.

Three new CPT codes (5X006, 5X007, AND 5X008) were approved by CPT Editorial Panel for MRI-monitored transurethral ultrasound ablation (TULSA) at the April 2023 meeting.

CPT 5X006 and 5X007 are reported when the work of the MRI-Monitored TULSA procedure is split, and each component individually performed by one physician. One physician, commonly a urologist, performs the work as defined by CPT 5X006 and the other physician, commonly a radiologist, performs the work as defined by CPT 5X007. CPT 5X008 describes the work when a single physician performs the entire procedure themselves.

Methodology

A multi-disciplinary survey including ACR, AUA and SIR was distributed to randomly selected members of the representative societies. The vendor provided a targeted list of providers to be included in this survey, in addition to the required RUC vendor attestation statement prior to the survey. For code 5X007, 37 surveys were completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 5X007

We are recommending the 25th percentile survey value of 9.80 RVW for 5X007.

Pre- and Post-Service Time Packages

The specialties have selected pre-package 3 (straightforward patient/difficult procedure), with standard package times of 33 minutes pre-evaluation time, 3 minute of pre-positioning time, and 15 minutes of pre-scrub, dress, and wait time.

The specialties recommend the following times

1. **Evaluation:** We recommend a pre-service evaluation time of 40 minutes. This is 7 minutes greater than the pre-service package, but necessary to ensure and review the patient is prepared and compliant with MRI protocols specific to this procedure as part of the evaluation.
2. **Positioning:** We recommend a time of 5 minutes, which is 2 minutes more than the package time. We feel this additional time is justified given the importance of positioning of the patient for this procedure within the MRI scanner to ensure the alignment of the treatment planning images and appropriate placement of the transducer to the intended target match while avoiding any nearby critical structures.
3. **Scrub, dress, and wait:** We recommend a time of 10 minutes, which is 5 minutes less than the package time. We feel the median time from the survey, although less than the package time, is still appropriate for the scrub, dress, and wait.
4. **Post:** Based on reviewer comments, we have adjusted the immediate post time to match the value for code 5X008 of 27 minutes, this is 6 minutes less than the selected post-service package 9B (general anesthesia or complex regional block/complex procedure) time of 33 minutes. We believe the post time for the physician still allows for necessary post evaluation of this procedure.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 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* (30%) and 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* (11%).

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
32994 Key Ref	9.03	0.082	168	33	10	5	90	30
5X007 Survey	9.80	0.068	202	40	5	10	120	27
37244 Key Ref	13.75	0.135	166	23	3	5	90	45

This comparison supports our recommendation for the 25th percentile survey value of 9.80 RVW for CPT 5X007.

Comparison to MPC codes

The highest value 000 day global MPC code 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* with value of 13.75 wRVUs was the second KRS selected in the survey. The next highest MPC is code 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*, 10.42 wRVU and bracketed lower than the recommended wRVU value for 5X007 with MPC code 52356 *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*, 8.00 wRVU.

Conclusion

A multi-disciplinary survey of CPT 5X007 was performed with strong survey results and concordance between specialties. When comparing the survey results to the key reference services, one of which is also an MPC code, we believe that the 25th percentile survey RVW of 9.80 appropriately ranks CPT 5X007 relative to other services.

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. CPT RVW IWP/UT Total Time Eval Posit SDW INTRA IM-post Physician
4. 5X006 4.05 0.104 82 23 5 10 29 15 urologist
5. 5X007 9.80 0.068 202 40 5 10 120 27 radiologist

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 53899 and 77022

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 Interventional Radiology How often? Sometimes

Specialty Diagnostic Radiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1170

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. According to statistics provided by a manufacturer, the 2022 U.S. volume of services was 1,522. Annualization of Q4/2022 procedural volume in the U.S. exceeds 130 procedure per month (1,560) plus 50%, is 2340. Assuming 50% are done by using two code system (5X006 and 5X007) and 50% done by single code system (5X008).

Specialty Interventional Radiology Frequency 1053 Percentage 90.00 %

Specialty Diagnostic Radiology Frequency 117 Percentage 10.00 %

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? 1,092

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. According to statistics provided by a manufacturer, the 2022 U.S. volume of services was 1,522. Annualization of Q4/2022 procedural volume in the U.S. exceeds 130 procedure per month (1,560) plus 40% is 2184, per vignette and typical age of prostate cancer diagnosis, estimate this may be predominantly performed on Medicare beneficiaries. Assuming 50% are done by using two code system (5X006 and 5X007) and 50% done by single code system (5X008).

Specialty Interventional Radiology Frequency 983 Percentage 90.01 %

Specialty Diagnostic Radiology Frequency 109 Percentage 9.98 %

Specialty Frequency 0 Percentage 0.00 %

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:

Major procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 75731

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 5X008	Tracking Number G3	Original Specialty Recommended RVU: 11.50
Global Period: 000	Current Work RVU: N/A	Presented Recommended RVU: 11.50
		RUC Recommended RVU: 11.50

CPT Descriptor: Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male with prostate cancer presents for MRI-monitored transurethral thermal ultrasound ablation.

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: Appropriate preoperative studies including cross sectional imaging with CT and dedicated prostate MRI, are obtained, and reviewed. Additionally, biopsy imaging and pathology reports are reviewed. Patient assessment is reviewed to verify the bowel prep and MRI safety assessment were completed and appropriate. Quality assurance testing of the treatment devices is performed by the MRI technologist according to the manufacturer's directions and local standard operating procedures and reviewed by the physician. Following approval of the assessment and induction of general anesthesia, the patient is brought into the MRI suite. Time out is performed by all team members. The patient is then connected to a system for continuous MRI-compatible pulse oximetry, core temperature measurement, and cardiac monitoring. Prophylactic IV antibiotics and the first dose of the anti-spasmodic drug are administered.

Description of Intra-Service Work: The anterior pelvis is prepped and draped, and the suprapubic catheter is placed. The patient is transferred and positioned appropriately in the MRI scanner to begin the process of placing the necessary applicators for the procedure. A rectal examination is performed to assess the adequacy of bowel preparation, and an endorectal cooling device with balloon is then placed into the rectum. The patient's anterior pelvis and penis are prepped and draped in sterile fashion and a foley catheter is placed via the urethra into the bladder to empty it. The bladder is then partially filled with sterile fluid after which a guidewire is advanced through the catheter and coiled into the bladder. The foley catheter is removed over the wire. Following anesthetization of the urethra with lidocaine gel, the transurethral ultrasound ablation transducer is inserted over the guidewire and positioned in the urethra with tip extending into the bladder. The guidewire is removed, and the transurethral ultrasound ablation transducer is secured within the MRI compatible robot and tested. An MRI surface coil is placed over the patient's pelvis, all straps and pressure points are checked, and the patient is advanced head-first into the MRI for imaging. A brief scout MRI scan is performed to determine if any air bubbles are in rectum after the placement of the transurethral ultrasound ablation transducer and endorectal cooling tube. Any air bubbles within the treatment field or endorectal cooling device are removed by deflating, inflating, and twisting the endorectal device. A brief MRI scan is again acquired to ensure all air bubbles which could impede the cooling of the endorectal device have been removed.

Next, multiplanar MRI images are acquired and used to confirm correct positioning of the ultrasound transurethral ablation transducer and endorectal cooling device. 3-D reformatted images are created in the treatment planning software on a

separate workstation and reviewed by the physician. The patient is then advanced back into the bore, and localizer images are re-acquired and reviewed.

If needed, more favorable urethral treatment device and rectal cooling device positioning are achieved by entering the MRI magnet room. This is done by backing the patient out of the bore and manually adjusting the ultrasound applicator positioning and angulation, as well as the endorectal cooling device positioning, lubrication, and balloon volume. The patient is then advanced back into the bore, and localizer images are re-acquired and reviewed.

After satisfactory device positioning is confirmed, the position of the ultrasound transurethral ablation transducer is registered by visualization of fiducial markers located within the applicator. Any needed minor adjustments are made to the position of the applicator. Treatment planning quality MRI images are obtained and transferred to the treatment planning software within a separate workstation. If prostatic calcifications are detected that would impede treatment, the ultrasound applicator is shifted a further, placing the calcification between transducer elements and thereby reducing the ultrasound energy absorbed and reflected by the calcification. A detailed treatment plan is generated by manually contouring the target volume of prostate tissue and outlining the boundary of the ablation zone where the treatment will be directed, while contouring the surrounding critical structures of the rectal wall, neurovascular bundles, external urinary sphincter, and internal urinary sphincter which are to be avoided from ablation. The treatment planning system creates a report of the MRI temperature images to confirm whether the thermometry precision can be achieved or if any manual correction of geometric distortion in the images is needed. The physician will review the report and make any adjustments to the placement of the ultrasound transurethral ablation transducer. Any adjustments will require a new MRI dataset, new contouring of the target tissues and ablation zone and critical structures, and treatment plan to be generated. The new report from the treatment planning system is again reviewed to confirm the treatment plan can be achieved and no other adjustments are needed.

Using the MRI-compatible robotic positioning system, the ultrasound transurethral ablation transducer is advanced for precise ablation of the prescribed, targeted volume and zone. The treating physician determines the rotational angle and direction of rotation for the ultrasound applicator. Additional MRI images may be acquired to confirm the planned target volume of prostate tissue is within the prescribed ablation volume and the normal tissue and critical structures are adequately spared prior to the ablation. A second dose of anti-spasmodic drug is administered, and the physician initiates the closed-loop MRI-guided ultrasound ablation treatment. Throughout the treatment each ultrasound transurethral ablation transducer emits the planned intensity and frequency of the ultrasound energy while also modulating the rotation rate of the transducer to achieve an optimal ablative temperature within the treatment target and ablation zone. Real-time MRI images and MRI thermometry images are acquired continuously throughout the treatment and displayed as they are acquired for the physician to closely monitor the amount of energy delivered by each transducer. Based on the thermal feedback response of the target and ablation zone, the treatment is modulated to pause or adjust the robotically driven ultrasound transducer.

Any changes which require repositioning the patient or due to any changes in the surrounding environment impacting the position of the ultrasound transurethral ablation transducer or patient will require stopping treatment, proceeding with a 20-minute cool-down phase of the target tissues, and subsequent new MRI images and treatment plan. Once the prescribed zone of treatment is ablated, pre- and post-contrast-enhanced MRI images are acquired immediately following the treatment to confirm satisfactory ablation. The physician reviews the completion imaging to confirm no intraprocedural complication(s) occurred. The power to the TULSA-PRO system electronics is turned off. The anterior MRI coil and positioning straps are removed. The ultrasound applicator is detached from the robotic positioning system, system electronics, and fluid tube sets.

The transurethral transducer is removed. If no suprapubic catheter was placed, under sterile conditions a wire is placed through the transducer into bladder and the transducer is removed over the wire. A foley catheter is advanced over the wire and the wire is removed from the foley catheter which is connected to a bag. Lastly the endorectal device is removed.

Description of Post-Service Work: The patient is transferred to a stretcher and after reversal of general anesthesia, the patient is transported to the recovery room. The physician meets with the patient and family to discuss the procedure and the postoperative regimen. The physician provides written and oral reports and orders; review and interpretation of the images on the PACS workstation, writes a postoperative note and documentation of the procedure in the medical record; and write orders for recovery nurses for pain medication adjustments and activity restrictions. Later the same day, the physician assesses the patient prior to discharge home; reviews interval chart notes; answers patient and family questions; assesses pain score, adjusts pain medication as necessary; and document the services in the medical record; discuss home restrictions (eg, activity, bathing) with the patient and family members; write prescriptions for medications needed post

discharge; and complete all appropriate medical records, including discharge instructions for catheter removal, and insurance forms.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Robert Kennedy, Minhajuddin Khaja, Raj Ayyagari, Laurne Nicola, Jonathan Kiechle, and Thomas Turk				
Specialty Society(ies):	ACR, AUA, SIR				
CPT Code:	5X008				
Sample Size:	8459	Resp N:	37		
Description of Sample:	SIR Random 1,481, AUA Random 5,000 ACR Random Subset and Random Sample 1,900 Vendor Targeted 78				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	1.00	8.00	60.00
Survey RVW:	5.00	11.50	15.00	19.00	40.00
Pre-Service Evaluation Time:			50.00		
Pre-Service Positioning Time:			25.00		
Pre-Service Scrub, Dress, Wait Time:			15.00		
Intra-Service Time:	5.00	60.00	125.00	185.00	300.00
Immediate Post Service-Time:	<u>27.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**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:	5X008	Recommended Physician Work RVU: 11.50		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		50.00	33.00	17.00
Pre-Service Positioning Time:		5.00	3.00	2.00
Pre-Service Scrub, Dress, Wait Time:		15.00	15.00	0.00
Intra-Service Time:		125.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
9B General Anes or Complex Regional Blk/Cmplx Proc				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		27.00	33.00	-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? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93653	000	15.00	RUC Time

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93591	000	17.97	RUC Time

CPT Descriptor Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
37244	000	13.75	RUC Time	13,555

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36906	000	10.42	RUC Time	10,192

CPT Descriptor 2 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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 % of respondents: 18.9 %

Number of respondents who choose 2nd Key Reference Code: 6 % of respondents: 16.2 %

TIME ESTIMATES (Median)

	CPT Code: <u>5X008</u>	Top Key Reference CPT Code: <u>93653</u>	2nd Key Reference CPT Code: <u>93591</u>
Median Pre-Service Time	70.00	49.00	58.00
Median Intra-Service Time	125.00	120.00	120.00
Median Immediate Post-service Time	27.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	222.00	199.00	208.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	29%	57%	0%	14%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	14%	57%	29%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	14%	57%	29%
Physical effort required	29%	43%	28%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	33%	17%	33%	17%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	17%	33%	50%
Physical effort required	0%	33%	67%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	0%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

There were no current codes in the CPT code set that matched the physician work involved in the treatment planning, insertion, and ablation procedures done with an MRI-monitored TULSA system. MRI-monitored transurethral ultrasound ablation (TULSA) consists of robotically driven directional thermal ultrasound and closed-loop temperature feedback control software to deliver predictable physician prescribed ablation of prostate tissue. The MRI-Monitored TULSA procedure treats patients with prostate cancer, while maintaining quality of life due to low rates of adverse events.

Three new CPT codes (5X006, 5X007, AND 5X008) were approved by CPT Editorial Panel for MRI-monitored transurethral ultrasound ablation (TULSA) at the April 2023 meeting.

CPT 5X006 and 5X007 are reported when the work of the MRI-Monitored TULSA procedure is split, and each component individually performed by one physician. One physician, commonly a urologist, performs the work as defined by CPT 5X006 and the other physician, commonly a radiologist, performs the work as defined by CPT 5X007. CPT 5X008 describes the work when a single physician performs the entire procedure themselves.

Methodology

A multi-disciplinary survey including ACR, AUA and SIR was distributed to randomly selected members of the representative societies. The vendor provided a targeted list of providers to be included in this survey, in addition to the required RUC vendor attestation statement prior to the survey. For code 5X008, 37 surveys were completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 5X008

We are recommending the 25th percentile survey value of 11.50 RVW for 5X008.

Pre- and Post-Service Time Packages

The specialties have selected pre-package 3 (straightforward patient/difficult procedure), with standard package times of 33 minutes pre-evaluation time, 3 minute of pre-positioning time, and 15 minutes of pre-scrub, dress, and wait time.

The specialties recommend the following times

1. **Evaluation:** We recommend a pre-service evaluation time of 50 minutes. This is 17 minutes greater than the pre-service package, but necessary to ensure and review the additional preparations of the patient for compliance with MRI protocols and specific to the procedure.
2. **Positioning:** We recommend a time of 5 minutes, which is 2 minutes more than the package time. We feel this additional time is justified given the use of MRI technology and additional protocols as well as the importance of positioning of the patient for this procedure to ensure the alignment of the treatment planning images and appropriate placement of the transducer to the intended target match while avoiding any nearby critical structures.
3. **Scrub, dress, and wait:** We recommend time of 15 minutes, which is equal to the package time.
4. **Post:** We recommend time of 27 minutes, which is 6 minutes less than the selected post-service package 9B (General Anesthesia or Complex Regional Block/Complex Procedure) time of 33 minutes. We believe the post time for the physician still allows for necessary post evaluation of this procedure.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 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 (19%) and 93591 Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve (16%).

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
93653 Key Ref	15.00	0.112	199	31	3	15	120	30
5X008 Survey	11.50	0.076	222	50	5	15	125	27
93591 Key Ref	17.97	0.135	208	40	3	15	120	30

This comparison supports our recommendation for the 25th percentile survey value of 11.50 RVW for CPT 5X008.

Comparison to MPC codes

Additional comparison to other MPC codes with CMS accepted values includes 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* with wRVU of 13.75, which is slightly higher than 5X008 and code 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*, with wRVU of 10.42 which brackets the survey code on the other side. The total times for these codes are closer to the survey total time for 5X008 than the KRS codes, but their wRVUs are lower than median survey values. The wRVUs for the KRS codes are both significantly higher and with their lower times results in higher IWPUT than the IWPUT value for 5X008.

Another comparison MPC code recommended is 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*, with a wRVU of 11.74 this presents a closer upper wRVU and better bracket for 5X008. CMS did not accept the RUC recommended value, but we believe it should be included for comparison.

CPT	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	IM-post
37244	13.75	0.1347	166	23	3	5	90	45
37243	11.74	0.0842	196	23	3	5	120	45
5X008 Survey	11.50	0.076	222	50	5	15	125	27
36906	10.42	0.1039	141	22	4	5	90	20

Conclusion

A multi-disciplinary survey of CPT 5X008 was performed in concordance of the survey results between specialties. We believe the 25th percentile of 11.50 RVW appropriately represents CPT 5X008 relative to other services and the key reference codes.

Specialty Radiology	Frequency 546	Percentage 50.00 %
Specialty Urology	Frequency 546	Percentage 50.00 %
Specialty	Frequency 0	Percentage 0.00 %

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:

Major procedure

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 50695

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: MRI-Monitored Transurethral Ultrasound Ablation of Prostate (5X006, 5X007, 5X008)																												
2	TAB: 07																												
3																													
4	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST	SURVEY EXPERIENCE					
5									MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX	
6	1st REF	52351	Cystourethroscop	000	2011	8	0.096	0.049			5.75			118	33	5	15			45			20						
7	2nd REF	57155	Insertion of uteri	000	2010	6	0.064	0.042			5.15			123	23	5	5			60			30						
8	SVY	5X006	Insertion of trans	000		34	0.203	0.078	4.00	5.68	7.15	13.08	45.00	92	23	15	10	3	16	29	60	240	15	0	0	1	5	60	
9	XWALK	52224	Cystourethroscop	000			0.101	0.051			4.05			79	19	5	5			30			20						
10	TGTD SVY	5X006	Insertion of trans	0		17	0.172	0.058	5.00	5.15	5.75	10.00	21.00	99	15	24	15	10	15	25	60	240	20	0	1	5	20	60	
11	RNDM SVY	5X006	Insertion of trans	000		17	0.216	0.079	4.00	7.00	7.90	14.10	45.00	100	30	15	10	3	20	30	60	211	15	0	0	0	0	4	
12	REC	5X006	Insertion of trans	000			0.104	0.049			4.05			82	23	5	10			29			15						
13																													
14																													
15	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST	SURVEY EXPERIENCE					
16									MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX	
17	1st REF	32994	Ablation therapy	000	2017	11	0.082	0.054			9.03			168	33	10	5			90			30						
18	2nd REF	37244	Vascular emboliz	000	2013	4	0.135	0.083			13.75			166	23	3	5			90			45						
19	SVY	5X007	Ablation of prosta	000		37	0.074	0.050	5.00	9.80	11.03	17.00	40.00	220	40	20	10	10	60	120	180	300	30	0	0	1	7	60	
20	TGTD SVY	5X007	Ablation of prosta	000		20	0.061	0.044	6.00	10.00	10.75	14.81	22.00	247	40	22	15	60	115	140	192	300	30	0	1	6	16	60	
21	RNDM SVY	5X007	Ablation of prosta	000		17	0.221	0.103	5.00	9.00	15.00	17.00	40.00	145	40	15	10	10	35	60	90	240	20	0	0	0	0	6	
22	REC	5X007	Ablation of prosta	000			0.068	0.049			9.80			202	40	5	10			120			27						
23																													
24																													
25	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST	SURVEY EXPERIENCE					
26									MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX	
27	1st REF	93653	Comprehensive e	000	2021	7	0.112	0.075			15.00			199	31	3	15			120			30						
28	2nd REF	93591	Percutaneous tra	000	2016	6	0.135	0.086			17.97			208	40	3	15			120			30						
29	SVY	5X008	Ablation of prosta	000		37	0.101	0.062	5.00	11.50	15.00	19.00	40.00	242	50	25	15	5	60	125	185	300	27	0	0	1	8	60	
30	TGTD SVY	5X008	Ablation of prosta	000		19	0.092	0.057	6.20	13.88	15.00	18.00	25.00	262	47	30	20	60	123	135	210	300	30	0	2	9	25	60	
31	RNDM SVY	5X008	Ablation of prosta	000		18	0.239	0.105	5.00	9.08	14.65	19.75	40.00	139	40	15	10	5	23	54	135	250	20	0	0	0	1	20	
32	REC	5X008	Ablation of prosta	000			0.076	0.052			11.50			222	50	5	15			125			27						

NONFACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

PRESENTER(S): Robert

Kennedy, Minhajuddin Khaja, Raj Ayyagari, Lauren Nicola, Jonathan Kiechle, and Thomas Turk

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Meeting Date: 09/2023

CPT Code	Long Descriptor	Global Period
5X006	Insertion of transurethral ablation transducers for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	000
5X007	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	000
5X008	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	000

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
5X006	A 67-year-old male with prostate cancer presents for MRI-monitored transurethral thermal ultrasound ablation.
5X007	A 67-year-old male with prostate cancer presents for MRI-monitored transurethral thermal ultrasound ablation.
5X008	A 67-year-old male with prostate cancer presents for MRI-monitored transurethral thermal ultrasound ablation.

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:

ACR, AUA, and SIR convened a panel of experts familiar with these services to evaluate the direct practice expense inputs for three new MRI-Monitored Transurethral Ultrasound Ablation codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

MRI-Monitored Transurethral Ultrasound Ablation tab includes 3 new procedures. We have included codes 36475 and 32994 as comparison codes for the practice expense. Codes 36475 is an MPC code which was included on the RSL. Code 32994 was selected as the first reference code for 5X007. The codes also provide similar clinical experiences and distributions of work to the new codes.

The reference code selected for 5X006 was not a top KRS code. KRS 1 code 52351 does not have any nonfacility PE, so it was not selected for the purposes of comparison. KRS 2 code 57155 does have nonfacility PE, but it was determined code 36475, which is a code from the RSL and falls between the KRS codes for 5X006 represented a better match for reference in the staff, supplies, and equipment.

NONFACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

PRESENTER(S): Robert

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

The reference code selected for 5X007 was the top KRS code 32994. This includes PE for the nonfacility and facility settings. It also represents a good match related to staff, supplies and equipment.

No separate reference code was selected for 5X008 because this code represents the combined PE recommendations of 5X006 and 5X007. By utilizing 36475 and 32994 as reference codes for 5X006 and 5X007 respectively, these codes are by extension reference for 5X008.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your older reference codes.

- 3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the nonfacility?

No

See the *Billed Together* tab in the RUC Database.

- 4. What specialty is the dominant provider *in the nonfacility*? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

The dominant provider of this service is not known as this is a new service. It is believed that this procedure will be performed 50% in the non-facility setting.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

- 5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

- 6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No, new CPT codes

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Extensive Use of Clinical Staff for 000 and 010 Day Global Pre-Service Clinical Staff Time Packages

We are requesting the pre-service clinical staff times established for this 000 day global code for:

CA001 Complete pre-service diagnostic and referral forms = 5 minutes

CA002 Coordinate pre-surgery services (including test results) = 3 minutes

CA003 Schedule space and equipment in facility = 0 minutes

CA004 Provide pre-service education/obtain consent = 7 minutes

CA005 Complete pre-procedure phone calls and prescription = 3 minutes

CA008 Perform regulatory mandated quality assurance activity (pre-service) = 0- minutes

There is extensive staff time during the pre-service time to ensure the necessary pre-diagnostic imaging and tests related to the prostate disease of the patient have been completed and reviewed prior to the ablation procedure. Coordinating the staff for both urology and radiology and scheduling the procedure around other procedures for the MRI scanner. Lastly, in addition to the consent and education process for the ablation, ensuring the patient has no implants or other issues which may not meet the necessary guidelines and protocols for use of MRI technology. Due to this, we believe the established times for extensive clinical staff for a 000-day global code are supported.

Review patient clinical extant information and questionnaire

We are requesting an additional minute to review the patient information and questionnaire related to MRI protocols. This procedure takes place in the MRI suite and requires additional review and discussion with the patient to ensure adherence with protocols and the patient is cleared to enter the suite.

Prepare and Position Patient

We are requesting 4 additional minutes for preparing the room, equipment, and supplies. The patient is initially prepared and anesthetized prior to being brought into the MRI suite. This will require additional time to prepare the necessary supplies and equipment and ensure MRI protocols are followed. The ablation equipment will require proper setup and alignment relative to the MRI table. To allow for the coordination of the staff and equipment for the placement procedure and ablation procedure, additional time is needed.

Extra personnel to assist physician - Our recommendations follow the ‘interventional’ standards whereby a “hip to hip” technologist is needed to assist the MD during the procedure as a scrub hand, one vascular interventional technologist (75%) and one nurse blend (25%) is used as a circulator. An MRI technologist (100%) is needed to perform the MRI imaging required continuously throughout the procedure.

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

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

We are requesting 5 minutes for vital signs to measure weight and obtain heart rate, O2 saturation, respiratory rate, temperature, and blood pressure before these procedures.

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

- *Complete pre-service diagnostic and referral forms (5) - During this time the RN/LPN/MTA is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed.*
- *Coordinate pre-surgery services (including test results) (3) - During this portion the RN/LPN/MTA is arranging a preoperative medical clearance and coordinating MRI suite availability.*
- *Provide pre-service education/obtain consent (7) – RN/LPN/MTA is reviewing with the patient the necessary care and limitations post ablation procedure, reviewing MRI protocol questionnaire, and obtaining any consent not yet completed.*
- *Complete pre-procedure phone calls and prescription (3) - RN/LPN/MTA coordinate with patient any information related to scheduling of procedure. Prescribe preoperative lab work if any are missing.*
- *Confirm availability of prior images/studies (2) – Vascular Interventional Technologist must ensure that imaging studies are available for review prior to the procedure.*
- *Review patient clinical extant information and questionnaire (2) – RN/LPN/MTA discuss with the patient the procedure, confirm patient information and patient performed the assigned bowel prep.*

b. Service period (includes pre, intra and post):

- *Greet patient, provide gowning, ensure appropriate medical records are available (3)*
- *Obtain vital signs (5) - vital signs to measure weight and obtain heart rate, O2 saturation, respiratory rate, temperature and blood pressure performed*
- *Prepare room, equipment and supplies (6) Vascular Interventional Technologist (2) RN/LPN/MA each staff member will prepare the equipment and supplies related to their specific duties*
- *Prepare, set-up and start IV, initial positioning and monitoring of patient (2)*
- *Assist Physician – depending on the portion of the procedure this will either be the RN/LPN/MA (L037D) assisting the physician 100% for 5X006 or for this same time within the single physician procedure 5X008, a hip to hip” blend of Vascular Interventional Technologist (L041A) (75%) and RN/LPN/MTA (L037D) (25%) as a circulator will also assist the physician..*
- *MRI Technologist (L047A) – is assisting with imaging to confirm placement of applicators, positioning and treatment planning, then continuous MRI imaging during the ablation, and acquiring post ablation to assess the treatment zone.*

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- *Monitor patient following procedure/service, multitasking 1:4 - Nurse monitors patients vital signs and pain post procedure as well as monitors for signs of bleeding or issues with urination.*
- *Clean room/equipment by clinical staff*
- *Complete post-procedure diagnostic forms, lab and x-ray requisitions – Nurse will complete*
- *Check dressings, catheters, wounds – Nurse will check catheter and manage as necessary*
- *Technologist QC's images in PACS – MRI Technologist will each review images and ensure transfer to PACs is performed*
- *Review examination with interpreting MD/DO – MRI Technologist will review the images and documentation of the treatment planning to ensure complete*
- *Scan exam documents into PACS - MRI Technologist will scan documents into PACs*
- *Review home care instructions, coordinate visits/prescriptions – Nurse will review home instructions with patient and family*

c. Post-service period:

- *Conduct patient communications – Nurse will follow-up with patient and conduct any post communication for additional visits*

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time*:

- Assist Physician –
 - Nurse/LPN/MTA (L037D) 100% physician time scrubbed in assisting the physician in the placement of the applicators and catheter.
 - Vascular Interventional Technologist (L041A) 75% and RN/LPN/MTA (L037D) 25% blend pphysician time - This is a hip-to-hip clinical staff who is scrubbed into the procedure and assists the physician throughout the ablation procedure, handing equipment/supplies off the sterile table, maintaining sterility of wires, catheters, devices, and a circulator.
 - MRI Technologist (L047A) 100% physician time assisting with imaging to confirm placement of applicators, positioning and treatment planning, then continuous MRI imaging during the ablation, and acquiring post ablation to assess the treatment zone

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

NONFACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

PRESENTER(S): Robert

Kennedy, Minhajuddin Khaja, Raj Ayyagari, Lauren Nicola, Jonathan Kiechle, and Thomas Turk

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 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:

We have introduced a new supply, TULSA-PRO Disposable Kit.

This kit includes the ultrasound applicator, endorectal cooling device, fluid circuit tubes, and fluid supplement which are all disposable and used for a single patient only. The kit also includes access to the treatment planning system (TULSA PRO-System) which is owned by the vendor, but the purchase of the kit provides the necessary access for each procedure.

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.			
Pack SA045			
DESCRIPTION	Code	Unit	Item Qty
pack, drapes, cystoscopy	SA045	pack	
55" x 71" table cover		item	1
28" x 48" leggings		item	2
57" x 41" x 87" cystoscopy T-sheet		item	1
Pack SA048			
DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	SA048	pack	

NONFACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

paper, exam table	foot	7
gloves, non-sterile	pair	2
gown, patient	item	1
pillow case	item	1
cover, thermometer probe	item	1

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).

SA006	kit, catheter, suprapubic	kit	52.68
	needle obturator		
	malecot catheter		
	connecting tube		
	one-way stopcock		
SA016	kit, guidewire introducer (Micro-Stick)	kit	33.72
	Guidewire (0.35-0.38" diameter)		
	Sheath/dilator		
	Introducer needle (21 gauge)		
SA019	kit, iv starter	kit	1.07
	latex-free tourniquet		
	alcohol prep pad		
	iodophor PVP swabstick		
	transparent dressing		
	8-ply gauze sponges (2" x 2")		
	tape strips (1/2" x 4")		
	tape strips (1" x 4")		
	dressing change label		

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:

We are introducing new equipment, TULSA-PRO TDC Cart. The TDC Cart - is mobile and required for the MRI penetration panel and the ability to network with the different vendor MRI units the provider may use to perform the procedure.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

5 years

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
a. If yes, please explain how the computer is used for this service(s).

NONFACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- 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:

Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute
EQ168	light, exam	1232.887	Default	0.0032717
EQ032	IV infusion pump	2439.096	Default	0.0064727
EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	3139	Default	0.0101315
EL008	room, MR	1559013.5	Highly Technical	5.907132
EF027	table, instrument, mobile	531.926	Default	0.0011832
EF015	mayo stand	522.804	Default	0.0011629
EF018	stretcher	8095.021	Default	0.021482
ED050	Technologist PACS workstation	5557	PACS	0.0220179
New	TULSA-PRO TDC Cart	1638	Default	0.0064901

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:

CPT 5X006 and 5X007 are reported when the work of the MRI-Monitored TULSA procedure is split, and each component individually performed by one physician. One physician, commonly a urologist, performs the work as defined by CPT 5X006 and the other physician, commonly an interventional radiologist, performs the work as defined by CPT 5X007. CPT 5X008 describes the work when a single physician performs the entire procedure themselves.

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*

NONFACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

PRESENTER(S): Robert

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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).

9/25/23 updates – following pre-facilitation.

7. Added to explain additional time for 000-day code

Extensive Use of Clinical Staff for 000 and 010 Day Global Pre-Service Clinical Staff Time Packages

We are requesting the pre-service clinical staff times established for this 000 day global code for:

CA001 Complete pre-service diagnostic and referral forms = 5 minutes

CA002 Coordinate pre-surgery services (including test results) = 3 minutes

CA003 Schedule space and equipment in facility = 0 minutes

CA004 Provide pre-service education/obtain consent = 7 minutes

CA005 Complete pre-procedure phone calls and prescription = 3 minutes

CA008 Perform regulatory mandated quality assurance activity (pre-service) = 0- minutes

There is extensive staff time during the pre-service time to ensure the necessary pre-diagnostic imaging and tests related to the prostate disease of the patient have been completed and reviewed prior to the ablation procedure. Coordinating the staff for both urology and radiology and scheduling the procedure around other procedures for the MRI scanner. Lastly, in addition to the consent and education process for the ablation, ensuring the patient has no implants or other issues which may not meet the necessary guidelines and protocols for use of MRI technology. Due to this, we believe the established times for extensive clinical staff for a 000-day global code are supported.

10. Replaced “staff” with the actual title of staff member providing the work.

Pre-Service

- *Complete pre-service diagnostic and referral forms (5) - During this time the RN/LPN/MTA is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed.*
- *Coordinate pre-surgery services (including test results) (3) - During this portion the RN/LPN/MTA is arranging a preoperative medical clearance and coordinating MRI suite availability.*
- *Provide pre-service education/obtain consent (7) – RN/LPN/MTA is reviewing with the patient the necessary care and limitations post ablation procedure, reviewing MRI protocol questionnaire, and obtaining any consent not yet completed.*
- *Complete pre-procedure phone calls and prescription (3) - RN/LPN/MTA coordinate with patient any information related to scheduling of procedure. Prescribe preoperative lab work if any are missing.*
- *Confirm availability of prior images/studies (2) – Vascular Interventional Technologist must ensure that imaging studies are available for review prior to the procedure.*

NONFACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- *Review patient clinical extant information and questionnaire (2) – RN/LPN/MTA discuss with the patient the procedure, confirm patient information and patient performed the assigned bowel prep.*

Post-Service (of service period) – replaced Vascular Interventional Technologist with MRI Technologist

- *Review examination with interpreting MD/DO – MRI Technologist will review the images and documentation of the treatment planning to ensure complete*
- *Scan exam documents into PACS - MRI Technologist will scan documents into PACS*

Post Service Period – adjusted on PE spreadsheet from 2 minutes by RN/LPN/MTA for code 5X007 and now allocated to code 5X006 for same staff type.

- *Conduct patient communications – Nurse will follow-up with patient and conduct any post communication for additional visits*

19. suprapubic kit added to list of other kits in PE and all of the items in each kit listed.

SA006	kit, catheter, suprapubic	kit	52.68
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9/28/23 updates – following PE Subcommittee

During the PE subcommittee meeting it was noted the equipment time under 5X006 excluded time for the TULSA Pro TDC Cart which is used throughout the entire procedure. The societies explained this was an oversight and the default formula was added at the table. The added time was 41 minutes for the under 5X006 for the equipment in the nonfacility setting.

New	TULSA-PRO TDC Cart	1638	Default	0.006490077	41
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9/29/23 updates – following RUC Meeting and Facilitation

#26. Additional Information – updated to remove language that code 5X008 may include the work of co-surgeons.

CPT 5X006 and 5X007 are reported when the work of the MRI-Monitored TULSA procedure is split, and each component individually performed by one physician. One physician, commonly a urologist, performs the work as defined by CPT 5X006 and the other physician, commonly a radiologist, performs the work as defined by CPT 5X007. CPT 5X008 describes the work when a single physician performs the entire procedure themselves.

PE Spreadsheet Supply quantities adjusted for following items from 5 to 4 due to only 1 physician performing the procedure for code 5X008.

Clinical Code	Descriptor	Value	Type	Old Quantity	New Quantity
SB001	cap, surgical	1.14	item	5	4
SB033	mask, surgical	0.43	item	5	4
SB039	shoe covers, surgical	0.1	pair	5	4

FACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

PRESENTER(S): Robert

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Meeting Date: 09/2023

CPT Code	Long Descriptor	Global Period
5X006	Insertion of transurethral ablation transducers for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	000
5X007	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	000
5X008	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducers for delivery of the thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	000

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
5X006	A 67-year-old male with prostate cancer presents for MRI-monitored transurethral thermal ultrasound ablation.
5X007	A 67-year-old male with prostate cancer presents for MRI-monitored transurethral thermal ultrasound ablation.
5X008	A 67-year-old male with prostate cancer presents for MRI-monitored transurethral thermal ultrasound ablation.

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:

ACR, AUA, and SIR convened a panel of experts familiar with these services to evaluate the direct practice expense inputs for three new MRI-Monitored Transurethral Ultrasound Ablation codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

MRI-Monitored Transurethral Ultrasound Ablation tab includes 3 new procedures. We have included codes 36475 and 32994 as comparison codes for the practice expense. Codes 36475 is an MPC code which was included on the RSL. Code 32994 was selected as the first reference code for 5X007. The codes also provide similar clinical experiences and distributions of work to the new codes.

The reference code selected for 5X006 was not a top KRS code. KRS 1 code 52351 does not have any nonfacility PE, so it was not selected for the purposes of comparison. KRS 2 code 57155 does have nonfacility PE, but it was determined code 36475, which is a code from the RSL and falls between the KRS codes for 5X006 represented a better match for reference in the staff, supplies, and equipment.

FACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

PRESENTER(S): Robert

Kennedy, Minhajuddin Khaja, Raj Ayyagari, Lauren Nicola, Jonathan Kiechle, and Thomas Turk

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

The reference code selected for 5X007 was the top KRS code 32994. This includes PE for the nonfacility and facility settings. It also represents a good match related to staff, supplies and equipment.

No separate reference code was selected for 5X008 because this code represents the combined PE recommendations of 5X006 and 5X007. By utilizing 36475 and 32994 as reference codes for 5X006 and 5X007 respectively, these codes are by extension reference for 5X008.

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.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No, new CPT codes

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Extensive Use of Clinical Staff for 000 and 010 Day Global Pre-Service Clinical Staff Time Packages
We are requesting the pre-service clinical staff times established for this 000 day global code for:
CA001 Complete pre-service diagnostic and referral forms = 5 minutes
CA002 Coordinate pre-surgery services (including test results) = 3 minutes
CA003 Schedule space and equipment in facility = 5 minutes
CA004 Provide pre-service education/obtain consent = 7 minutes
CA005 Complete pre-procedure phone calls and prescription = 3 minutes
CA008 Perform regulatory mandated quality assurance activity (pre-service) = 0- minutes

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

There is extensive staff time during the pre-service time to ensure the necessary pre-diagnostic imaging and tests related to the prostate disease of the patient have been completed and reviewed prior to the ablation procedure. Coordinating the staff for both urology and radiology and scheduling the procedure around other procedures for the MRI scanner. Lastly, in addition to the consent and education process for the ablation, ensuring the patient has no implants or other issues which may not meet the necessary guidelines and protocols for use of MRI technology. Due to this, we believe the established times for extensive clinical staff for a 000-day global code are supported. Review patient clinical extant information and questionnaire

Review patient clinical extant information and questionnaire

We are requesting an additional minute to review the patient information and questionnaire related to MRI protocols. This procedure takes place in the MRI suite and requires additional review and discussion with the patient to ensure adherence with protocols and the patient is cleared to enter the suite.

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:

- *Complete pre-service diagnostic and referral forms (5) - During this time the RN/LPN/MTA is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed.*
- *Coordinate pre-surgery services (including test results) (10) - During this portion the RN/LPN/MTA is arranging a preoperative medical clearance and coordinating MRI suite availability.*
- *Schedule space and equipment in facility (5) – RN/LPN/MTA will schedule time for the MRI suite for the ablation procedure*
- *Provide pre-service education/obtain consent (7) – RN/LPN/MTA is reviewing with the patient the necessary care and limitations post ablation procedure, reviewing MRI protocol questionnaire, and obtaining any consent not yet completed.*
- *Complete pre-procedure phone calls and prescription (3) - RN/LPN/MTA coordinate with patient any information related to scheduling of procedure. Prescribe preoperative lab work if any are missing.*
- *Confirm availability of prior images/studies (2) – Vascular Interventional Technologist must ensure that imaging studies are available for review prior to the procedure.*
- *Review patient clinical extant information and questionnaire (2) - RN/LPN/MTA discuss with the patient the procedure, confirm patient information and patient performed the assigned bowel prep.*

b. Service period (includes pre, intra and post):

FACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

PRESENTER(S): Robert

Kennedy, Minhajuddin Khaja, Raj Ayyagari, Lauren Nicola, Jonathan Kiechle, and Thomas Turk

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

N/A

c. Post-service period:

- *Conduct patient communications – Nurse will follow-up with patient and conduct any post communication for additional visits*

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 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?

N/A

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

FACILITY DIRECT PE INPUTS

**CPT CODE(S): 5X006,
5X007, 5X008**

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

PRESENTER(S): Robert

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?

- a. If yes, please explain how the computer is used for this service(s).
- b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
- c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

CPT 5X006 and 5X007 are reported when the work of the MRI-Monitored TULSA procedure is split, and each component individually performed by one physician. One physician, commonly a urologist, performs the work as defined by CPT 5X006 and the other physician, commonly an interventional radiologist, performs the work as defined by CPT 5X007. CPT 5X008 describes the work when a single physician performs the entire procedure themselves.

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).

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

9/25/23 updates – following pre-facilitation.

6. Added to explain additional time for 000-day code

Extensive Use of Clinical Staff for 000 and 010 Day Global Pre-Service Clinical Staff Time Packages

We are requesting the pre-service clinical staff times established for this 000 day global code for:

CA001 Complete pre-service diagnostic and referral forms = 5 minutes

CA002 Coordinate pre-surgery services (including test results) = 3 minutes

CA003 Schedule space and equipment in facility = 0 minutes

CA004 Provide pre-service education/obtain consent = 7 minutes

CA005 Complete pre-procedure phone calls and prescription = 3 minutes

CA008 Perform regulatory mandated quality assurance activity (pre-service) = 0- minutes

There is extensive staff time during the pre-service time to ensure the necessary pre-diagnostic imaging and tests related to the prostate disease of the patient have been completed and reviewed prior to the ablation procedure. Coordinating the staff for both urology and radiology and scheduling the procedure around other procedures for the MRI scanner. Lastly, in addition to the consent and education process for the ablation, ensuring the patient has no implants or other issues which may not meet the necessary guidelines and protocols for use of MRI technology. Due to this, we believe the established times for extensive clinical staff for a 000-day global code are supported.

8. Replaced “staff” with the actual title of staff member providing the work.

Pre-Service

- *Complete pre-service diagnostic and referral forms (5) - During this time the RN/LPN/MTA is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed.*
- *Coordinate pre-surgery services (including test results) (10) - During this portion the RN/LPN/MTA is arranging a preoperative medical clearance and coordinating MRI suite availability.*
- *Schedule space and equipment in facility (5) – RN/LPN/MTA will schedule time for the MRI suite for the ablation procedure*
- *Provide pre-service education/obtain consent (7) – RN/LPN/MTA is reviewing with the patient the necessary care and limitations post ablation procedure, reviewing MRI protocol questionnaire, and obtaining any consent not yet completed.*
- *Complete pre-procedure phone calls and prescription (3) - RN/LPN/MTA coordinate with patient any information related to scheduling of procedure. Prescribe preoperative lab work if any are missing.*
- *Confirm availability of prior images/studies (2) – Vascular Interventional Technologist must ensure that imaging studies are available for review prior to the procedure.*
- *Review patient clinical extant information and questionnaire (2) - RN/LPN/MTA discuss with the patient the procedure, confirm patient information and patient performed the assigned bowel prep.*

FACILITY DIRECT PE INPUTS

CPT CODE(S): 5X006,

5X007, 5X008

SPECIALTY SOCIETY(IES): ACR, AUA, SIR

PRESENTER(S): Robert

Kennedy, Minhajuddin Khaja, Raj Ayyagari, Lauren Nicola, Jonathan Kiechle, and Thomas Turk

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)

PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9/29/23 updates – following RUC Meeting and Facilitation

#22. Additional Information – updated to remove language that code 5X008 may include the work of co-surgeons.

CPT 5X006 and 5X007 are reported when the work of the MRI-Monitored TULSA procedure is split, and each component individually performed by one physician. One physician, commonly a urologist, performs the work as defined by CPT 5X006 and the other physician, commonly a radiologist, performs the work as defined by CPT 5X007. CPT 5X008 describes the work when a single physician performs the entire procedure themselves.

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2023

Optical Coherence Tomography (OCT) – Tab 8

At the February 2023 CPT Editorial Panel meeting, CPT code 9X059 was created in response to new technology that 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 bundles the work currently described by 92134 along with more specific angiography testing which reflects new technology. All four services in this ophthalmic diagnostic imaging code family were reviewed and resurveyed 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 survey responses for CPT code 9X059, it was apparent to the specialty societies that the survey instructions were unclear given the respondents' underestimation of time and misinterpretation of CPT code 9X059. The RUC recommended interim recommendations at the April 2023 RUC meeting. Further, the RUC agreed that all four services in the OCT code family should be resurveyed for the September 2023 RUC meeting using a targeted survey instrument that has been reviewed and approved by the Research Subcommittee

92132 Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral

The RUC reviewed the survey results from 75 ophthalmologists, retina specialists, and optometrists and determined a work RVU of 0.29 appropriately accounts for the physician work required to perform CPT code 92132, which is a direct work RVU crosswalk to CPT code 71110 *Radiologic examination, ribs, bilateral; 3 views* (work RVU = 0.29, 6 minutes intra-service time and 8 minutes total time). For this procedure, OCT of the anterior segment is typically performed on patients with the clinical appearance of a shallow anterior chamber or narrow anterior chamber angle to assess the risk of angle closure. The RUC recommends 1 minute pre-service evaluation time, 6 minutes intra-service time, and 1 minute post-service time, which equals 8 minutes of total time. There is only one minute of both pre- and post-service time because this procedure is typically done on the same date of service as an ophthalmological Evaluation and Management (E/M) visit.

To support the recommended work RVU value of 0.29, the RUC compared the surveyed code to the top key reference service 92250 *Fundus photography with interpretation and report* (work RVU = 0.40, 10 minutes intra-service time and 12 minutes total time) and recognized that while the surveyed code has four fewer minutes of intra-service time, it requires greater intra-service intensity to perform than CPT code 92250. For additional support, the RUC referenced MPC codes 74019 *Radiologic examination, abdomen; 2 views* (work RVU = 0.23, 4 minutes intra-service time and 6 minutes total time) and 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVU = 0.32, 7 minutes intra-service time and 9 minutes total time). The RUC determined that using CPT code 71110 as a direct work RVU crosswalk for the surveyed code is appropriate because it accounts for low intra-service time while preserving a higher level of intra-service intensity. Furthermore, a work RVU of 0.29 maintains rank order with the other existing services in this code family. **The RUC recommends a work RVU of 0.29 for CPT code 92132.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

92133 Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve

The RUC reviewed the survey results from 127 ophthalmologists, retina specialists, and optometrists and determined a work RVU of 0.31 appropriately accounts for the physician work required to perform CPT code 92133, which is a direct work RVU crosswalk to CPT code 71048 *Radiologic examination, chest; 4 or more views* (work RVU = 0.31, 5 minutes intra-service time and 7 minutes total time). For this procedure, 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. The RUC recommends 1 minute pre-service evaluation time, 5 minutes intra-service time, and 1 minute post-service time, which equals 7 minutes of total time. There is only one minute of both pre- and post-service time because this procedure is typically done on the same date of service as an ophthalmological E/M visit.

To support the recommended work RVU value of 0.31, the RUC compared the surveyed code to the second highest key reference service 92250 *Fundus photography with interpretation and report* (work RVU = 0.40, 10 minutes intra-service time and 12 minutes total time) and recognized that while the surveyed code has five fewer minutes of intra-service time, it requires greater intra-service intensity to perform than CPT code 99250. For additional support, the RUC referenced MPC codes 74019 *Radiologic examination, abdomen; 2 views* (work RVU = 0.23, 4 minutes intra-service time and 6 minutes total time) and 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVU = 0.32, 7 minutes intra-service time and 9 minutes total time). The RUC determined that using CPT code 71048 as a direct work RVU crosswalk for the surveyed code is appropriate because it accounts for low intra-service time while preserving a higher level of intra-service intensity. Furthermore, a work RVU of 0.31 maintains rank order with the other existing services in this code family. **The RUC recommends a work RVU of 0.31 for CPT code 92133.**

92134 Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina

The RUC reviewed the survey results from 151 ophthalmologists, retina specialists, and optometrists and determined a work RVU of 0.32 appropriately accounts for the physician work required to perform CPT code 92134, which is a direct work RVU crosswalk to CPT code 74022 *Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest* (work RVU = 0.32, 5 minutes intra-service time and 7 minutes total time). For this procedure, OCT of the retina is typically performed on patients with wet macular degeneration, diabetic macular edema, or a retinal vascular occlusion to determine the response to intravitreal anti-VEGF (anti-vascular endothelial growth factor) therapy and determine the need for and timing of further intravitreal injections. The RUC recommends 1 minute pre-service evaluation time, 5 minutes intra-service time, and 1 minute post-service time, which equals 7 minutes of total time required to perform this service. There is only one minute of both pre- and post-service time because this procedure is typically done on the same date of service as an ophthalmological E/M visit.

To support the recommended work RVU value of 0.29, the RUC compared the surveyed code to the top key reference service 92250 *Fundus photography with interpretation and report* (work RVU = 0.40, 10 minutes intra-service time and 12 minutes total time) and recognized that while the surveyed code has five fewer minutes of intra-service time, it requires greater intra-service intensity to perform than CPT code 99250. For

additional support, the RUC referenced MPC codes 74019 *Radiologic examination, abdomen; 2 views* (work RVU = 0.23, 4 minutes intra-service time and 6 minutes total time) and 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVU = 0.32, 7 minutes intra-service time and 9 minutes total time). The RUC determined that using CPT code 74022 as a direct work RVU crosswalk for the surveyed code is appropriate because it accounts for low intra-service time while preserving a higher level of intra-service intensity. Furthermore, a work RVU of 0.32 maintains rank order with the other existing services in this code family. **The RUC recommends a work RVU of 0.32 for CPT code 92134.**

9X059 Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina including OCT angiography

The RUC reviewed the survey results from 66 ophthalmologists, retina specialists and optometrists and determined a work RVU of 0.64 appropriately accounts for the physician work required to perform CPT code 9X059, which is a direct crosswalk to CPT code 76511 *Ophthalmic ultrasound, diagnostic; quantitative A-scan only* (work RVU = 0.64, 10 minutes intra-service time and 15 minutes total time). For this combined procedure, 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. The RUC recommends 1 minute pre-service evaluation time, 10 minutes intra-service time, and 2 minutes post-service time, which equals 13 minutes of total time required to perform this service. Like the other codes in this family, this service is typically done on the same date of service as an ophthalmologic E/M visit. There is only one minute of pre-service time, but unlike the other codes in this family, there are two minutes of post-service time attributable to this being a combined procedure wherein the report is longer and takes more time to review.

CPT code 9X059 is a combined procedure in that the intra-service work involves the same analysis of the standard OCT images as CPT code 92134, but it also includes the OCT-A component, which entails a comprehensive evaluation of the retinal and choroidal vasculature in the posterior segment for evidence of ischemia, microaneurysms and neovascularization. The RUC concurred that 10 minutes intra-service time was appropriate for the time required to complete both components for the combined study of all OCT and OCT-A images.

To support the recommended work RVU value of 0.64, the RUC compared the surveyed code to the top key reference services 92235 *Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral* (work RVU = 0.75, 15 minutes intra-service time and 17 minutes total time) and 92242 *Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral* (work RVU = 0.95, 20 minutes intra-service time and 22 minutes total time). The RUC recognized that while the surveyed code requires 5 minutes less intra-service time compared to the two ophthalmologic top key reference services, CPT code 92134 requires greater intra-service intensity to perform.

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 76830 *Ultrasound, transvaginal* (work RVU = 0.69, 10 minutes intra-service time and 23 minutes total time). The RUC determined that using CPT code 76511 as a direct work RVU crosswalk for the surveyed code is appropriate because it accounts for low intra-service time while

preserving a higher level of intra-service intensity. Furthermore, a work RVU of 0.64 maintains rank order with the other existing services in this code family. **The RUC recommends a work RVU of 0.64 for CPT code 9X059.**

Practice Expense

At the April 2023 meeting, 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. At the April 2023 meeting, the RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee. At the September 2023 meeting, the Practice Expense Subcommittee reviewed and affirmed the direct practice inputs from May 2023 without modification. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

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.

Work Neutrality

The RUC’s recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiology				
Diagnostic Ultrasound				
Head and Neck				
76510		<i>Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter</i>		
76511		<i>quantitative A-scan only</i>		
76512		<i>B-scan (with or without superimposed nonquantitative A-scan)</i>		
76513		<i>anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral</i>		

(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 computerized 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, <u>9X059</u>)	XXX	0.29
▲92133	B2	C Scanning computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	XXX	0.31
▲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	0.32
●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	0.64

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)

	<u>(For optical coherence tomography [OCT] retinal angiography, use 9X059)</u>
92240	<i>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)</i>
	<u>(For optical coherence tomography [OCT] retinal angiography, use 9X059)</u>
92242	<i>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)</i>
	<u>(For optical coherence tomography [OCT] retinal angiography, use 9X059)</u>

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 92132	Tracking Number B1	Original Specialty Recommended RVU: 0.29
		Presented Recommended RVU: 0.29
Global Period: XXX	Current Work RVU: 0.30	RUC Recommended RVU: 0.29

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: 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: 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)		09/2023				
Presenter(s):	David Glasser, MD; John Thompson, MD; Charles Fitzpatrick, OD; Ravi Parikh, MD; Ankoor Shah, MD (PE Only)					
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists; American Optometric Association					
CPT Code:	92132					
Sample Size:	1800	Resp N:	75			
Description of Sample:	Random sample of 1,300 practicing ophthalmologists across comprehensive, cornea, anterior segment, cataract, and retina subspecialties. Random sample of 500 practicing optometrists					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	5.00	19.00	75.00	500.00
Survey RVW:		0.23	0.40	0.50	0.60	2.00
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	4.00	6.00	10.00	17.00
Immediate Post Service-Time:		<u>5.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00			
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00		
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00		
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00	15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00	
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00		

**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: 0.29		
		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 <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92250	XXX	0.40	RUC Time

CPT Descriptor Fundus photography with interpretation and report

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92136	XXX	0.54	RUC Time

CPT Descriptor Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74019	XXX	0.23	RUC Time	301,854

CPT Descriptor 1 Radiologic examination, abdomen; 2 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
71111	XXX	0.32	RUC Time	27,613

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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: 33 % of respondents: 44.0 %

Number of respondents who choose 2nd Key Reference Code: 17 % of respondents: 22.7 %

TIME ESTIMATES (Median)

	CPT Code: <u>92132</u>	Top Key Reference CPT Code: <u>92250</u>	2nd Key Reference CPT Code: <u>92136</u>
Median Pre-Service Time	1.00	1.00	2.00
Median Intra-Service Time	6.00	10.00	10.00
Median Immediate Post-service Time	1.00	1.00	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	8.00	12.00	22.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	9%	52%	33%	6%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
24%	48%	27%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	12%	45%	42%
Physical effort required	0%	79%	21%

Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

3%	64%	33%
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**Survey Code Compared to
2nd Key Reference Code**

Much Less Somewhat Less Identical Somewhat More Much More

Overall intensity/complexity	0%	18%	41%	29%	12%
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Mental Effort and Judgment

Less Identical More

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

12%	53%	35%
-----	-----	-----

Technical Skill/Physical Effort

Less Identical More

Technical skill required	6%	47%	47%
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Physical effort required	12%	53%	35%
--------------------------	-----	-----	-----

Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

24%	35%	41%
-----	-----	-----

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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, were reviewed at the last RUC meeting in April 2023 and received interim values due to concerns with survey validity for the 9X059 code only. They are being re-reviewed at this meeting. The previous review of the family was in October 2015.

The concern with the validity of the April survey for CPT 9X059 centered on the median IST of 6 minutes. Despite this code describing a combination of both OCT of the retina and OCT angiography of the retina, the median IST was only 1 minute longer than standalone OCT of the retina (CPT 92134). The expert panel was unable to reconcile the minimal difference in IST with the increase in physician work required to analyze and interpret both sets of images. We assumed that respondents misunderstood the survey and answered for performing OCT angiography alone rather than the combined procedure. We therefore proposed an interim value for all of the codes in the family and re-surveyed for this meeting. We also obtained Research Committee approval to highlight on the survey instrument that CPT 9X059 represented both OCT and OCT angiography of the retina and to highlight in the survey invitation cover letter that CPT 92134 and 9X059 could not be billed together.

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 83% 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 75 responses (66 MD, 9 OD). The vignette was considered typical by 85% of respondents (85% MD, 89% OD).

The 2015 work value was 0.30 RVU with an IST of 8 minutes. The interim RUC-approved work value is 0.26 RVU with an IST of 5 minutes. The survey median RVU was 0.50 (0.50 MD, 0.40 OD) and the 25th percentile was 0.40 (0.40 MD, 0.40 OD). The median IST was 6 minutes (6 MD, 6 OD).

The top key reference service (KRS) for both groups, chosen by 44%, 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 the combined groups at 23%, was CPT 92136, *Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation* (RUC 2016), with a work value of 0.54 RVU, an IST of 10 minutes, and 22 minutes total time.

Respondents rated the surveyed code identical to the KRS on the overall intensity/complexity measure and all submeasures. The surveyed code was ranked higher than the second reference service on psychological stress, and identical on the overall intensity/complexity measure and 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, ASRS, and AOA, 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 92132. The KRS work value matches that of the survey 25th percentile but is greater than the procedure's 2015 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 6 minutes is a reduction from the 2015 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 5 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 was no post-service time included in the 2015 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.

After discussion at the last meeting in April, the RUC approved 1 minute of pre-time and 1 minute of post-time for this service.

We searched the RUC database for crosswalks and found 6 XXX codes reviewed by the RUC within the past 10 years with 6-minute ISTs. The median work value of these 6 services is 0.31 RVU, with a range of 0.25 to 0.76 RVU.

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 identical work values and times and a work value of 0.31 RVU.

The recommended work value of 0.29 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 0.29 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, then 92134, and finally 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 accurately quantified by IWPUT or WPUT for services with such short and similar times, the intensity and complexity increase in our consensus opinion as we progress from 92132 to 92133 and then to 92134. The number of diagnoses to consider increases with each code in the family. While the potential for irreversible vision loss associated with the diseases being imaged is a consideration for all these services, the risk is greater with optic nerve disease (92133) and retinal disease (92134, 9X059) than anterior segment disease (92132). The risk to vision 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 secondarily also maintain an appropriate rank order. This is consistent with the prior review in 2015, when CPT 92134 was valued 0.05 RVU greater than CPT 92133 despite identical times, and with the interim review at the April meeting.

We recommend a work value of 0.29 RVU for CPT 92132 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.

3.	CPT	Global	WRVU	Pre	Intra	Post	Total Time	Billed Together %
4.	4.	92133	XXX	.40	1	10	0 11	33.5%
5.	5.	92083	XXX	.50	3	10	0 13	31.9%
6.	6.	92014	XXX	1.42	5	24	8 37	29.8%
7.	7.	92020	XXX	.37	5	10	5 20	20.8%
8.	8.	92250	XXX	.40	1	10	0 11	19.1%

9. 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

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: 0.31
Global Period: XXX	Current Work RVU: 0.40	Presented Recommended RVU: 0.31
		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; 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 (OCT) 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: 94%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The patient's 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)		09/2023				
Presenter(s):	David Glasser, MD; John Thompson, MD; Charles Fitzpatrick, OD; Ravi Parikh, MD; Ankoor Shah, MD (PE Only)					
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists; American Optometric Association					
CPT Code:	92133					
Sample Size:	1800	Resp N:	127			
Description of Sample:	Random sample of 1,300 practicing ophthalmologists across comprehensive, cornea, anterior segment, cataract, and retina subspecialties. Random sample of 500 practicing optometrists.					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		20.00	182.00	500.00	1000.00	6000.00
Survey RVW:		0.27	0.50	0.50	0.60	2.00
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	4.00	5.00	10.00	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: 0.31		
		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:		5.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74019	XXX	0.23	RUC Time	301,854

CPT Descriptor 1 Radiologic examination, abdomen; 2 views.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
71111	XXX	0.32	RUC Time	27,613

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
71048	XXX	0.31	RUC Time

CPT Descriptor Radiologic examination, chest; 4 or more 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: 47 % of respondents: 37.0 %

Number of respondents who choose 2nd Key Reference Code: 31 % of respondents: 24.4 %

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	5.00	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	7.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	6%	68%	23%	2%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	4%	74%	26%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	11%	62%	28%
Physical effort required	11%	74%	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

9%

79%

13%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

6%

48%

35%

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

13%

45%

42%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

6%

52%

42%

Physical effort required

6%

65%

29%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

3%

61%

35%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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, were reviewed at the last RUC meeting in April 2023 and received interim values due to concerns with survey validity for the 9X059 code only. They are being re-reviewed at this meeting. The previous review of the family was 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 127 responses (116 MD, 11 OD). The vignette was considered typical by 94% of respondents (94% MD, 91% OD).

The 2015 work value was 0.40 RVU with an IST of 10 minutes. The interim RUC-approved work value is 0.29 RVU with an IST of 6 minutes. The survey median RVU was 0.50 (0.50 MD, 0.60 OD) and the 25th percentile was 0.50 (0.50 MD, 0.47 OD). The median and 25th percentile values are the same because so many respondents chose 0.50 RVU. The median IST was 5 minutes (5 MD, 12 OD).

The top key reference service (KRS) for both groups, chosen by 37%, 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 24%, 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 primary KRS and second reference service on overall intensity/complexity and each sub-measure. 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, ASRS, and AOA, 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 92133. The KRS work value matches that of the survey 25th percentile but is greater than the procedure's 2015 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 5 minutes is a significant reduction from the 2015 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 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 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 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.

After discussion at the last meeting in April, the RUC approved 1 minute of pre-time and 1 minute of post-time for this service.

We searched the RUC database for crosswalks reviewed by the RUC within the past 10 years with 5-minute ISTs and total times of 6-7 minutes. We found 21 codes with a median work value of 0.25 RVU and a range of 0.05 to 0.32 RVU. There are also 6 XXX services with 6-minute ISTs which have been RUC-reviewed within 10 years. These range from 0.25 to 0.76 RVU with a median work value of 0.31 RVU.

We chose as a crosswalk CPT 71048, *Radiologic examination, chest; 4 or more views* (RUC 2016), with a work value of 0.31 RVU. The IST of 5 minutes and total time of 7 minutes match our recommended values. This value is also supported by CPT 74022, *Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest* (RUC 2016), with a work value of 0.32 RVU and identical times.

The recommended work value of 0.31 RVU for CPT 92133 is 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 0.31 RVU for this code, although it differs by 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, then 92134, and finally 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 cannot be quantified by IWPUT or WPUT for services with such short and similar times, the intensity and complexity increase in our consensus opinion as we progress from 92132 to 92133 and then to 92134. The number of diagnoses to consider increases with each code in the family. While the potential for irreversible vision loss associated with the diseases being imaged is a consideration for all of these services, the risk is greater with optic nerve disease (92133) and retinal disease (92134, 9X059) than anterior segment disease (92132). The risk to vision 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 secondarily also maintain an appropriate rank order. This is consistent with the review in 2015, when CPT 92134 was valued 0.05 RVU greater than CPT 92133 despite identical times, and with the interim review at the April meeting.

We recommend a work value of 0.31 RVU for CPT 92133 based on a crosswalk to CPT 71048, 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.

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.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023			
Presenter(s):	David Glasser, MD; John Thompson, MD; Charles Fitzpatrick, OD; Ravi Parikh, MD; Ankoor Shah, MD (PE Only)				
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists; American Optometric Association				
CPT Code:	92134				
Sample Size:	Resp N:	151			
Description of Sample:	Random sample of XX practicing ophthalmologists across comprehensive, cornea, anterior segment, cataract, and retina subspecialties. Random sample of XX practicing optometrists				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	10.00	250.00	800.00	2300.00	12000.00
Survey RVW:	0.26	0.48	0.54	0.67	2.00
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	4.00	5.00	10.00	45.00
Immediate Post Service-Time:	<u>5.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**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: 0.32		
		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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92250	XXX	0.40	RUC Time

CPT Descriptor Fundus photography with interpretation and report**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74019	XXX	0.23	RUC Time	301,854

CPT Descriptor 1 Radiologic examination, abdomen; 2 views

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
71111	XXX	0.32	RUC Time	27,613

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
74022	XXX	0.32	RUC Time

CPT Descriptor Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest**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: 40 % of respondents: 26.4 %

Number of respondents who choose 2nd Key Reference Code: 40 % of respondents: 26.4 %

TIME ESTIMATES (Median)

	CPT Code: <u>92134</u>	Top Key Reference CPT Code: <u>92250</u>	2nd Key Reference CPT Code: <u>92083</u>
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	43%	45%	13%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
3%	40%	58%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	45%	55%
Physical effort required	0%	70%	30%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

3%

45%

53%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

3%

58%

38%

3%

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%

45%

53%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

8%

48%

45%

Physical effort required

13%

65%

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

8%

63%

30%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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, were reviewed at the last RUC meeting in April 2023 and received interim values due to concerns with survey validity for the 9X059 code only. They are being re-reviewed at this meeting. The previous review of the family was 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 has been 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 151 responses (141 MD, 10 OD). The vignette was considered typical by 95% of respondents (96% MD, 90% OD).

The 2015 work value was 0.45 RVU with an IST of 10 minutes. The survey median RVU was 0.54 (0.54 MD, 0.54 OD) and the 25th percentile was 0.48 (0.47 MD, 0.49 OD). The median IST was 5 minutes (5 MD, 11 OD).

The top 2 key reference services (KRS) for both groups, each of which were chosen by 26%, were 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, and 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 fundus photos (CPT 92250) on overall intensity/complexity and each of the submeasures other than physical effort, which was rated identically by the majority who chose it. Those who chose visual field testing (CPT 92083) rated the surveyed code identical on overall intensity/complexity and each of the submeasures other than mental effort, which was rated higher for the surveyed code. 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, ASRS, and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings.

The two KRS work values bracket the 2015 value of CPT 92134 and are lower than the survey 25th percentiles, but their ISTs are double the survey median. 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 2015 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, 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 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 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.

After discussion at the April 2023 meeting, the RUC approved 1 minute of pre-time and 1 minute of post-time for this service.

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. There are also 6 XXX codes reviewed by the RUC within the past 10 years with 6-minute ISTs. The median work value of these 6 services is 0.31 RVU, with a range of 0.25 to 0.76 RVU.

We chose as a crosswalk CPT 74022, *Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest* (RUC 2016), with a work value of 0.32 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 value of 0.32 RVU for this code, although it differs by 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, then 92134, and finally 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 accurately quantified by IWP/PUT or W/PUT for services with such short and similar times, the intensity and complexity increase in our consensus opinion as we progress from 92132 to 92133 and then to 92134. The number of diagnoses to consider increases with each code in the family. While the potential for irreversible vision loss associated with the diseases being imaged is a consideration for all these services, the risk is greater with optic nerve disease (92133) and retinal disease (92134, 9X059) than anterior segment disease (92132). The risk to vision 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, and with the interim review at the April meeting.

We recommend a work value of 0.32 RVU for CPT 92134 based on a crosswalk to CPT 74022, 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.

3.	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%

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: 0.64
		Presented Recommended RVU: 0.64
Global Period: XXX	Current Work RVU: N/A	RUC Recommended RVU: 0.64

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. Optical coherence tomography (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: 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: 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 are analyzed for artefacts by comparison to the non-angiographic OCT images. The OCT angiography images of the vasculature of the posterior segment are evaluated at multiple levels of the retina and choroid 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)		09/2023				
Presenter(s):	David Glasser, MD; John Thompson, MD; Charles Fitzpatrick, OD; Ravi Parikh, MD; Ankoor Shah, MD (PE Only)					
Specialty Society(ies):	American Academy of Ophthalmology; American Society of Retina Specialists; American Optometric Association					
CPT Code:	9X059					
Sample Size:	2300	Resp N:	66			
Description of Sample:	Random sample of 1800 practicing ophthalmologists across comprehensive, cornea, anterior segment, cataract, and retina subspecialties. Random sample of 500 practicing optometrists					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	3.00	40.00	200.00	2500.00
Survey RVW:		0.40	0.72	0.80	0.95	3.00
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	6.00	10.00	15.00	22.00
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:	9X059	Recommended Physician Work RVU: 0.64		
		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:		10.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
92242	XXX	0.95	CMS Time File

CPT Descriptor Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74220	XXX	0.60	RUC Time	101,875

CPT Descriptor 1 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76830	XXX	0.69	CMS Time File	386,332

CPT Descriptor 2 Ultrasound, transvaginal

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76511	XXX	0.64	RUC Time

CPT Descriptor Ophthalmic ultrasound, diagnostic; quantitative A-scan only

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 27 % of respondents: 40.9 %

Number of respondents who choose 2nd Key Reference Code: 19 % of respondents: 28.7 %

TIME ESTIMATES (Median)

	CPT Code: <u>9X059</u>	Top Key Reference CPT Code: <u>92235</u>	2nd Key Reference CPT Code: <u>92242</u>
Median Pre-Service Time	1.00	1.00	1.00
Median Intra-Service Time	10.00	15.00	20.00
Median Immediate Post-service Time	2.00	1.00	1.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	13.00	17.00	22.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	4%	33%	33%	30%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	0%	48%	52%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	11%	26%	63%
Physical effort required	22%	26%	52%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

11%

59%

30%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

11%

47%

21%

21%

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%

42%

58%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

11%

42%

47%

Physical effort required

21%

47%

32%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

11%

47%

42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUR analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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 92133, OCT of the optic nerve, were reviewed at the last RUC meeting in April 2023 and received interim values due to concerns with survey validity for the 9X059 code only. They are being re-reviewed at this meeting. The previous review of the family was in October 2015.

The concern with the validity of the April survey for CPT 9X059 centered on the median IST of 6 minutes. Despite this code describing a combination of both OCT of the retina and OCT angiography of the retina, the median IST was only 1 minute longer than standalone OCT of the retina (CPT 92134). The expert panel was unable to reconcile the minimal difference in IST with the increase in physician work required to analyze and interpret both sets of images. We assumed that respondents misunderstood the survey and answered for performing OCT angiography alone rather than the combined procedure. We therefore proposed an interim value for all of the codes in the family and re-surveyed them for this meeting. We also obtained Research Committee approval to highlight on the survey instrument that CPT 9X059 represented both OCT of the retina plus OCT angiography of the retina and to highlight in the survey invitation cover letter that CPT 92134 and CPT 9X059 could not be billed together.

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. It is also likely that some providers will 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 66 responses (59 MD, 7 OD). The vignette was considered typical by 92% of respondents (95% MD, 71% OD).

The expert panel of members from AAO, ASRS, and AOA, which is familiar with the procedure and the RUC process, reviewed the survey findings.

The survey median RVU was 0.80 (0.80 MD, 0.72 OD) and the 25th percentile was 0.72 (0.74 MD, 0.55 OD). The April survey 25th percentile work RVU was 0.55.

The median IST was 10 minutes (10 MD, 9 OD), double that of the median survey IST for standalone OCT of the retina (CPT 92134). The April median IST of the combined service (9X059) was 6 minutes.

The increased 25th percentile estimate of work value and median IST are consistent with our supposition that the prior responses were for OCT angiography of the retina alone, without including the separate OCT component. It is also consistent with the notably greater number of images and increased amount of data displayed *en face* for angiography which must be analyzed when the combination study 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 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.

The top key reference service (KRS) for both groups, chosen by 41%, 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 29%, was CPT 92242, *Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral* (RUC 2016), with a work value of 0.95 RVU, an IST of 20 minutes, and 22 minutes total time.

Respondents rated the surveyed code higher than the KRS on overall intensity/complexity and all submeasures except psychological stress, which was rated identical. The surveyed code was ranked higher than the second reference service on mental effort and technical skill, and identical on overall intensity/complexity, physical effort, and psychological stress. Optometrists ranked the surveyed code slightly higher than ophthalmologists on some metrics, but the differences were not dramatic.

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.

We reduced the survey median pre-service time from 5 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 7 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.

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). 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.

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.

After discussion at the April 2023 meeting, the RUC approved 1 minute of pre-time and 2 minutes of post-time for this service.

Because the ISTs of both reference services are greater than that of the surveyed code and their work values are greater than the survey 25th percentile estimate of work value, we chose not to use them for valuation.

We considered a work value equal to the survey 25th percentile of 0.72 RVU. However, this value is greater than that of other codes in the RUC database with similar ISTs.

We searched the RUC database for crosswalks to 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 eligible codes with work values ranging from 0.21 to 0.64 and a median of 0.40 RVU. Eight of these are ophthalmic or radiologic imaging services. Their work values range from 0.40 to 0.64 with a median of 0.54 RVU.

We recommend a value of 0.64 RVU with a crosswalk to CPT 76511, *Ophthalmic ultrasound, diagnostic; quantitative A-scan only* (RUC 2016) with a 10-minute IST, 15 minutes total time, and a work value of 0.64 RVU. This is the highest-valued code of the 8 recently valued imaging services with identical ISTs. The intensity and complexity of the service (it was ranked more intense and complex than the KRS, fluorescein angiography) and its status as new technology support a valuation at the top of the list.

The recommended value is lower than the survey 25th percentile, and is consistent with the increasing physician work, intensity, and complexity going from 92132 to 92133, then 92134, and finally 9X059. A work value of 0.64 RVU for CPT 9X059 is twice that of our recommendation for CPT 92134 (0.32 RVU), which is consistent with an IST of 10 minutes, also double that of CPT 92134 (5 minutes).

We recommend a work value of 0.64 RVU for CPT 9X059 based on a crosswalk to CPT 76511, with times of 1/10/2 and a total time of 13 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.

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

	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: Optical Coherence Tomography																											
2	TAB: 08																											
3					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
4	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
5	1st REF	92250	Fundus photography with interpretation and report	XXX	2015	33	0.036	0.033			0.40			12	1					10			1					
6	2nd REF	92136	Ophthalmic biometry by partial coherence interferometry with	XXX	2016	17	0.027	0.025			0.54			22	2					10			10					
7	CURRENT	92132	Computerized ophthalmic diagnostic imaging (eg, optical coherence)	XXX	2015		0.035	0.033			0.30			9	1					8								
8	SVY MD	92132	Computerized ophthalmic diagnostic	XXX		66	0.046	0.031	0.23	0.40	0.50	0.60	2.00	16	5			1	4	6	10	17	5	0	5	14	58	500
9	SVY OD	92132	Computerized ophthalmic diagnostic	XXX		9	0.037	0.029	0.37	0.40	0.40	0.49	0.75	14	3			2	5	6	12	15	5	2	12	30	96	379
10	SVY Combined	92132	Computerized ophthalmic diagnostic	XXX		75	0.046	0.031	0.23	0.40	0.50	0.60	2.00	16	5			1	4	6	10	17	5	0	5	19	75	500
11	REC	92132	Computerized ophthalmic diagnostic imaging (eg, optical coherence)	XXX			0.041	0.036			0.29			8	1					6			1					
12	XWALK	71110	Radiologic examination, ribs, bilateral; 3 views	XXX	2016		0.041	0.036			0.29			8	1					6			1					
13																												
14																												
15					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
16	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
17	1st REF	92083	Visual field examination, unilateral or bilateral, with interpretation and	XXX	2012	47	0.043	0.038			0.50			13	3					10								
18	2nd REF	92250	Fundus photography with interpretation and report	XXX	2016	31	0.036	0.033			0.40			12	1					10			1					
19	CURRENT	92133	Computerized ophthalmic diagnostic imaging (eg, optical coherence)	XXX	2015		0.038	0.036			0.40			11	1					10								
20	SVY MD	92133	Computerized ophthalmic diagnostic	XXX		116	0.060	0.036	0.27	0.50	0.50	0.60	2.00	14	4			1	3	5	10	20	5	20	150	500	1000	6000
21	SVY OD	92133	Computerized ophthalmic diagnostic	XXX		11	0.029	0.026	0.40	0.47	0.60	0.71	0.95	23	4			1	6	12	15	20	7	163	188	300	768	2000
22	SVY Combined	92133	Computerized ophthalmic diagnostic	XXX		127	0.060	0.036	0.27	0.50	0.50	0.60	2.00	14	4			1	4	5	10	20	5	20	182	500	1000	6000
23	REC	92133	Computerized ophthalmic diagnostic imaging (eg, optical coherence)	XXX			0.053	0.044			0.31			7	1					5			1					
24	XWALK	71048	Radiologic examination, chest; 4 or more views	XXX	2016		0.053	0.044			0.31			7	1					5			1					
25																												
26																												
27					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
28	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
29	1st REF	92250	Fundus photography with interpretation and report	XXX	2016	40	0.036	0.033			0.40			12	1					10			1					
30	2nd REF	92083	Visual field examination, unilateral or bilateral, with interpretation and	XXX	2012	40	0.043	0.038			0.50			13	3					10								
31	CURRENT	92134	Computerized ophthalmic diagnostic imaging (eg, optical coherence)	XXX	2015		0.043	0.041			0.45			11	1					10								
32	SVY MD	92134	Computerized ophthalmic diagnostic	XXX		141	0.068	0.039	0.26	0.47	0.54	0.65	2.00	14	4			1	4	5	8	45	5	10	300	800	2800	12000
33	SVY OD	92134	Computerized ophthalmic diagnostic	XXX		10	0.029	0.026	0.45	0.49	0.54	0.68	0.95	21	4			3	7	11	15	20	6	43	208	296	900	2800
34	SVY Combined	92134	Computerized ophthalmic diagnostic	XXX		151	0.068	0.039	0.26	0.48	0.54	0.67	2.00	14	4			1	4	5	10	45	5	10	250	800	2300	12000
35	REC	92134	Computerized ophthalmic diagnostic imaging (eg, optical coherence)	XXX			0.055	0.046			0.32			7	1					5			1					
36	XWALK	74022	Radiologic examination, complete acute abdomen series, including 2 or	XXX	2016		0.055	0.046			0.32			7	1					5			1					
37																												
38																												
39					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
40	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
41	1st REF	92235	Fluorescein angiography (includes multiframe imaging) with	XXX	2016	27	0.047	0.044			0.75			17	1					15			1					
42	2nd REF	92242	Fluorescein angiography and indocyanine-green angiography	XXX	2016	19	0.045	0.043			0.95			22	1					20			1					
43	CURRENT	N/A	Computerized ophthalmic diagnostic imaging (eg, optical coherence)	XXX	N/A		N/A	N/A			N/A			N/A						N/A								
44	SVY MD	9X059	Computerized ophthalmic diagnostic	XXX		59	0.053	0.036	0.45	0.74	0.80	0.95	3.00	22	5			2	6	10	15	22	7	0	4	50	200	2500
45	SVY OD	9X059	Computerized ophthalmic diagnostic	XXX		7	0.050	0.034	0.40	0.55	0.72	0.85	1.00	21	4			1	6	9	18	20	8	0	3	29	164	1000
46	SVY Combined	9X059	Computerized ophthalmic diagnostic	XXX		66	0.053	0.036	0.40	0.72	0.80	0.95	3.00	22	5			1	6	10	15	22	7	0	3	40	200	2500
47	REC	9X059	Computerized ophthalmic diagnostic imaging (eg, optical coherence)	XXX			0.057	0.049			0.64			13	1					10			2					
48	XWALK	76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	XXX	2016		0.053	0.043			0.64			15	3					10			2					

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 92132,
92133, 92134, 9X059

SPECIALTY SOCIETY(IES): AAO, ASRS, AOA

PRESENTER(S): David Glasser MD, Ankoor Shah MD, Ravi Parikh MD,
John Thompson MD, and Charles Fitzpatrick OD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

<p>Meeting Date: September 2023 (Affirmation of April 2023 Recommendations)</p>
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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. The procedure is performed bilaterally.
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:

<p>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</p>

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 92132,
92133, 92134, 9X059

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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.

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 from 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.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 92132,
92133, 92134, 9X059

SPECIALTY SOCIETY(IES): AAO, ASRS, AOA

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

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 – changed to zero based on discussions at the April 2023 PEAC meeting and moved (and reduced to 1 minute) to CA011.

b. Service period (includes pre, intra and post):

The total time of 13 minutes for the service period remains the same in the current recommendations as the procedure has not changed other than the 1 minute from CA004 that was moved to CA011 based on April 2023 PEAC meeting. 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 from 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

NONFACILITY DIRECT PE INPUTS

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92133, 92134, 9X059

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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 than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

The 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

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 92132,
92133, 92134, 9X059

SPECIALTY SOCIETY(IES): AAO, ASRS, AOA

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

15. Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
16. Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 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.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 92132,
92133, 92134, 9X059

SPECIALTY SOCIETY(IES): AAO, ASRS, AOA

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
 - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
 - Does the computer include code specific software that is typically used to provide the service(s)?

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:

We are recommending affirmation of April 2023 recommendations. No changes have been made from those approved times on this PE 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).

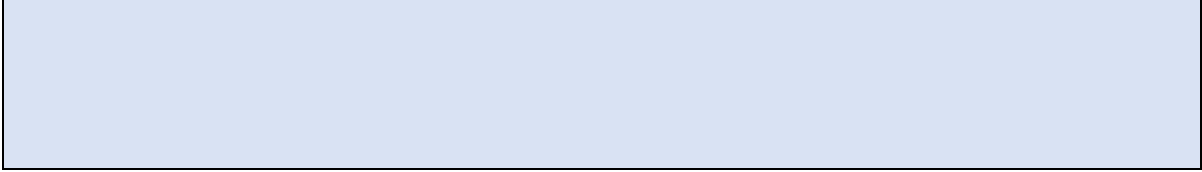
NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 92132,
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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**



AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth / Codes Reported Together 75% or More

September 2023

Transcranial Doppler Studies – Tab 9

In April 2022, the Relativity Assessment Workgroup (RAW) 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 code bundling solutions should occur for 93890/93886, 93890/93892, 93892/93886, and 93892/93890. In September 2022, the RAW referred this issue to the CPT Editorial Panel to create a code bundling solution for CPT 2025. The code family was revised at the May 2023 CPT Editorial Panel meeting. Three new add-on codes were created to report when additional studies are performed on the same date of services as a complete transcranial Doppler study (93886). CPT codes 93886, 93888, 93892 and related new/revised codes were surveyed for the September 2023 RUC meeting. CPT code 93890 was deleted as it is not typically clinically appropriate for a vasoreactivity study to be performed independently.

93886 *Transcranial Doppler study of the intracranial arteries; complete study*

The RUC reviewed the survey results from 38 neurologists, radiologists and neuroradiologists and determined that the survey 25th percentile work RVU of 0.90 appropriately accounts for the typical physician work involved in this service. The RUC recommends 5 minutes pre-service time, 16 minutes intra-service time and 6 minutes post-service time. This CPT code describes a complete transcranial doppler study, which can assess for underlying abnormalities that could explain the cause of stroke, identify baseline before a subarachnoid patient goes into vasospasm or collateralization pattern in a severe internal carotid artery stenosis to plan surgical options for carotid surgery. A complete transcranial doppler evaluation includes examination of the right and left anterior circulation territories and the posterior circulation territory, including the vertebral arteries and basilar artery.

The specialties noted that due to changes in practice related to increased thrombectomy and other interventional procedures, there is an increased need to identify and evaluate all segments of each vessel, particularly those proximal and distal to lesions following thrombectomy. Interrogation of the anterior territory via the temporal window is more complicated than the posterior territory via the suboccipital window, because the suboccipital window is both an easier window, not going through the skull, and involves fewer segments. Limited studies now typically include all segments of the right and left anterior territories via the temporal window, leaving out the vertebral and basilar arteries via the suboccipital window. As a result, a limited study that includes both anterior territories finds only a small time savings for both performance and interpretation compared with a study that includes both anterior territories and the posterior territory.

To justify a work RVU of 0.90, the RUC referenced MPC code 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU= 0.81, intra-service time of 11 minutes, total time of 21 minutes) and noted that the survey code involves 5 more minutes of intra-service and 6 more minutes of total time, justifying a higher work value. The RUC also compared the surveyed code to CPT code 93307 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without*

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

spectral or color Doppler echocardiography (work RVU=0.92, intra-service time of 15 minutes, total time of 25 minutes) and noted that the survey code involves slightly more intra-service time and total time and should be valued similarly. The RUC concluded that CPT code 93886 should be valued at the 25th percentile as supported by the survey and favorable comparison to reference codes. **The RUC recommends a work RVU of 0.90 for CPT code 93886.**

93888 Transcranial Doppler study of the intracranial arteries; limited study

The RUC reviewed the survey results from 35 neurologists, radiologists and neuroradiologists and determined that the survey 25th percentile work RVU of 0.73 appropriately accounts for the typical physician work involved in this service. The RUC recommends 5 minutes pre-service time, 15 minutes intra-service time and 5 minutes post-service time.

The specialty noted that the limited study code is reported whenever anything less than all three territories is performed: the left anterior circulation, the right anterior circulation, and the posterior circulation. When this service was last valued, the limited study was typically the posterior circulation. And it is the anterior circulation territories that take up the majority of the time. The specialties noted and the RUC concurred that a limited study now typically includes all segments of the right and left anterior territories via the temporal window, leaving out the vertebral and basilar arteries via the suboccipital window. Interrogation of the anterior territory via the temporal window is more complicated than the posterior territory via the suboccipital window, because the suboccipital window is both an easier window, not going through the skull, and involves fewer segments.

As a result, a limited study that includes both anterior territories typically involves only a small time savings for both performance and interpretation compared with a study that includes both anterior territories and the posterior territory (CPT code 93886). The specialty noted that, although the service is considered “limited” as it involves looking at a subsection of the vascular tree going to the brain, that does not necessarily mean that it involves much less time. If the physician must review more anatomic nuance within different branches of the cerebrovascular system, the “limited” study could still end up being similar time to a complete study.

To justify a work RVU of 0.73, the RUC referenced top key reference code 93880 *Duplex scan of extracranial arteries; complete bilateral study* (work RVU= 0.80, intra-service time of 15 minutes, total time of 25 minutes) and noted that both services involve identical times. The RUC also compared the surveyed code to CPT code 93925 *Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study* (work RVU= 0.80, intra-service time of 15 minutes, total time of 25 minutes) and noted that both services involve identical times. The RUC concluded that CPT code 93888 should be valued at the 25th percentile as supported by the survey and favorable comparison to reference codes. **The RUC recommends a work RVU of 0.73 for CPT code 93888.**

93892 Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection

The RUC reviewed the survey results from 35 neurologists, radiologists and neuroradiologists and determined that the survey median work RVU of 1.15 appropriately accounts for the typical physician work involved in this service. The RUC recommends 5 minutes pre-service time, 25 minutes intra-service time and 7 minutes post-service time. This service includes monitoring of intracranial vessels to identify spontaneous microembolization. The study typically includes both the right and left middle cerebral arteries in the anterior territory via the temporal window to help show not only the presence of microembolization but also to help with localization of the source. The specialty noted that the physician will review many images or recordings of possible emboli from either side.

Under the prior coding structure, CPT code 93892 was reported 95% of the time with 93886 and 89% of the time with 93890 for CY2021 Medicare claims data. Under the new coding structure, CPT code 93890 is deleted and 93892 can no longer be reported with 93886. Going forward, CPT code 93892 will typically be reported alone and contributes to the 5-minute increase in intra-service time relative to the times that were previously assigned to this code.

To justify a work RVU of 1.15, the RUC referenced CPT code 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* (work RVU= 1.21, intra-service time of 25 minutes, total time of 39 minutes) and noted that both services involve an identical amount of intra-service time and a similar amount of total time. The RUC also compared the surveyed code to CPT code 71270 *Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.25, intra-service time of 18 minutes, total time of 27 minutes) and noted that the survey code involves 7 more minutes of intra-service time and 10 more minutes of total time. The RUC concluded that CPT code 93892 should be valued at the current and survey median work value as supported by the survey and favorable comparison to reference codes. **The RUC recommends a work RVU of 1.15 for CPT code 93892.**

93893 *Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection*

The RUC reviewed the survey results from 36 neurologists, radiologists and neuroradiologists and determined that the current work RVU of 1.15 appropriately accounts for the typical physician work involved in this service. The RUC recommends 6 minutes pre-service time, 24 minutes intra-service time and 8 minutes post-service time. This CPT code describes shunt detection, which allows identification of right-to-left shunts. Typically, only one temporal window is used to monitor a middle cerebral artery during this procedure.

Under the prior coding structure, CPT code 93893 was reported 53% of the time with 93886 and 30% of the time with 93890 for CY2021 Medicare claims data. Under the new coding structure, CPT code 93890 is deleted and 93893 can no longer be reported with 93886. Going forward, CPT code 93893 will typically be reported alone and contributes to the 4-minute increase in intra-service time relative to the times that were previously assigned to this code.

To justify a work RVU of 1.15, the RUC referenced CPT code 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* (work RVU= 1.21, intra-service time of 25 minutes, total time of 39 minutes) and noted that both services typically involve a similar amount of intra-service and total time. The RUC also compared the surveyed code to CPT code 71270 *Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections* (work RVU= 1.25, intra-service time of 18 minutes, total time of 27 minutes) and noted that the survey code involves 6 more minutes of intra-service time and 11 more minutes of total time. The RUC concluded that CPT code 93893 should be valued at the current work value as supported by the comparison to reference codes. **The RUC recommends a work RVU of 1.15 for CPT code 93893.**

93X94 *Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*

The RUC reviewed the survey results from 30 neurologists, radiologists and neuroradiologists and determined that the survey 25th percentile work RVU of 0.81 appropriately accounts for the typical physician work involved in this service. The RUC recommends 15 minutes intra-service time.

A vasoreactivity study includes monitoring of the right and left middle cerebral arteries via the temporal windows during inhalation of carbon dioxide or injection of acetazolamide to evaluate cerebral reserve capacity. CPT code 93890 was deleted as it is not typically clinically appropriate for a vasoreactivity study to be performed independently.

It was noted that although 93X94 is being assigned the same amount of time as add-on code 93X95, it is an appropriate rank order to assign a slightly higher valuation. It was noted that the typical patient for a vasoreactive study would typically be someone with critical carotid stenosis who experienced some kind of neurologic event and is presumably getting this study to assess their reserve in anticipation of either stenting, or some other therapy that is deemed appropriate. When an embolus appears on an emboli detection study, it is hard to miss. Whereas with a vasoreactive study, detecting a vasospasm is more subtle and a relatively more complex study to perform.

To justify a work RVU of 0.81, the RUC referenced top key reference code 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)* (work RVU= 0.85, intra-service time of 15 minutes, total time of 15 minutes) and noted that both services typically involve an identical amount of time and a similar overall amount of physician work. The RUC also compared the surveyed code to 2nd key reference code 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)* (work RVU= 0.80, intra-service time of 15 minutes, total time of 15 minutes) and noted that both services typically involve an identical amount of time and a similar overall amount of physician work. The RUC concluded that CPT code 93X94 should be valued at the current and survey 25th percentile work value as supported by the survey and favorable comparison to reference codes. **The RUC recommends a work RVU of 0.81 for CPT code 93X94.**

93X95 Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 31 neurologists, radiologists and neuroradiologists and determined that the survey 25th percentile work RVU of 0.73 appropriately accounts for the typical physician work involved in this service. The RUC recommends 15 minutes intra-service time. The specialty noted that there are some time savings when emboli detection is performed as an add-on related to finding the temporal windows for both the right and the left anterior territories compared to when performed as a standalone since these were already located in the base code. The specialty and the RUC concurred that, although both services typically involve the same amount of physician time, this service is slightly less intense than a vasoreactive study.

To justify a work RVU of 0.73, the RUC referenced top key reference code 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)* (work RVU= 0.85, intra-service time of 15 minutes, total time of 15 minutes) and noted that although both services typically involve an identical amount of time and a similar overall amount of physician work. The RUC also compared the surveyed code to 2nd key reference code 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*

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*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) (work RVU= 0.80, intra-service time of 15 minutes, total time of 15 minutes) and noted that although both services typically involve an identical amount of time and a similar overall amount of physician work. The RUC concluded that CPT code 93X95 should be valued at the current and survey 25th percentile work value as supported by the survey and favorable comparison to reference codes. **The RUC recommends a work RVU of 0.73 for CPT code 93X95.***

93X96 Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 31 neurologists, radiologists and neuroradiologists and determined that the survey 25th percentile work RVU of 0.85 appropriately accounts for the typical physician work involved in this service. The RUC recommends 20 minutes intra-service time. The specialty noted that there are some time savings when venous-arterial shunt detection is performed as an add-on service related to finding the window on the side being tested since this was already located in the base code.

To justify a work RVU of 0.85, the RUC referenced top key reference code 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) (work RVU= 0.85, intra-service time of 15 minutes, total time of 15 minutes) and noted that although the surveyed code typically involves 5 more minutes of total time, both services should have a similar valuation due to differences in intensity. The RUC also compared the surveyed code to MPC code 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure) (work RVU= 0.80, intra-service time of 15 minutes, total time of 15 minutes) and noted that the surveyed code typically involves 5 more minutes of intra-service and total time. The RUC concluded that CPT code 93X96 should be valued at the current and survey 25th percentile work value as supported by the survey and favorable comparison to reference codes. **The RUC recommends a work RVU of 0.85 for CPT code 93X96.****

Practice Expense

The Practice Expense Subcommittee made two changes to the original proposal submitted by the specialties. For 93893, the Practice Expense Subcommittee removed some of the clinical staff time, as it overlapped a typically performed E/M service on the same day. The Practice Expense Subcommittee also removed CA031 *Review examination with interpreting MD/DO* as that is not typical for the four base codes. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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.

(f)93892	H3	emboli detection without intravenous microbubble injection	XXX	1.15 (No Change)
▲93893	H4	emboli venous-arterial shunt detection with intravenous microbubble injection <u>(Do not report 93892, 93893 in conjunction with 93886, 93888)</u>	XXX	1.15 (No Change)
●+93X94	H5	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) (Use 93X94 in conjunction with 93886)	ZZZ	0.81
●+93X95	H6	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) (Use 93X95 in conjunction with 93886)	ZZZ	0.73
●+93X96	H7	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) (Use 93X96 in conjunction with 93886) (Do not report 93X94, 93X95, 93X96 in conjunction with 93888)	ZZZ	0.85
93895	<i>Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral</i> <i>(Do not report 93895 in conjunction with 93880, 93882)</i> <i>(Do not report 93890-93893 in conjunction with 93888)</i>			

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 93886	Tracking Number H1	Original Specialty Recommended RVU: 0.91
Global Period: XXX	Current Work RVU: 0.91	Presented Recommended RVU: 0.91
		RUC Recommended RVU: 0.90

CPT Descriptor: Transcranial Doppler study of the intracranial arteries; complete study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female has had a stroke or stroke like symptoms. A complete transcranial ultrasound study is ordered to evaluate the anterior and posterior circulation territories for stenosis or occlusion.

Percentage of Survey Respondents who found Vignette to be Typical: 76%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history including patient demographics, symptoms, and suspected diagnosis. Review any prior applicable examinations including prior transcranial Doppler examinations and brain magnetic resonance (MR) and computed tomographic (CT) examinations.

Description of Intra-Service Work: Supervise patient preparation and performance of the test by the vascular technologist as needed. Review the recorded data, including demographics, VS, and blood gases. Scan the right and left anterior circulation territories and the posterior circulation territory to include vertebral arteries and basilar arteries. Compare with findings from prior examinations. Document the normal and abnormal findings. Interpret the findings and provide clinical correlation of the findings based on the patient's history. Dictate, review, and approve the report.

Description of Post-Service Work: Contact referring physician for alert values or to rectify differences between preliminary and final reports when appropriate. Discuss findings with patient and referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023				
Presenter(s):	Kevin Kerber, MD; Meghan Ward, MD; Charles Tegeler, MD; Melissa Chen, MD; Jacob Ormsby, MD, MBA; Lauren Nicola, MD					
Specialty Society(ies):	American Academy of Neurology, American College of Radiology, American Society of Neuroradiology					
CPT Code:	93886					
Sample Size:	9812	Resp N:	38			
Description of Sample:	AAN-US members of the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections; ACR-random sample of current US members and random sample from subset of diagnostic radiologists from membership; ASNR-random sample of current US members					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	0.00	53.00	117.00	800.00
Survey RVW:		0.78	0.90	1.16	1.30	8.00
Pre-Service Evaluation Time:				5.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		0.00	5.00	16.00	30.00	50.00
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:	93886	Recommended Physician Work RVU: 0.90		
		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 <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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
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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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93880	XXX	0.80	RUC Time

CPT Descriptor Duplex scan of extracranial arteries; complete bilateral study

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76700	XXX	0.81	RUC Time	765,508

CPT Descriptor 1 Ultrasound, abdominal, real time with image documentation; complete

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95805	XXX	1.20	RUC Time	1,910

CPT Descriptor 2 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 13 % of respondents: 34.2 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 13.1 %

TIME ESTIMATES (Median)

	CPT Code: 93886	Top Key Reference CPT Code: 93880	2nd Key Reference CPT Code: 99213
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	16.00	15.00	20.00
Median Immediate Post-service Time	6.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	27.00	25.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	8%	62%	23%	8%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
23%	46%	31%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	8%	62%	31%

Physical effort required	15%	54%	31%
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Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

8%	62%	31%
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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%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%	40%	60%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	0%	0%	100%
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Physical effort required	20%	20%	60%
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Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

20%	20%	60%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Transcranial Doppler (TCD) code family consists of the following seven codes:

- 93886: *Transcranial Doppler study of the intracranial arteries; complete study*
- 93888: *Transcranial Doppler study of the intracranial arteries; limited study*

- 93892: *Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection*
- 93893: *Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection*
- +93X94: *Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X95: *Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X96: *Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*

In April 2022, TCD codes 93886, 93890 (*Transcranial Doppler study of the intracranial arteries; vasoreactivity study*), and 93892 were included in a RAW screen as code pairs of services performed by the same physician on the same date of service 75% of the time or more. The code pairs were ultimately referred to the CPT Editorial Panel for a code bundling solution. The Panel approved add-on codes 93X94, 93X95, and 93X96 to report when performed on the same date of service as existing code transcranial Doppler (TCD) study 93886, thereby eliminating the duplication of any pre- or post-service activities. There are clinically appropriate scenarios when emboli detection without intravenous microbubble injection or venous-arterial shunt with intravenous microbubble injection are reported in conjunction with a TCD study, as well as independently on a separate date of service, typically as a follow-up study to track ongoing embolization. At the request of the specialty societies, CPT code 93890 was deleted as it is not typically clinically appropriate for a vasoreactivity study to be performed independently. Additionally, the CPT Panel revised the descriptor of 93893 from “emboli” detection to “venous-arterial shunt” detection.

CPT code 93886 represents a complete TCD study, which can assess for underlying abnormalities that could explain the cause of stroke, identify baseline before a subarachnoid patient goes into vasospasm, or collateralization pattern in a severe internal carotid artery stenosis to plan surgical options for carotid surgery. A complete TCD evaluation includes examination of the right and left anterior circulation territories and the posterior circulation territory, including the vertebral arteries and basilar artery.

CPT Code 93888 represents a limited TCD study which does not assess all the required elements included in 93886. A limited TCD evaluation includes evaluation of two or fewer of the right anterior circulation territory, the left anterior circulation territory, or the posterior circulation territory, including vertebral arteries and basilar arteries.

CPT code 93892 represents emboli monitoring without intravenous microbubble injection which detects high-intensity transient signals that are traveling through the vessel chosen to be insonated. This test is used to identify artery to artery emboli, from a stenotic carotid artery, middle cerebral artery, or vertebral artery, regardless of the degree of stenosis. This can be a standalone study since embolic events are sentinel events and are monitored in a prolonged fashion that can be seen as distinct signals in that vessel. If a known source of emboli from a diseased large artery, like a fragile carotid plaque, is present, then one can only insonate in the vessel downstream from that carotid without a need to investigate other vessels, whereas an unknown source necessitates additional tests. Emboli monitoring without intravenous microbubble injection can be used in:

- Patients who continue to have ischemic strokes despite various antithrombotic therapies. If emboli are still detected, it may indicate failure of such therapies.
- Monitoring for emboli during carotid artery interventions such as carotid artery angioplasty and stenting, or carotid endarterectomy.
- Monitoring for emboli during any cardiac interventions, from coronary artery bypass graft (CABG) to transcatheter aortic valve replacement (TAVR)

Code 93893 represents venous arterial shunt detection with intravenous microbubble injection which is used to look for right-to-left shunt or conduit such as an atrial septal defect (ASD) or patent foramen ovale (PFO), which is present in about 30% of the population and can be the cause of strokes. This test can offer a quantitative evaluation of the size of such a shunt by measuring the number of bubbles detected. Furthermore, this test can also be used to look for intrapulmonary venous-arterial shunts such as in an A-V fistula or other small conduits. When there is an intravenous microbubble injection, we are specifically looking for the presence of a shunt by creating emboli through injection. Shunt is the keyword used here to distinguish this study from emboli monitoring. If there is no intravenous microbubble injection, it is more appropriate to use the term emboli monitoring since the test is investigating a thrombotic source that is embolizing. This phenomenon is unrelated to the presence of a right-to-left shunt.

Code +93X94 is a new code that represents a vasoreactivity study and will be reported with performed on the same date of service as a complete TCD.

Code +93X95 is a new code that represents emboli monitoring without intravenous microbubble injection and will be reported with performed on the same date of service as a complete TCD.

Code +93X96 is a new code that represents venous arterial shunt detection with intravenous microbubble injection and will be reported with performed on the same date of service as a complete TCD.

The American Academy of Neurology (AAN), American College of Radiology (ACR), and the American Society of Neuroradiology (ASNR) convened an expert panel familiar with these services to provide value and time recommendations for the September 2023 RUC meeting.

Survey Process

The AAN surveyed a sample of 2,420 current US members from the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections. The ACR surveyed a random sample of 3,000 current US members, and a random sample of 3,000 members from a subset of US members with diagnostic radiology designation. The ASNR surveyed a random sample of 1,392 current US members. The total combined survey sample was 9,812.

Work RVU and Time Recommendations

The expert panel recommends maintaining the current work RVU of 0.91, with a survey median time of 16 minutes intra-service. Additionally, we are recommending the survey median times of 5 minutes pre-service and 6 minutes post-service, for 27 minutes total time.

Key Reference Services

Our recommended work RVU of 0.91 compares favorably to the most commonly chosen key reference service, CPT code 93880 (*Duplex scan of extracranial arteries; complete bilateral study*), which is a clinically similar cerebrovascular arterial study code. CPT code 93880 has near identical survey times of 5 minutes pre-service and 5 minutes post-service time but includes less intra-service time at 15 minutes compared to the surveyed code. The recommended 0.91 work RVU is appropriately higher than that of key reference code 93880 at 0.80 work RVU, which is reflected in the higher IWPUT. 31% of survey respondents also reported that the surveyed code was "somewhat more" or "much more" intense overall than key reference code 93880.

The second key reference service code, CPT 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 time for code selection, 20-29 minutes of total time is spent on the date of the encounter.*) supports the recommendation as well and is also an MPC code. The higher intra-service time (20 minutes) and work RVU (1.30) of 99213 in comparison to the surveyed code (16 minutes and 0.91 work RVU respectively) supports the recommendation given the 2 codes have a similar IWPUT, demonstrating appropriate relativity.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	5	15	5	25	0.038	0.032
93886	Transcranial Doppler study of the intracranial arteries; complete study	0.91	5	16	6	27	0.041	0.034
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.	1.30	5	20	5	30	0.43	0.43

MPC Codes

Our recommendation for surveyed code 93886 compares favorably to the MPC codes depicted in the table below including CPT code 76700 (*Ultrasound, abdominal, real time with image documentation; complete*), which has a similar RVU. However, CPT code 76700 has 5 minutes less intra-service time at 11 minutes compared to the surveyed code which results in an appropriately higher IWPUT.

The surveyed code recommendations are also supported by MPC code 95805 (*Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness*) which has an appropriately lower IWPUT given the combination of 4 more minutes intra-service and 20% greater work RVU.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
76700	Ultrasound, abdominal, real time with image documentation; complete	0.81	5	11	5	21	0.053	0.039
93886	Transcranial Doppler study of the intracranial arteries; complete study	0.91	5	16	6	27	0.041	0.034
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness.	1.20	15	20	15	50	0.026	0.024

Summary

In summary, our expert panel recommends maintaining the existing value at **0.91 work RVU** and a survey median time of **16 minutes intra-service**. Additionally, we are recommending the survey median times of **5 minutes pre-service and 6 minutes post-service for 27 minutes total time**. The recommended value compares favorably with the key reference services, 93880 and 99213, and maintains relativity within the RBRVS.

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93886

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: 93888	Tracking Number H2	Original Specialty Recommended RVU: 0.50
		Presented Recommended RVU: 0.73
Global Period: XXX	Current Work RVU: 0.50	RUC Recommended RVU: 0.73

CPT Descriptor: Transcranial Doppler study of the intracranial arteries; limited study

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female has had a stroke or stroke like symptoms localized to the left carotid artery territory. A limited transcranial ultrasound study (2 or fewer territories) of the left anterior circulation territory is ordered to evaluate for occlusion or stenosis.

Percentage of Survey Respondents who found Vignette to be Typical: 69%

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 the reason for the examination and any pertinent clinical history including patient demographics, symptoms, and suspected diagnosis. Review any prior applicable examinations including prior transcranial Doppler examinations and brain magnetic resonance (MR) and computed tomographic (CT) examinations.

Description of Intra-Service Work: Supervise patient preparation and performance of the test by the vascular technologist as needed. Review the recorded data, including demographics, VS, and blood gases. Scan two or fewer of the following territories: the right anterior circulation territory, the left anterior circulation territory, or the posterior circulation territory to include vertebral arteries and basilar arteries. Compare with findings from prior examinations. Document normal and abnormal findings. Interpret the findings and provide clinical correlation of the findings based on the patient's history. Dictate, review, and approve the report.

Description of Post-Service Work: Contact referring physician for alert values or to rectify differences between preliminary and final reports when appropriate. Discuss findings with patient and referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023				
Presenter(s):	Kevin Kerber, MD; Meghan Ward, MD; Charles Tegeler, MD; Melissa Chen, MD; Jacob Ormsby, MD, MBA; Lauren Nicola, MD					
Specialty Society(ies):	American Academy of Neurology, American College of Radiology, American Society of Neuroradiology					
CPT Code:	93888					
Sample Size:	9812	Resp N:	35			
Description of Sample:	AAN-US members of the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections; ACR-random sample of current US members and random sample from subset of diagnostic radiologists from membership; ASNR-random sample of current US members					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	0.00	8.00	30.00	100.00
Survey RVW:		0.45	0.73	0.80	1.09	4.50
Pre-Service Evaluation Time:				5.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		0.00	4.00	15.00	20.00	50.00
Immediate Post Service-Time:		5.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00		
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00		
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00	15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00	
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00		

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93888	Recommended Physician Work RVU: 0.73		
		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 <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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
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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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93880	XXX	0.80	RUC Time

CPT Descriptor Duplex scan of extracranial arteries; complete bilateral study

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93971	XXX	0.45	RUC Time

CPT Descriptor Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93224	XXX	0.39	RUC Time	192,428

CPT Descriptor 1 External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95972	XXX	0.80	RUC Time	39,855

CPT Descriptor 2 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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 % of respondents: 28.5 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 20.0 %

TIME ESTIMATES (Median)

	CPT Code: <u>93888</u>	Top Key Reference CPT Code: <u>93880</u>	2nd Key Reference CPT Code: <u>93971</u>
Median Pre-Service Time	5.00	5.00	3.00
Median Intra-Service Time	15.00	15.00	10.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	25.00	25.00	18.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	10%	50%	30%	10%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
20%	50%	30%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	50%	50%
Physical effort required	0%	70%	30%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	70%	30%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	71%	29%	0%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	29%	43%	29%
Physical effort required	0%	86%	14%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome 	0%	57%	43%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Transcranial Doppler (TCD) code family consists of the following seven codes:

- 93886: *Transcranial Doppler study of the intracranial arteries; complete study*
- 93888: *Transcranial Doppler study of the intracranial arteries; limited study*
- 93892: *Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection*
- 93893: *Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection*
- +93X94: *Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X95: *Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X96: *Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*

In April 2022, TCD codes 93886, 93890 (*Transcranial Doppler study of the intracranial arteries; vasoreactivity study*), and 93892 were included in a RAW screen as code pairs of services performed by the same physician on the same date of service 75% of the time or more. The code pairs were ultimately referred to the CPT Editorial Panel for a code bundling solution. The Panel approved add-on codes 93X94, 93X95, and 93X96 to report when performed on the same date of service as existing code transcranial Doppler (TCD) study 93886, thereby eliminating the duplication of any pre- or post-service activities. There are clinically appropriate scenarios when emboli detection without intravenous microbubble injection or venous-arterial shunt with intravenous microbubble injection are reported in conjunction with a TCD study, as well as independently on a separate date of service, typically as a follow-up study to track ongoing embolization. At the request of the specialty societies, CPT code 93890 was deleted as it is not typically clinically appropriate for a vasoreactivity study to be performed independently. Additionally, the CPT Panel revised the descriptor of 93893 from “emboli” detection to “venous-arterial shunt” detection.

CPT code 93886 represents a complete TCD study, which can assess for underlying abnormalities that could explain the cause of stroke, identify baseline before a subarachnoid patient goes into vasospasm, or collateralization pattern in a severe internal carotid artery stenosis to plan surgical options for carotid surgery. A complete TCD evaluation includes examination of the right and left anterior circulation territories and the posterior circulation territory, including the vertebral arteries and basilar artery.

CPT Code 93888 represents a limited TCD study which does not assess all the required elements included in 93886. A limited TCD evaluation includes evaluation of two or fewer of the right anterior circulation territory, the left anterior circulation territory, or the posterior circulation territory, including vertebral arteries and basilar arteries.

CPT code 93892 represents emboli monitoring without intravenous microbubble injection which detects high-intensity transient signals that are traveling through the vessel chosen to be insonated. This test is used to identify artery to artery emboli, from a stenotic carotid artery, middle cerebral artery, or vertebral artery, regardless of the degree of stenosis. This can be a standalone study since embolic events are sentinel events and are monitored in a prolonged fashion that can be seen as distinct signals in that vessel. If a known source of emboli from a diseased large artery, like a fragile carotid plaque, is present, then one can only insonate in the vessel downstream from that carotid without a need to investigate other vessels, whereas an unknown source necessitates additional tests. Emboli monitoring without intravenous microbubble injection can be used in:

- Patients who continue to have ischemic strokes despite various antithrombotic therapies. If emboli are still detected, it may indicate failure of such therapies.
- Monitoring for emboli during carotid artery interventions such as carotid artery angioplasty and stenting, or carotid endarterectomy.

- Monitoring for emboli during any cardiac interventions, from coronary artery bypass graft (CABG) to transcatheter aortic valve replacement (TAVR)

Code 93893 represents venous arterial shunt detection with intravenous microbubble injection which is used to look for right-to-left shunt or conduit such as an atrial septal defect (ASD) or patent foramen ovale (PFO), which is present in about 30% of the population and can be the cause of strokes. This test can offer a quantitative evaluation of the size of such a shunt by measuring the number of bubbles detected. Furthermore, this test can also be used to look for intrapulmonary venous-arterial shunts such as in an A-V fistula or other small conduits. When there is an intravenous microbubble injection, we are specifically looking for the presence of a shunt by creating emboli through injection. Shunt is the keyword used here to distinguish this study from emboli monitoring. If there is no intravenous microbubble injection, it is more appropriate to use the term emboli monitoring since the test is investigating a thrombotic source that is embolizing. This phenomenon is unrelated to the presence of a right-to-left shunt.

Code +93X94 is a new code that represents a vasoreactivity study and will be reported with performed on the same date of service as a complete TCD.

Code +93X95 is a new code that represents emboli monitoring without intravenous microbubble injection and will be reported with performed on the same date of service as a complete TCD.

Code +93X96 is a new code that represents venous arterial shunt detection with intravenous microbubble injection and will be reported with performed on the same date of service as a complete TCD.

The American Academy of Neurology (AAN), American College of Radiology (ACR), and the American Society of Neuroradiology (ASNR) convened an expert panel familiar with these services to provide value and time recommendations for the September 2023 RUC meeting.

Survey Process

The AAN surveyed a sample of 2,420 current US members from the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections. The ACR surveyed a random sample of 3,000 current US members, and a random sample of 3,000 members from a subset of US members with diagnostic radiology designation. The ASNR surveyed a random sample of 1,392 current US members. The total combined survey sample was 9,812.

Compelling Evidence for Tab 9 Transcranial Doppler Studies Code 93888

The specialty societies are recommending an increase in work RVU over the current value. CPT Code 93888 *Transcranial Doppler study of the intracranial arteries; limited study* was last reviewed in 2014, at which time the RUC approved a work value of 0.70 RVU. CMS did not accept the RUC recommendation and assigned a work RVU of 0.50, which is the current value. Several clinical studies have been conducted since that time, which resulted in revised clinical guidance, thereby increasing the physician time from the current time of 20 minutes (5/10/5) to the survey time of 25 minutes (5/15/5).

- Recent thrombectomy trials in last 6 years (DAWN) have increased awareness and recognition of large vessel occlusion as a treatable cause of large ischemic strokes leading to widespread use of CT angiography and digital subtraction angiography (DSA) compared to the previous decade in evaluation of acute stroke. The increased use of angiograms has led to recognition of multifocal lesions and anatomical abnormalities that may need further evaluation. Due to risks related to contrast and radiation and invasive nature with repeat CT or DSA, TCD has become the preferred tool for follow-up vascular imaging in these patients. These patients typically will have a limited TCD to follow up since they have already received CTA/DSA and such a TCD will require review of associated CT angio/DSA in addition to presentation for interpretation increasing the physician time. Follow-up limited studies now typically examine the entirety of the anterior circulation (first and second segments of the anterior and middle cerebral arteries) in thrombectomy cases. Previously, less time was spent in

stroke cases either focused on only the proximal segments in the anterior circulation, or on the posterior circulation. Relevant publications:

- <https://www.nejm.org/doi/full/10.1056/nejmoa1706442>
- <https://www.nejm.org/doi/full/10.1056/nejmoa1713973>

- Increased recognition of needing patient centric blood pressure goals post thrombectomy indicates the use of limited TCDs in acute settings as well. This circumstance also leads to increased time required to compare these TCD studies with previous imaging to ascertain changes in cerebral hemodynamics.

Relevant publications:

- <https://www.ahajournals.org/doi/10.1161/SVIN.121.000214>

- Limited TCDs are being used to follow patients after stroke that requires carotid stenting to predict possibility of reperfusion syndrome specially in patient with difficult to control blood pressures. Such TCDs need additional review of previous studies in this rare but life-threatening complications in the postop period. Relevant publications:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7341015/>
- <https://jnis.bmj.com/content/12/8/788>

Therefore, we believe we meet the compelling evidence argument: Documentation in the peer-reviewed medical literature or other reliable data that there have been changes in physician work due to physician time.

Work RVU and Time Recommendations

The expert panel recommends the survey 25th percentile work RVU of 0.73 and a survey median time of 15 minutes intra-service. Additionally, we are recommending the median times of 5 minutes pre-service and 5 minutes post-service, for 25 minutes total time.

Key Reference Services

Our recommended work RVU of 0.73 compares favorably to the most commonly chosen key reference service, CPT code 93880 (*Duplex scan of extracranial arteries; complete bilateral study*) which is a clinically similar cerebrovascular arterial study code. CPT code 93880 has identical survey times of 5 minutes pre-service, 15 minutes intra-service, and 5 minutes post-service time to the surveyed code. The recommended 0.73 work RVU for 93888, is appropriately lower than that of key reference code 93880) at 0.80 work RVU, which is reflected in the relative IWP/PUT for 2 codes with identical times.

The second key reference service code, CPT code 93971 (*Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study.*) has 5 minutes less of intra-service time and 7 minutes less of total time, supporting its lower 0.45 work RVU.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWP/PUT	WPUT
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	5	15	5	25	0.038	0.032
93888	Transcranial Doppler study of the intracranial arteries; limited study	0.73	5	15	5	25	0.034	0.029
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	0.45	3	10	5	18	0.027	0.025

MPC Codes

Our recommendation for surveyed code 93888 compares favorably to the MPC codes depicted in the table below. The surveyed code has 7 minutes more intra-service time compared to MPC code 93224 (*External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional*) and has an appropriately lower IWP/UT when considering 93888 is a limited study involving a review of two or fewer territories. The surveyed code recommendations are also supported by the second MPC code, 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*). which has an appropriately lower IWP/UT given the combination of 8 more minutes intra-service and 10% greater work RVU.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWP/UT	WPUT
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	0.39	2	8	5	15	0.029	0.026
93888	Transcranial Doppler study of the intracranial arteries; limited study	0.73	5	15	5	25	0.034	0.029
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	8	23	5	36	0.022	0.022

Summary

In summary, our expert panel recommends the survey 25th percentile **work RVU of 0.73**, with a survey median time of **15 minutes intra-service**. Additionally, we are recommending the median times of **5 minutes**

Specialty Neurology	Frequency 2332	Percentage 27.00 %
Specialty Cardiology	Frequency 2160	Percentage 25.00 %
Specialty Diagnostic Radiology	Frequency 1469	Percentage 17.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

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 93888

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:93892	Tracking Number H3	Original Specialty Recommended RVU: 1.15
Global Period: XXX	Current Work RVU: 1.15	Presented Recommended RVU: 1.15
		RUC Recommended RVU: 1.15

CPT Descriptor: Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female has had a stroke or stroke like symptoms. As part of the evaluation, transcranial doppler emboli detection without intravenous microbubble injection is ordered to assess for evidence of a proximal embolic source.

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: Review the reason for the examination and any pertinent clinical history including patient demographics, symptoms, and suspected diagnosis. Review any prior applicable examinations including prior transcranial Doppler examinations and brain magnetic resonance (MR) and computed tomographic (CT) examinations. Help technologist decide which vessels to insonate.

Description of Intra-Service Work: Supervise vascular technologist with patient preparation and performance of the test as needed. Review acquired Doppler spectral waveforms, flow direction, mean, systolic, and diastolic flow velocity, depth of sampling, and pulsatility index values, including waveforms throughout the monitoring epoch. Identify and review each high intensity transient signal event recorded and classify as genuine embolic signals or artifact. Count total number of embolic signals occurring spontaneously, and document vessel segment(s) in which they occurred, as well as the length of the monitoring period. Document procedure results. Integrate findings with clinical presentation to formulate and document examination interpretation. Dictate, review, and approve the report.

Description of Post-Service Work: Contact referring physician for alert values or to rectify differences between preliminary and final reports when appropriate. Discuss findings with patient and referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023				
Presenter(s):	Kevin Kerber, MD; Meghan Ward, MD; Charles Tegeler, MD; Melissa Chen, MD; Jacob Ormsby, MD, MBA; Lauren Nicola, MD					
Specialty Society(ies):	American Academy of Neurology, American College of Radiology, American Society of Neuroradiology					
CPT Code:	93892					
Sample Size:	9812	Resp N:	35			
Description of Sample:	AAN-US members of the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections; ACR-random sample of current US members and random sample from subset of diagnostic radiologists from membership; ASNR-random sample of current US members					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	0.00	5.00	22.00	500.00
Survey RVW:		0.35	0.88	1.15	1.30	9.40
Pre-Service Evaluation Time:				5.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		0.00	10.00	25.00	34.00	75.00
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:	93892	Recommended Physician Work RVU: 1.15		
		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 <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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
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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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93880	XXX	0.80	RUC Time

CPT Descriptor Duplex scan of extracranial arteries; complete bilateral study

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
70544	XXX	1.20	RUC Time

CPT Descriptor Magnetic resonance angiography, head; without contrast material(s)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99202	XXX	0.93	RUC Time	1,684,018

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 straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
70490	XXX	1.28	RUC Time	58,481

CPT Descriptor 2 Computed tomography, soft tissue neck; without contrast material

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 % of respondents: 16.6 %

Number of respondents who choose 2nd Key Reference Code: 6 % of respondents: 16.6 %

TIME ESTIMATES (Median)

	CPT Code: 93892	Top Key Reference CPT Code: 93880	2nd Key Reference CPT Code: 70544
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	25.00	15.00	12.00
Median Immediate Post-service Time	7.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	37.00	25.00	22.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	83%	0%	17%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	67%	33%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	67%	33%
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%

67%

33%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

16%

17%

50%

17%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

33%

34%

33%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

50%

50%

Physical effort required

0%

33%

67%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

17%

50%

33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Transcranial Doppler (TCD) code family consists of the following seven codes:

- 93886: Transcranial Doppler study of the intracranial arteries; complete study
- 93888: Transcranial Doppler study of the intracranial arteries; limited study

- 93892: *Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection*
- 93893: *Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection*
- +93X94: *Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X95: *Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X96: *Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*

In April 2022, TCD codes 93886, 93890 (*Transcranial Doppler study of the intracranial arteries; vasoreactivity study*), and 93892 were included in a RAW screen as code pairs of services performed by the same physician on the same date of service 75% of the time or more. The code pairs were ultimately referred to the CPT Editorial Panel for a code bundling solution. The Panel approved add-on codes 93X94, 93X95, and 93X96 to report when performed on the same date of service as existing code transcranial Doppler (TCD) study 93886, thereby eliminating the duplication of any pre- or post-service activities. There are clinically appropriate scenarios when emboli detection without intravenous microbubble injection or venous-arterial shunt with intravenous microbubble injection are reported in conjunction with a TCD study, as well as independently on a separate date of service, typically as a follow-up study to track ongoing embolization. At the request of the specialty societies, CPT code 93890 was deleted as it is not typically clinically appropriate for a vasoreactivity study to be performed independently. Additionally, the CPT Panel revised the descriptor of 93893 from “emboli” detection to “venous-arterial shunt” detection.

CPT code 93886 represents a complete TCD study, which can assess for underlying abnormalities that could explain the cause of stroke, identify baseline before a subarachnoid patient goes into vasospasm, or collateralization pattern in a severe internal carotid artery stenosis to plan surgical options for carotid surgery. A complete TCD evaluation includes examination of the right and left anterior circulation territories and the posterior circulation territory, including the vertebral arteries and basilar artery.

CPT Code 93888 represents a limited TCD study which does not assess all the required elements included in 93886. A limited TCD evaluation includes evaluation of two or fewer of the right anterior circulation territory, the left anterior circulation territory, or the posterior circulation territory, including vertebral arteries and basilar arteries.

CPT code 93892 represents emboli monitoring without intravenous microbubble injection which detects high-intensity transient signals that are traveling through the vessel chosen to be insonated. This test is used to identify artery to artery emboli, from a stenotic carotid artery, middle cerebral artery, or vertebral artery, regardless of the degree of stenosis. This can be a standalone study since embolic events are sentinel events and are monitored in a prolonged fashion that can be seen as distinct signals in that vessel. If a known source of emboli from a diseased large artery, like a fragile carotid plaque, is present, then one can only insonate in the vessel downstream from that carotid without a need to investigate other vessels, whereas an unknown source necessitates additional tests. Emboli monitoring without intravenous microbubble injection can be used in:

- Patients who continue to have ischemic strokes despite various antithrombotic therapies. If emboli are still detected, it may indicate failure of such therapies.
- Monitoring for emboli during carotid artery interventions such as carotid artery angioplasty and stenting, or carotid endarterectomy.
- Monitoring for emboli during any cardiac interventions, from coronary artery bypass graft (CABG) to transcatheter aortic valve replacement (TAVR)

93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	5	15	5	25	0.038	0.032
93892	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection	1.15	5	25	7	37	0.035	0.031
70544	Magnetic resonance angiography, head; without contrast material(s)	1.20	5	12	5	22	0.081	0.055

MPC Codes

Our recommendation for surveyed code 93892 compares favorably to MPC code 99202 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter*). 99202 has 10 minutes less intra service time than the surveyed codes and an appropriately higher IWP/UT when comparing the work RVU between the two services.

The second key MPC service code, CPT code 70490 (*Computed tomography, soft tissue neck; without contrast material*) also supports the recommendation. Though MPC code 70490 has a slightly higher work RVU, it has an IWP/UT twice that of survey code 93892, which correlates the intra-service time of 15 minutes that is nearly half that of 93892 (25 minutes).

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWP/UT	WPUT
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter	0.93	2	15	3	20	0.047	0.047
93892	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection	1.15	5	25	7	37	0.035	0.031
70490	Computed tomography, soft tissue neck; without contrast material	1.28	5	15	5	25	0.070	0.051

Summary

In summary, our expert panel recommends maintaining the existing value at **1.15 work RVU** and a survey median time of **25 minutes intra-service**. Additionally, we are recommending the median times of **5 minutes pre-service and 7 minutes post-service for 37 minutes total time**. The recommended value compares favorably with the KRS codes 93880 and 70544 and maintains relativity with the TCD code family and the RBRVS as a whole.

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) 93892

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Neurology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 5691

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate three times the 2021 Medicare claims data with similar frequency of reporting as Medicare claims data by specialty.

Specialty Diagnostic Radiology Frequency 2220 Percentage 39.00 %

Specialty Neurology Frequency 1879 Percentage 33.01 %

Specialty Cardiology Frequency 456 Percentage 8.01 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,897

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 2021 Medicare claims data and the frequency of specialties for reporting

Specialty Diagnostic Radiology Frequency 738 Percentage 38.90 %

Specialty Neurology Frequency 627 Percentage 33.05 %

Specialty Cardiology Frequency 152 Percentage 8.01 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93892

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:93893	Tracking Number H4	Original Specialty Recommended RVU: 1.15
		Presented Recommended RVU: 1.15
Global Period: XXX	Current Work RVU: 1.15	RUC Recommended RVU: 1.15

CPT Descriptor: Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male has had an episode of stroke like symptoms. A transcranial doppler with agitated saline injection is ordered to assess for right-to left intracardiac shunt or pulmonary AV fistula.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the reason for the examination and any pertinent clinical history including patient demographics, symptoms, and suspected diagnosis. Review any prior applicable examinations including prior transcranial Doppler examinations and brain magnetic resonance (MR) and computed tomographic (CT) examinations Help technologist decide which vessels to insonate.

Description of Intra-Service Work: Supervise vascular technologist with patient preparation and performance of the test as needed. Review acquired Doppler spectral waveforms, flow direction, mean, systolic, and diastolic flow velocity, depth of sampling, and pulsatility index values, including waveforms obtained before, during, and after the agitated saline injection(s). Identify and review any high intensity transient signal events and classify as embolic or artifact. Count total number of post-injection embolic signals and note any "shower" or "curtain" appearance of embolic signals, and the vessel segment(s) in which they were identified. Record relationship to time after intravenous injection and to Valsalva maneuver. Document procedure results. Integrate findings with clinical presentations to formulate and document exam interpretation. Dictate, review, and approve the report.

Description of Post-Service Work: Contact referring physician for alert values or to rectify differences between preliminary and final reports when appropriate. Discuss findings with patient and referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023				
Presenter(s):	Kevin Kerber, MD; Meghan Ward, MD; Charles Tegeler, MD; Melissa Chen, MD; Jacob Ormsby, MD, MBA; Lauren Nicola, MD					
Specialty Society(ies):	American Academy of Neurology, American College of Radiology, American Society of Neuroradiology					
CPT Code:	93893					
Sample Size:	9812	Resp N:	36			
Description of Sample:	AAN-US members of the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections; ACR-random sample of current US members and random sample from subset of diagnostic radiologists from membership; ASNR-random sample of current US members					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	0.00	5.00	20.00	200.00
Survey RVW:		0.35	0.95	1.23	1.43	10.10
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	10.00	24.00	30.00	70.00
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:	93893	Recommended Physician Work RVU: 1.15		
		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:		24.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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
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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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93880	XXX	0.80	RUC Time

CPT Descriptor Duplex scan of extracranial arteries; complete bilateral study

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99202	XXX	0.93	RUC Time	1,684,018

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 straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
70490	XXX	1.28	RUC Time	58,481

CPT Descriptor 2 Computed tomography, soft tissue neck; without contrast material

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 7 % of respondents: 19.4 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 13.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>93893</u>	Top Key Reference CPT Code: <u>99213</u>	2nd Key Reference CPT Code: <u>93880</u>
Median Pre-Service Time	6.00	5.00	5.00
Median Intra-Service Time	24.00	20.00	15.00
Median Immediate Post-service Time	8.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	38.00	30.00	25.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	0%	86%	14%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	43%	57%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	14%	86%

Physical effort required	0%	29%	71%
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Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	29%	71%
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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%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

20%	60%	20%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	0%	80%	20%
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Physical effort required	0%	80%	20%
--------------------------	----	-----	-----

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

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 IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Transcranial Doppler (TCD) code family consists of the following seven codes:

- 93886: *Transcranial Doppler study of the intracranial arteries; complete study*
- 93888: *Transcranial Doppler study of the intracranial arteries; limited study*

- 93892: *Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection*
- 93893: *Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection*
- +93X94: *Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X95: *Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X96: *Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*

In April 2022, TCD codes 93886, 93890 (*Transcranial Doppler study of the intracranial arteries; vasoreactivity study*), and 93892 were included in a RAW screen as code pairs of services performed by the same physician on the same date of service 75% of the time or more. The code pairs were ultimately referred to the CPT Editorial Panel for a code bundling solution. The Panel approved add-on codes 93X94, 93X95, and 93X96 to report when performed on the same date of service as existing code transcranial Doppler (TCD) study 93886, thereby eliminating the duplication of any pre- or post-service activities. There are clinically appropriate scenarios when emboli detection without intravenous microbubble injection or venous-arterial shunt with intravenous microbubble injection are reported in conjunction with a TCD study, as well as independently on a separate date of service, typically as a follow-up study to track ongoing embolization. At the request of the specialty societies, CPT code 93890 was deleted as it is not typically clinically appropriate for a vasoreactivity study to be performed independently. Additionally, the CPT Panel revised the descriptor of 93893 from “emboli” detection to “venous-arterial shunt” detection.

CPT code 93886 represents a complete TCD study, which can assess for underlying abnormalities that could explain the cause of stroke, identify baseline before a subarachnoid patient goes into vasospasm, or collateralization pattern in a severe internal carotid artery stenosis to plan surgical options for carotid surgery. A complete TCD evaluation includes examination of the right and left anterior circulation territories and the posterior circulation territory, including the vertebral arteries and basilar artery.

CPT Code 93888 represents a limited TCD study which does not assess all the required elements included in 93886. A limited TCD evaluation includes evaluation of two or fewer of the right anterior circulation territory, the left anterior circulation territory, or the posterior circulation territory, including vertebral arteries and basilar arteries.

CPT code 93892 represents emboli monitoring without intravenous microbubble injection which detects high-intensity transient signals that are traveling through the vessel chosen to be insonated. This test is used to identify artery to artery emboli, from a stenotic carotid artery, middle cerebral artery, or vertebral artery, regardless of the degree of stenosis. This can be a standalone study since embolic events are sentinel events and are monitored in a prolonged fashion that can be seen as distinct signals in that vessel. If a known source of emboli from a diseased large artery, like a fragile carotid plaque, is present, then one can only insonate in the vessel downstream from that carotid without a need to investigate other vessels, whereas an unknown source necessitates additional tests. Emboli monitoring without intravenous microbubble injection can be used in:

- Patients who continue to have ischemic strokes despite various antithrombotic therapies. If emboli are still detected, it may indicate failure of such therapies.
- Monitoring for emboli during carotid artery interventions such as carotid artery angioplasty and stenting, or carotid endarterectomy.
- Monitoring for emboli during any cardiac interventions, from coronary artery bypass graft (CABG) to transcatheter aortic valve replacement (TAVR)

Code 93893 represents venous arterial shunt detection with intravenous microbubble injection which is used to look for right-to-left shunt or conduit such as an atrial septal defect (ASD) or patent foramen ovale (PFO), which is present in about 30% of the population and can be the cause of strokes. This test can offer a quantitative evaluation of the size of such a shunt by measuring the number of bubbles detected. Furthermore, this test can also be used to look for intrapulmonary venous-arterial shunts such as in an A-V fistula or other small conduits. When there is an intravenous microbubble injection, we are specifically looking for the presence of a shunt by creating emboli through injection. Shunt is the keyword used here to distinguish this study from emboli monitoring. If there is no intravenous microbubble injection, it is more appropriate to use the term emboli monitoring since the test is investigating a thrombotic source that is embolizing. This phenomenon is unrelated to the presence of a right-to-left shunt.

Code +93X94 is a new code that represents a vasoreactivity study and will be reported with performed on the same date of service as a complete TCD.

Code +93X95 is a new code that represents emboli monitoring without intravenous microbubble injection and will be reported with performed on the same date of service as a complete TCD.

Code +93X96 is a new code that represents venous arterial shunt detection with intravenous microbubble injection and will be reported with performed on the same date of service as a complete TCD.

The American Academy of Neurology (AAN), American College of Radiology (ACR), and the American Society of Neuroradiology (ASNR) convened an expert panel familiar with these services to provide value and time recommendations for the September 2023 RUC meeting.

Survey Process

The AAN surveyed a sample of 2,420 current US members from the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections. The ACR surveyed a random sample of 3,000 current US members, and a random sample of 3,000 members from a subset of US members with diagnostic radiology designation. The ASNR surveyed a random sample of 1,392 current US members. The total combined survey sample was 9,812.

Work RVU and Time Recommendations

The expert panel recommends maintaining the current work RVU of 1.15, which is below the survey median, with a survey median time of 24 minutes intra-service. Additionally, we are recommending the median survey times of 6 minutes pre-service and 8 minutes post-service, for 38 minutes total time.

Key Reference Services

Our recommended work RVU of 1.15 compares favorably to the most commonly chosen key reference service, CPT 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 time for code selection, 20-29 minutes of total time is spent on the date of the encounter*), which is an MPC code.

99213. Survey code 93893 has a survey median time of 24 minutes intra-service and recommended 1.15 work RVU, which reflects appropriate relativity to key reference code 99213, which has a lower intra service time of 20 minutes, and greater work RVU 1.30. Comparing the IWPOT of the survey code and key reference code supports the recommended median work RVU of 1.15.

The second key reference service code, CPT code 93880 (*Duplex scan of extracranial arteries; complete bilateral study*) also supports the recommendation. The survey median time of 24 minutes intra-service and recommended 1.15 work RVU, appropriately reflects the similar complexity of the service compared to key reference code 93880, which has a lower intra service time of 15 minutes, and accordingly a lower work RVU of 0.80 demonstrating relativity. Given the similar intensity of CPT code 93893 to CPT code 93880, our expert panel asserts it is appropriate to maintain the current work RVU.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
93880	Duplex scan of extracranial arteries; complete bilateral study	0.80	5	15	5	25	0.038	0.032
93893	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection	1.15	6	24	8	38	0.035	0.030
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.	1.30	5	20	5	30	0.043	0.043

MPC Codes

Our recommendation for surveyed code 93893 compares favorably to MPC code 99202 (*Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter*). 99202 has 10 minutes less intra service time than the surveyed codes and an appropriately higher IWPUT when comparing the work RVU between the two services.

The second key MPC service code, CPT code 70490 (*Computed tomography, soft tissue neck; without contrast material*) also supports the recommendation. Though MPC code 70490 has a slightly higher work RVU, it has an IWPUT twice that of survey code 93893, which correlates the intra-service time of 15 minutes that is nearly half that of 93893 (25 minutes).

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter	0.93	2	15	3	20	0.047	0.047
93892	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection	1.15	5	25	7	37	0.035	0.031
70490	Computed tomography, soft tissue neck; without contrast material	1.28	5	15	5	25	0.070	0.051

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 506
 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 2021 Medicare claims data and the frequency of specialties for reporting

Specialty Neurology	Frequency 323	Percentage 63.83 %
Specialty Family Medicine	Frequency 59	Percentage 11.66 %
Specialty Cardiology	Frequency 30	Percentage 5.92 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 93893

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: 93X94	Tracking Number H5	Original Specialty Recommended RVU: 0.81
		Presented Recommended RVU: 0.81
Global Period: ZZZ	Current Work RVU: N/A	RUC Recommended RVU: 0.81

CPT Descriptor: Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female is referred to the TCD laboratory after a carotid duplex ultrasound examination identified 90% left internal carotid artery stenosis. During the complete TCD, vasoreactivity testing is ordered to assess cerebrovascular reserve adequacy of collateral flow.

[Note: This is an add-on service. Only consider the additional work related to vasoreactivity testing.]

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: N/A

Description of Intra-Service Work: Supervise vascular technologist with patient preparation and performance of the TCD test as needed. Review clinical history in relation to safety of administering CO₂ or acetazolamide. Review the recorded data, including demographics, vital signs, and blood gases. Scan the right and left anterior circulation territories and the posterior circulation territory to include vertebral arteries and basilar arteries. Compare with findings from prior examinations. Assist technologist with identification of vessels to insonate. Review acquired Doppler spectral waveforms, flow direction, mean, systolic and diastolic flow velocities, depth of sampling, pulsatility index values, and capnometer values throughout the duration of the CO₂ administration in the resting values for the arterial segments studied. Document procedure results. Integrate findings with clinical presentation to formulate and document exam interpretation.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023					
Presenter(s):	Kevin Kerber, MD; Meghan Ward, MD; Charles Tegeler, MD; Melissa Chen, MD; Jacob Ormsby, MD, MBA; Lauren Nicola, MD					
Specialty Society(ies):	American Academy of Neurology, American College of Radiology, American Society of Neuroradiology					
CPT Code:	93X94					
Sample Size:	9812	Resp N:	30			
Description of Sample:	AAN-US members of the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections; ACR-random sample of current US members and random sample from subset of diagnostic radiologists from membership; ASNR-random sample of current US members					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	0.00	0.00	3.00	150.00
Survey RVW:		0.19	0.81	1.00	1.38	2.00
Pre-Service Evaluation Time:				0.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		1.00	7.00	15.00	20.00	60.00
Immediate Post Service-Time:		0.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00		
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00		
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00	15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00	
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00		

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	93X94	Recommended Physician Work RVU: 0.81		
		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 <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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
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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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76979	ZZZ	0.85	RUC Time

CPT Descriptor Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64634	ZZZ	1.32	RUC Time

CPT Descriptor 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)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
95885	ZZZ	0.35	RUC Time	125,139

CPT Descriptor 1 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)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
64484	ZZZ	1.00	RUC Time	378,950

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95984	ZZZ	0.80	RUC Time

CPT Descriptor Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s]), interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable

parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 % of respondents: 36.6 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 16.6 %

TIME ESTIMATES (Median)

	CPT Code: <u>93X94</u>	Top Key Reference CPT Code: <u>76979</u>	2nd Key Reference CPT Code: <u>64634</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	15.00	20.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	15.00	15.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	18%	55%	27%

Mental Effort and Judgment

	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> • The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed 	9%	27%	64%

- Urgency of medical decision making

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	45%	55%
Physical effort required	9%	64%	27%

Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	0%	36%	64%

**Survey Code Compared to
2nd Key Reference Code**

	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	20%	40%	40%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	20%	40%	40%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	20%	40%	40%
Physical effort required	0%	60%	40%

Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	20%	60%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Transcranial Doppler (TCD) code family consists of the following seven codes:

- 93886: *Transcranial Doppler study of the intracranial arteries; complete study*
- 93888: *Transcranial Doppler study of the intracranial arteries; limited study*
- 93892: *Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection*
- 93893: *Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection*
- +93X94: *Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X95: *Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X96: *Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*

In April 2022, TCD codes 93886, 93890 (*Transcranial Doppler study of the intracranial arteries; vasoreactivity study*), and 93892 were included in a RAW screen as code pairs of services performed by the same physician on the same date of service 75% of the time or more. The code pairs were ultimately referred to the CPT Editorial Panel for a code bundling solution. The Panel approved add-on codes 93X94, 93X95, and 93X96 to report when performed on the same date of service as existing code transcranial Doppler (TCD) study 93886, thereby eliminating the duplication of any pre- or post-service activities. There are clinically appropriate scenarios when emboli detection without intravenous microbubble injection or venous-arterial shunt with intravenous microbubble injection are reported in conjunction with a TCD study, as well as independently on a separate date of service, typically as a follow-up study to track ongoing embolization. At the request of the specialty societies, CPT code 93890 was deleted as it is not typically clinically appropriate for a vasoreactivity study to be performed independently. Additionally, the CPT Panel revised the descriptor of 93893 from “emboli” detection to “venous-arterial shunt” detection.

CPT code 93886 represents a complete TCD study, which can assess for underlying abnormalities that could explain the cause of stroke, identify baseline before a subarachnoid patient goes into vasospasm, or collateralization pattern in a severe internal carotid artery stenosis to plan surgical options for carotid surgery. A complete TCD evaluation includes examination of the right and left anterior circulation territories and the posterior circulation territory, including the vertebral arteries and basilar artery.

CPT Code 93888 represents a limited TCD study which does not assess all the required elements included in 93886. A limited TCD evaluation includes evaluation of two or fewer of the right anterior circulation territory, the left anterior circulation territory, or the posterior circulation territory, including vertebral arteries and basilar arteries.

CPT code 93892 represents emboli monitoring without intravenous microbubble injection which detects high-intensity transient signals that are traveling through the vessel chosen to be insonated. This test is used to identify artery to artery emboli, from a stenotic carotid artery, middle cerebral artery, or vertebral artery, regardless of the degree of stenosis. This can be a standalone study since embolic events are sentinel events and are monitored in a prolonged fashion that can be seen as distinct signals in that vessel. If a known source of emboli from a diseased large artery, like a fragile carotid plaque, is present, then one can only insonate in the vessel downstream from that carotid without a need to investigate other vessels, whereas an unknown source necessitates additional tests. Emboli monitoring without intravenous microbubble injection can be used in:

- Patients who continue to have ischemic strokes despite various antithrombotic therapies. If emboli are still detected, it may indicate failure of such therapies.
- Monitoring for emboli during carotid artery interventions such as carotid artery angioplasty and stenting, or carotid endarterectomy.
- Monitoring for emboli during any cardiac interventions, from coronary artery bypass graft (CABG) to transcatheter aortic valve replacement (TAVR)

Code 93893 represents venous arterial shunt detection with intravenous microbubble injection which is used to look for right-to-left shunt or conduit such as an atrial septal defect (ASD) or patent foramen ovale (PFO), which is present in about 30% of the population and can be the cause of strokes. This test can offer a quantitative evaluation of the size of such a shunt by measuring the number of bubbles detected. Furthermore, this test can also be used to look for intrapulmonary venous-arterial shunts such as in an A-V fistula or other small conduits. When there is an intravenous microbubble injection, we are specifically looking for the presence of a shunt by creating emboli through injection. Shunt is the keyword used here to distinguish this study from emboli monitoring. If there is no intravenous microbubble injection, it is more appropriate to use the term emboli monitoring since the test is investigating a thrombotic source that is embolizing. This phenomenon is unrelated to the presence of a right-to-left shunt.

Code +93X94 is a new code that represents a vasoreactivity study and will be reported with performed on the same date of service as a complete TCD.

Code +93X95 is a new code that represents emboli monitoring without intravenous microbubble injection and will be reported with performed on the same date of service as a complete TCD.

Code +93X96 is a new code that represents venous arterial shunt detection with intravenous microbubble injection and will be reported with performed on the same date of service as a complete TCD.

The American Academy of Neurology (AAN), American College of Radiology (ACR), and the American Society of Neuroradiology (ASNR) convened an expert panel familiar with these services to provide value and time recommendations for the September 2023 RUC meeting.

Survey Process

The AAN surveyed a sample of 2,420 current US members from the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections. The ACR surveyed a random sample of 3,000 current US members, and a random sample of 3,000 members from a subset of US members with diagnostic radiology designation. The ASNR surveyed a random sample of 1,392 current US members. The total combined survey sample was 9,812.

Work RVU and Time Recommendations

The expert panel recommends the survey 25th percentile work RVU of 0.81, and the survey median intra-service time of 15 minutes.

Key Reference Services

Our recommended work RVU of 0.81 compares favorably to the most commonly chosen key reference service, CPT code 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)*). The surveyed code has an identical survey intra-service time of 15 minutes and a similar work RVU of 0.81 as compared to the key reference code, which has a work RVU of 0.85, resulting in a comparable IWPUT.

The second key reference service code, CPT code 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)*) supports the recommendation, as it demonstrates appropriate relativity between the two codes. The IWPUT of 64634 is appropriately higher given it has a

higher work RVU of 1.32 (compared to a 0.81 work RVU of the surveyed code) with only 5 minutes more of intra-service time at 20 minutes (compared to 15 minutes intra-service time of the surveyed code).

The same number of survey respondents selected CPT code 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)*) as a top reference code as the second KRS 64634. 95984 further supports the recommendation as it has a near identical values of the surveyed code with a work RVU of 0.80 (compared to the recommended work RVU of 0.81), intra-service time of 15 minutes (same as the surveyed code), and an IWPUT of 0.053 (compared to surveyed code IWPUT of 0.054).

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
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)	0.80	-	15	-	15	0.053	0.053
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)	0.85	-	15	-	15	0.057	0.057
93X94	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	0.81	-	15	-	15	0.054	0.054
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	1.32	-	20	-	20	0.066	0.066

(List separately in addition to code for primary procedure)							
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MPC Codes

Our recommendation for surveyed code 93X94 compares favorably to the MPC codes depicted in the table below, including CPT 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)*). While 95885 has the same intra-service time of 15 minutes as the survey median time, the recommended median survey work RVU of 0.81 is more than twice that of MPC code. The recommendation is supported as the IWPUT of 95885, at 0.023, correlates appropriately with the IWPUT of 93X94, at 0.054.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
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)	0.35	-	15	-	15	0.023	0.023
93X94	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	0.81	-	15	-	15	0.054	0.054
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)	1.00	-	10	-	10	0.100	0.100

Summary

In summary, our expert panel recommends the survey 25th percentile **work RVU of 0.81** and the survey median **intra service time of 15 minutes**. The recommended value compares favorably with MPC codes 95885 and 64484 and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.

Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 93890

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Neurology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 135840

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate three times the 2021 Medicare claims data with similar frequency of reporting as Medicare claims data by specialty.

Specialty Diagnostic Radiology Frequency 57053 Percentage 42.00 %

Specialty Neurology Frequency 40752 Percentage 30.00 %

Specialty Cardiology Frequency 12226 Percentage 9.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 45,280 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 2021 Medicare claims data and the frequency of specialties for CPT code 93890-how the service was previously reported.

Specialty Diagnostic Radiology Frequency 19018 Percentage 42.00 %

Specialty Neurology Frequency 13584 Percentage 30.00 %

Specialty Cardiology Frequency 4076 Percentage 9.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

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. 93890

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 93X95	Tracking Number H6	Original Specialty Recommended RVU: 0.73
		Presented Recommended RVU: 0.73
Global Period: ZZZ	Current Work RVU: N/A	RUC Recommended RVU: 0.73

CPT Descriptor: Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old woman is referred to the TCD laboratory after presenting with a right hemisphere infarct. During the complete TCD study, embolus detection is ordered to assess evidence of a proximal embolic source. [Note: This is an add-on service. Only consider the additional work related to emboli detection.]

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: N/A

Description of Intra-Service Work: Supervise vascular technologist with patient preparation and performance of the TCD test as needed. Review the recorded data, including demographics, vital signs, and blood gases. Scan the right and left anterior circulation territories and the posterior circulation territory to include vertebral arteries and basilar arteries. Compare with findings from prior examinations. Emboli detection is performed in cerebral arteries to monitor high-intensity transients consistent with thromboembolic phenomena. Document procedure results. Integrate findings with clinical presentation to formulate and document exam interpretation.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023				
Presenter(s):	Kevin Kerber, MD; Meghan Ward, MD; Charles Tegeler, MD; Melissa Chen, MD; Jacob Ormsby, MD, MBA; Lauren Nicola, MD					
Specialty Society(ies):	American Academy of Neurology, American College of Radiology, American Society of Neuroradiology					
CPT Code:	93X95					
Sample Size:	9812	Resp N:	31			
Description of Sample:	AAN-US members of the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections; ACR-random sample of current US members and random sample from subset of diagnostic radiologists from membership; ASNR-random sample of current US members					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	0.00	0.00	8.00	200.00
Survey RVW:		0.19	0.73	0.90	1.15	2.10
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	9.00	15.00	28.00	75.00
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:	93X95	Recommended Physician Work RVU: 0.73		
		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 <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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
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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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76979	ZZZ	0.85	RUC Time

CPT Descriptor Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95984	ZZZ	0.80	RUC Time

CPT Descriptor Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95885	ZZZ	0.35	RUC Time	123,139

CPT Descriptor 1 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)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64484	ZZZ	1.00	RUC Time	378,950

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 % of respondents: 32.2 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 16.1 %

TIME ESTIMATES (Median)

	CPT Code: <u>93X95</u>	Top Key Reference CPT Code: <u>76979</u>	2nd Key Reference CPT Code: <u>95984</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	15.00	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	15.00	15.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	40%	40%	20%

Mental Effort and Judgment

	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> • The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making 	0%	70%	30%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	80%	20%
Physical effort required	0%	90%	10%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	50%	40%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	20%	60%	20%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	40%	60%
Physical effort required	0%	40%	60%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	60%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Transcranial Doppler (TCD) code family consists of the following seven codes:

- 93886: *Transcranial Doppler study of the intracranial arteries; complete study*
- 93888: *Transcranial Doppler study of the intracranial arteries; limited study*
- 93892: *Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection*
- 93893: *Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection*
- +93X94: *Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X95: *Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
- +93X96: *Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*

In April 2022, TCD codes 93886, 93890 (*Transcranial Doppler study of the intracranial arteries; vasoreactivity study*), and 93892 were included in a RAW screen as code pairs of services performed by the same physician on the same date of service 75% of the time or more. The code pairs were ultimately referred to the CPT Editorial Panel for a code bundling solution. The Panel approved add-on codes 93X94, 93X95, and 93X96 to report when performed on the same date of service as existing code transcranial Doppler (TCD) study 93886, thereby eliminating the duplication of any pre- or post-service activities. There are clinically appropriate scenarios when emboli detection without intravenous microbubble injection or venous-arterial shunt with intravenous microbubble injection are reported in conjunction with a TCD study, as well as independently on a separate date of service, typically as a follow-up study to track ongoing embolization. At the request of the specialty societies, CPT code 93890 was deleted as it is not typically clinically appropriate for a vasoreactivity study to be performed independently. Additionally, the CPT Panel revised the descriptor of 93893 from “emboli” detection to “venous-arterial shunt” detection.

CPT code 93886 represents a complete TCD study, which can assess for underlying abnormalities that could explain the cause of stroke, identify baseline before a subarachnoid patient goes into vasospasm, or collateralization pattern in a severe internal carotid artery stenosis to plan surgical options for carotid surgery. A complete TCD evaluation includes examination of the right and left anterior circulation territories and the posterior circulation territory, including the vertebral arteries and basilar artery.

CPT Code 93888 represents a limited TCD study which does not assess all the required elements included in 93886. A limited TCD evaluation includes evaluation of two or fewer of the right anterior circulation territory, the left anterior circulation territory, or the posterior circulation territory, including vertebral arteries and basilar arteries.

CPT code 93892 represents emboli monitoring without intravenous microbubble injection which detects high-intensity transient signals that are traveling through the vessel chosen to be insonated. This test is used to identify artery to artery emboli, from a stenotic carotid artery, middle cerebral artery, or vertebral artery, regardless of the degree of stenosis. This can be a standalone study since embolic events are sentinel events and are monitored in a prolonged fashion that can be seen as distinct signals in that vessel. If a known source of emboli from a diseased large artery, like a fragile carotid plaque, is present, then one can only insonate in the vessel downstream from that carotid without a need to investigate other vessels, whereas an unknown source necessitates additional tests. Emboli monitoring without intravenous microbubble injection can be used in:

- Patients who continue to have ischemic strokes despite various antithrombotic therapies. If emboli are still detected, it may indicate failure of such therapies.
- Monitoring for emboli during carotid artery interventions such as carotid artery angioplasty and stenting, or

carotid endarterectomy.

- Monitoring for emboli during any cardiac interventions, from coronary artery bypass graft (CABG) to transcatheter aortic valve replacement (TAVR)

Code 93893 represents venous arterial shunt detection with intravenous microbubble injection which is used to look for right-to-left shunt or conduit such as an atrial septal defect (ASD) or patent foramen ovale (PFO), which is present in about 30% of the population and can be the cause of strokes. This test can offer a quantitative evaluation of the size of such a shunt by measuring the number of bubbles detected. Furthermore, this test can also be used to look for intrapulmonary venous-arterial shunts such as in an A-V fistula or other small conduits. When there is an intravenous microbubble injection, we are specifically looking for the presence of a shunt by creating emboli through injection. Shunt is the keyword used here to distinguish this study from emboli monitoring. If there is no intravenous microbubble injection, it is more appropriate to use the term emboli monitoring since the test is investigating a thrombotic source that is embolizing. This phenomenon is unrelated to the presence of a right-to-left shunt.

Code +93X94 is a new code that represents a vasoreactivity study and will be reported with performed on the same date of service as a complete TCD.

Code +93X95 is a new code that represents emboli monitoring without intravenous microbubble injection and will be reported with performed on the same date of service as a complete TCD.

Code +93X96 is a new code that represents venous arterial shunt detection with intravenous microbubble injection and will be reported with performed on the same date of service as a complete TCD.

The American Academy of Neurology (AAN), American College of Radiology (ACR), and the American Society of Neuroradiology (ASNR) convened an expert panel familiar with these services to provide value and time recommendations for the September 2023 RUC meeting.

Survey Process

The AAN surveyed a sample of 2,420 current US members from the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections. The ACR surveyed a random sample of 3,000 current US members, and a random sample of 3,000 members from a subset of US members with diagnostic radiology designation. The ASNR surveyed a random sample of 1,392 current US members. The total combined survey sample was 9,812.

Work RVU and Time Recommendations

The expert panel recommends the survey 25th percentile work RVU of 0.73, and the survey median intra-service time of 15 minutes.

Key Reference Services

Our recommended work RVU of 0.73 compares favorably to the most commonly chosen key reference service 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)*). The IWPUT of 76979 is appropriately higher at 0.057, (as compared to the IWPUT of the surveyed code at 0.049) given it has a higher work RVU of 0.85 and the same intra-service time of 15 minutes as the surveyed code.

The second key reference service code, CPT code 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)*) also supports the recommendation as it demonstrates appropriate relativity between the two codes. The surveyed code has an identical survey intra-service time of 15 minutes

and a slightly lower work RVU of 0.73 as compared to the key reference code which has a work RVU of 0.80 resulting in a comparable IWPUT.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
93X95	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	0.73	-	15	-	15	0.049	0.049
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)	0.80	-	15	-	15	0.053	0.053
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)	0.85	-	15	-	15	0.057	0.057

MPC Codes

Our recommendation for surveyed code 93X95 compares favorably to the MPC codes depicted in the table below, including CPT 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)*). While 95885 has the same intra-service time of 15 minutes as the survey median time, the recommended median survey work RVU of 0.73 is twice that of MPC code. The recommendation is supported as the IWPUT of 95885, at 0.023, correlates appropriately with the IWPUT of 93X95, at 0.049.

The surveyed code recommendations are also supported by MPC code 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)*), as it demonstrates appropriate relativity between the two codes. The IWPUT of 64484 is appropriately higher given it has a higher work

RVU of 1.00 (compared to a 0.73 work RVU of the surveyed code) and a lower intra-service time of 10 minutes (compared to 15 minutes intra-service time of the surveyed code).

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
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)	0.35	-	15	-	15	0.023	0.023
93X95	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	0.73	-	15	-	15	0.049	0.049
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)	1.00	-	10	-	10	0.100	0.100

Summary

In summary, our expert panel recommends the 25th percentile **work RVU of 0.73** and the survey median **intra service time of 15 minutes**. The recommended value compares favorably with MPC codes 95885 and 64484 and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 93892

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Neurology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 133731

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We anticipate three times the 2021 Medicare claims data with similar frequency of reporting as Medicare claims data by specialty.

Specialty Diagnostic Radiology Frequency 52156 Percentage 39.00 %

Specialty Neurology Frequency 45469 Percentage 34.00 %

Specialty Cardiology Frequency 10699 Percentage 8.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

44,577 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 2021 Medicare claims data and the frequency of specialties for CPT code 93892, which is how the service was previously reported (93892 billed together data indicates 94% billed with 93886)

Specialty Diagnostic Radiology Frequency 17386 Percentage 39.00 %

Specialty Neurology Frequency 15157 Percentage 34.00 %

Specialty Cardiology Frequency 3567 Percentage 8.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

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. 93892

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 93X96	Tracking Number H6	Original Specialty Recommended RVU: 0.85
		Presented Recommended RVU: 0.85
Global Period: ZZZ	Current Work RVU: N/A	RUC Recommended RVU: 0.85

CPT Descriptor: Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old man is referred to the TCD laboratory following an episode of aphasia and right hemiparesis. During the complete TCD study, an agitated saline injection is ordered to assess for right-to-left intracardiac shunt or pulmonary AV fistula. [Note: This is an add-on service. Only consider the additional work related to shunt detection.]

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: N/A

Description of Intra-Service Work: Supervise vascular technologist with patient preparation and performance of the TCD test as needed. Review acquired Doppler spectral waveforms, flow direction, mean, systolic, and diastolic flow velocity, depth of sampling, and pulsatility index values, including waveforms obtained before, during, and after the agitated saline injection(s). Identify and review any high intensity transient signal events and classify as embolic or artifact. Count total number of post-injection embolic signals and note any "shower" or "curtain" appearance of embolic signals, and the vessel segment(s) in which they were identified. Record relationship to time after intravenous injection and to Valsalva maneuver. Document procedure results. Integrate findings with clinical presentations to formulate and document exam interpretation.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023					
Presenter(s):	Kevin Kerber, MD; Meghan Ward, MD; Charles Tegeler, MD; Melissa Chen, MD; Jacob Ormsby, MD, MBA; Lauren Nicola, MD					
Specialty Society(ies):	American Academy of Neurology, American College of Radiology, American Society of Neuroradiology					
CPT Code:	93X96					
Sample Size:	9812	Resp N:	31			
Description of Sample:	AAN-US members of the AAN's Neuroimaging, Stroke & Vascular Neurology, Critical Care, Neurohospitalist, and Endovascular & Interventional Neurology sections; ACR-random sample of current US members and random sample from subset of diagnostic radiologists from membership; ASNR-random sample of current US members					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	0.00	2.00	10.00	60.00
Survey RVW:		0.19	0.85	1.00	1.20	2.30
Pre-Service Evaluation Time:				0.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		1.00	11.00	20.00	29.00	80.00
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:	93X96	Recommended Physician Work RVU: 0.85		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		0.00	0.00	0.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		20.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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
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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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76979	ZZZ	0.85	RUC Time

CPT Descriptor Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
64484	ZZZ	1.00	RUC Time

CPT Descriptor 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)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
51797	ZZZ	0.80	RUC Time	97,767

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64480	ZZZ	1.20	RUC Time	17,260

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 % of respondents: 35.4 %

Number of respondents who choose 2nd Key Reference Code: 4 % of respondents: 12.9 %

TIME ESTIMATES (Median)

	CPT Code: <u>93X96</u>	Top Key Reference CPT Code: <u>76979</u>	2nd Key Reference CPT Code: <u>64484</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	15.00	10.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	20.00	15.00	10.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	36%	36%	28%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	27%	73%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	55%	45%

Physical effort required	0%	64%	36%
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Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	45%	55%
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Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	0%	50%	25%	25%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%	25%	75%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	0%	100%	0%
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Physical effort required	0%	75%	25%
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Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	25%	75%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Transcranial Doppler (TCD) code family consists of the following seven codes:

- 93886: *Transcranial Doppler study of the intracranial arteries; complete study*

- 93888: *Transcranial Doppler study of the intracranial arteries; limited study*
- 93892: *Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection*
- 93893: *Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection*
- +93X94: *Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)*
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In April 2022, TCD codes 93886, 93890 (*Transcranial Doppler study of the intracranial arteries; vasoreactivity study*), and 93892 were included in a RAW screen as code pairs of services performed by the same physician on the same date of service 75% of the time or more. The code pairs were ultimately referred to the CPT Editorial Panel for a code bundling solution. The Panel approved add-on codes 93X94, 93X95, and 93X96 to report when performed on the same date of service as existing code transcranial Doppler (TCD) study 93886, thereby eliminating the duplication of any pre- or post-service activities. There are clinically appropriate scenarios when emboli detection without intravenous microbubble injection or venous-arterial shunt with intravenous microbubble injection are reported in conjunction with a TCD study, as well as independently on a separate date of service, typically as a follow-up study to track ongoing embolization. At the request of the specialty societies, CPT code 93890 was deleted as it is not typically clinically appropriate for a vasoreactivity study to be performed independently. Additionally, the CPT Panel revised the descriptor of 93893 from “emboli” detection to “venous-arterial shunt” detection.

CPT code 93886 represents a complete TCD study, which can assess for underlying abnormalities that could explain the cause of stroke, identify baseline before a subarachnoid patient goes into vasospasm, or collateralization pattern in a severe internal carotid artery stenosis to plan surgical options for carotid surgery. A complete TCD evaluation includes examination of the right and left anterior circulation territories and the posterior circulation territory, including the vertebral arteries and basilar artery.

CPT Code 93888 represents a limited TCD study which does not assess all the required elements included in 93886. A limited TCD evaluation includes evaluation of two or fewer of the right anterior circulation territory, the left anterior circulation territory, or the posterior circulation territory, including vertebral arteries and basilar arteries.

CPT code 93892 represents emboli monitoring without intravenous microbubble injection which detects high-intensity transient signals that are traveling through the vessel chosen to be insonated. This test is used to identify artery to artery emboli, from a stenotic carotid artery, middle cerebral artery, or vertebral artery, regardless of the degree of stenosis. This can be a standalone study since embolic events are sentinel events and are monitored in a prolonged fashion that can be seen as distinct signals in that vessel. If a known source of emboli from a diseased large artery, like a fragile carotid plaque, is present, then one can only insonate in the vessel downstream from that carotid without a need to investigate other vessels, whereas an unknown source necessitates additional tests. Emboli monitoring without intravenous microbubble injection can be used in:

- Patients who continue to have ischemic strokes despite various antithrombotic therapies. If emboli are still detected, it may indicate failure of such therapies.
- Monitoring for emboli during carotid artery interventions such as carotid artery angioplasty and stenting, or carotid endarterectomy.
- Monitoring for emboli during any cardiac interventions, from coronary artery bypass graft (CABG) to transcatheter aortic valve replacement (TAVR)

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)	0.85	-	15	-	15	0.057	0.057
93X96	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	0.85	-	20	-	20	0.043	0.043
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)	1.00	-	10	-	10	0.100	0.100

MPC Codes

Our recommendation for surveyed code 93X96 compares favorably to the MPC codes depicted in the table below, including CPT code 51797 (*Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)*) as it demonstrates appropriate relativity between the two codes. The recommended work RVU of 0.85 is supported by the MPC code when you compare it to the work RVU of 51797, which is 0.80 and the corollary time relationship between the two codes (20 minutes and 15 minutes, respectively.) The resulting IWPUT of survey code 96X96 at 0.043 is appropriately relative to that of MPC code 51797, which is 0.053.

The surveyed code recommendations are also supported by MPC code 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)*). The IWPUT of 64480 is appropriately higher given it has a higher work RVU of 1.20 (compared to the recommended 0.85 work RVU of the surveyed code) and a lower intra-service time of 15 minutes (compared to 20 minutes intra-service time of the surveyed code). The resulting IWPUTs of each code demonstrate appropriate relativity.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	0.80	-	15	-	15	0.053	0.053
93X96	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	0.85	-	20	-	20	0.043	0.043

Specialty Family Medicine	Frequency 408	Percentage 12.00 %
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Specialty Cardiology	Frequency 204	Percentage 6.00 %
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Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,133
 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 2021 Medicare claims data and the frequency of specialties for CPT code 93893, which is how the service was previously reported (93893 billed together data indicates 56% billed with 93886)

Specialty Neurology	Frequency 726	Percentage 64.07 %
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Specialty Family Medicine	Frequency 136	Percentage 12.00 %
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Specialty Cardiology	Frequency 68	Percentage 6.00 %
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Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

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. 93893

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: Transcranial Doppler Studies																												
2	TAB: 9																												
3																													
4					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
5	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
6	1st REF	93880	Duplex scan of extracranial arteries; complete bilateral study	XXX	Apr-14	13	0.038	0.032			0.80			25	5						15		5						
7	2nd REF	99213	Office or other outpatient visit for the evaluation and management of	XXX	Apr-19	5	0.043	0.043			1.30			30	5						20		5						
10	CURRENT	93886	Transcranial Doppler study of the intracranial arteries; complete study	XXX	Apr-14		0.040	0.034			0.91			27	5						17		5						
16	SVY	93886	Transcranial Doppler study of the intracranial arteries; complete study	XXX		38	0.057	0.043	0.78	0.90	1.16	1.30	8.00	27	5			0	5	16	30	50	6	0	0	53	117	800	
17	REC	93886	Transcranial Doppler study of the intracranial arteries; complete study	XXX			0.041	0.033			0.90			27	5						16		6						
18																													
19																													
20					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
21	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
22	1st REF	93880	Duplex scan of extracranial arteries; complete bilateral study	XXX	Apr-14	10	0.038	0.032			0.80			25	5						15		5						
23	2nd REF	93971	Duplex scan of extremity veins including responses to	XXX	Apr-11	7	0.027	0.025			0.45			18	3						10		5						
24	CURRENT	93888	Transcranial Doppler study of the intracranial arteries; limited study	XXX	Apr-14		0.028	0.025			0.50			20	5						10		5						
30	SVY	93888	Transcranial Doppler study of the intracranial arteries; limited study	XXX		35	0.038	0.032	0.45	0.73	0.80	1.09	4.50	25	5			0	4	15	20	50	5	0	0	8	30	100	
31	REC	93888	Transcranial Doppler study of the intracranial arteries; limited study	XXX			0.034	0.029			0.73			25	5						15		5						
32																													
33																													
34					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
35	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
36	1st REF	93880	Duplex scan of extracranial arteries; complete bilateral study	XXX	Apr-14	6	0.038	0.032			0.80			25	5						15		5						
37	2nd REF	70544	Magnetic resonance angiography, head; without contrast material(s)	XXX	Oct-16	6	0.081	0.055			1.20			22	5						12		5						
38	CURRENT	93892	Transcranial Doppler study of the intracranial arteries; emboli	XXX	Feb-04		0.035	0.029			1.15			40	10						20		10						
44	SVY	93892	Transcranial Doppler study of the intracranial arteries; emboli	XXX		35	0.035	0.031	0.35	0.88	1.15	1.30	9.40	37	5			0	10	25	34	75	7	0	0	5	22	500	
45	REC	93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous	XXX			0.035	0.031			1.15			37	5						25		7						
46																													
47																													
48					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
49	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
50	1st REF	99213	Office or other outpatient visit for the evaluation and management of	XXX	Apr-19	7	0.043	0.043			1.30			30	5						20		5						
51	2nd REF	93880	Duplex scan of extracranial arteries; complete bilateral study	XXX	Apr-14	5	0.038	0.032			0.80			25	5						15		5						

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
4					RUC Review Year				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global		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
52	CURRENT	93893	Transcranial Doppler study of the intracranial arteries; venous-arterial	XXX	Feb-04		0.035	0.029			1.15			40	10					20			10					
58	SVY	93893	Transcranial Doppler study of the intracranial arteries; venous-arterial	XXX		36	0.038	0.032	0.35	0.95	1.23	1.43	10.10	38	6			1	10	24	30	70	8	0	0	5	20	200
59	REC	93893	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous	XXX			0.035	0.030			1.15			38	6					24			8					

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 93886, 93888, 93892, 93893, 93X94, 93X95, 93X96

SPECIALTY SOCIETY(IES): AAN, ACR, ASNR

PRESENTER(S): Kevin

Kerber, MD; Charles Tegeler, MD; Lauren Nicola, MD; Melissa Chen, MD; Jacob Ormsby, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2023

Surveyed CPT Code	93886	Global Period: XXX
CPT Code Descriptor	Transcranial Doppler study of the intracranial arteries; complete study	
Typical Patient	A 65-year-old female has had a stroke or stroke like symptoms. A complete transcranial ultrasound study is ordered to evaluate the anterior and posterior circulation territories for stenosis or occlusion.	

Surveyed CPT Code	93888	Global Period: XXX
CPT Code Descriptor	Transcranial Doppler study of the intracranial arteries; limited study	
Typical Patient	A 65-year-old female has had a stroke or stroke like symptoms localized to the left carotid artery territory. A limited transcranial ultrasound study (2 or fewer territories) of the left anterior circulation territory is ordered to evaluate for occlusion or stenosis	

Surveyed CPT Code	93892	Global Period: XXX
CPT Code Descriptor	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	
Typical Patient	A 65-year-old female has had a stroke or stroke like symptoms. As part of the evaluation, transcranial doppler emboli detection without intravenous microbubble injection is ordered to assess for evidence of a proximal embolic source.	

Surveyed CPT Code	93893	Global Period: XXX
CPT Code Descriptor	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with intravenous microbubble injection	
Typical Patient	A 50-year-old male has had an episode of stroke like symptoms. A transcranial doppler with agitated saline injection is ordered to assess for right-to left intracardiac shunt or pulmonary AV fistula.	

Surveyed CPT Code	93X94	Global Period: ZZZ
CPT Code Descriptor	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	
Typical Patient	A 65-year-old female is referred to the TCD laboratory after a carotid duplex ultrasound examination identified 90% left internal carotid artery stenosis. During the complete TCD, vasoreactivity testing is ordered to assess cerebrovascular reserve adequacy of collateral flow. [Note: This is an add-on service. Only consider the additional work related to vasoreactivity testing.]	

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 93886, 93888, 93892, 93893, 93X94, 93X95, 93X96

SPECIALTY SOCIETY(IES): AAN, ACR, ASNR

PRESENTER(S): Kevin

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Surveyed CPT Code	93X95	Global Period: ZZZ
CPT Code Descriptor	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	
Typical Patient	A 65-year-old woman is referred to the TCD laboratory after presenting with a right hemisphere infarct. During the complete TCD study, embolus detection is ordered to assess evidence of a proximal embolic source. [Note: This is an add-on service. Only consider the additional work related to emboli detection.]	

Surveyed CPT Code	93X96	Global Period: ZZZ
CPT Code Descriptor	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	
Typical Patient	A 50-year-old man is referred to the TCD laboratory following an episode of aphasia and right hemiparesis. During the complete TCD study, an agitated saline injection is ordered to assess for right-to-left intracardiac shunt or pulmonary AV fistula. [Note: This is an add-on service. Only consider the additional work related to shunt detection.]	

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The American Academy of Neurology, American College of Radiology, and the American Society of Neuroradiology convened a panel that included RUC advisors and subject matter experts familiar with these services to evaluate the direct practice expense inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

The current CMS direct PE inputs were used as reference for existing codes 93886, 93888, 93892, and 93892.

CPT code 93890 is being deleted and the service will be reported with a new ZZZ add on code 93X94. As such the current CMS direct PE inputs for 93890 were used as reference for 93X94.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 93886, 93888, 93892, 93893, 93X94, 93X95, 93X96
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Codes 93X95 and 93X96 are new ZZZ add on codes that represent similar intra-service work (of the service period) as existing XXX codes 93892 and 93893 respectively. As such the current CMS direct PE inputs for 93892 and 93893 were used as reference for 93X95 and 93X96.

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?

93886 – No
 93888 – No
 93892 – No
 93893 – Yes

For CPT codes 93X94, 93X95, and 93X96, the societies are uncertain if the services will typically be billed with an E/M.

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.

	Dominant provider in non-facility	% dominant provider provides in non-facility	Is dominant provider in non-facility different than global?
93886	Neurology	38%	No
93888	Cardiology	40%	Yes
93892	Diagnostic Radiology	41%	No
93893	Neurology	55%	No

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

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

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 93886, 93888, 93892, 93893, 93X94, 93X95, 93X96

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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:

CPT codes 93886 and 93888 were last reviewed by the RUC in April 2014. Many of the standards were set by CMS after this time (2015+), which explains some of the discrepancies with our current times and the standards as detailed below.

Pre-service (of service period)

CA013:

93892 and 93893: The standard is 2 minutes. The specialties recommend 4 minutes to account for set up of ultrasound equipment. This is consistent across the code family. In 2014, CMS approved 2 minutes for preparing the room and 2 minutes for setting up the US equipment for codes 93886 and 93888. With the creation of the new PE spreadsheet, 4 minutes was assigned to clinical activity code CA013.

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:

CPT codes 93886 and 93888 were last reviewed by the RUC in April 2014. Many of the standards were set by CMS after this time (2015+), which explains some of the discrepancies with our current times and the standards as detailed below.

Pre-Service

CA008: reallocated 3 minutes to CA006 (2 min), and CA007 (1 min) – for consistency across the family and to align with standard for each clinical activity. (93892, 93893)

Pre-service (of service period)

CA014: The specialties recommend 1 minute to align with imaging service standard (93886, 93888, 93892, 93893) and since the tech is performing the scanning. Note: In the 2015 MPFS CMS approved 2 minutes for "reviewing pt questionnaire & protocol exam" as std. The PE Spreadsheet Workgroup later divided this into 2 line items (CA007 & CA014), at 1 minute each.

Intra service (of service period)

For 93892 and 93893, the intra service minutes were reallocated from CA018 (*Assist physician or other qualified healthcare professional---directly related to physician work time (100%)*) to CA021 (*Perform procedure/service---NOT directly related to physician work time*); as the clinical staff activities are not dependent on the presence of physician/qualified health care professional. This is consistent across the code family, and it is our understanding that the intra service minutes for

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 93886, 93888, 93892, 93893, 93X94, 93X95, 93X96
SPECIALTY SOCIETY(IES): AAN, ACR, ASNR
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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

93892 and 93893 were assigned to CA018 in error as this is not a new standard for the delivery of care.

Post-service (of service period)

CA027: The specialties redistributed the 5 minutes from CA027 to CA030 (2 min), CA031 (2 min), and CA032 (1 min) – for consistency across the family and to align with standard for each clinical activity. (93892, 93893)

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:

93886 and 93888 each had 3 minutes allocated for CA010 prior to 2018. The current inputs for 93886 and 93888 for this activity is 5 minutes.
As blood pressure and pulse are the only vitals obtained, we are recommending the standard 3 minutes.

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

93886, 93888, 93892, 93893:

Verify correct procedure ordered. Review the history in the patient chart and schedule patient appointment. Communicate preparation instructions to the patient prior to their visit. Verify instruments and supplies are available.

b. Service period (includes pre, intra and post):

Pre (of the service period)

Greet and verify patient identification. Confirm reason for exam and correct test ordered. Ensure appropriate records/previous imaging are available if needed for comparison. Obtain patient consent, room patient and provide gowning. Obtain brief history, take vital signs (blood pressure, pulse) and listen for Carotid Bruits. Prepare room, ultrasound equipment, and supplies.
*93893 only: prepare, set up and start IV.

Intra (of the service period)

Perform procedure/service- (see question 11 for details)

Post (of the service period)

93886, 93888, 93892, 93893

Access reporting software. Review all recorded images and information and compare to previous study if available. Record vital signs and presence of carotid bruits with any additional related

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 93886, 93888, 93892, 93893, 93X94, 93X95, 93X96

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

patient information obtained. Transfer data to reading station and archive data. Sign preliminary report and submit to reading physician. Clean room and equipment.

c. Post-service period:

[Empty box for post-service period details]

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 patient in a position appropriate for the study. Attach probes, identify, and optimize doppler signal. Proceed in performing the TCD exam accessing bilateral Temporal, sub-occipital windows on the patient. Freeze, label, measure and store all samples of the intracranial circulation and posterior circulation. Communicate with the patient any special positioning required if related to their onset of symptom. Adjust power settings to insonate via the Orbit bilaterally. Remove all visible ultrasound gel and provide a dry cloth to the patient. Ensure patient vitals are normal and no new symptoms prior to discharge. Release patient.
Additional activities for 93893 and 93X96:
Coordinate injection of agitated saline bubbles while scanning the patient through temporal windows. Record all images corresponding to injection and set duration of time afterwards to show presence or absence of embolic phenomena with injection. Remove IV.
Additional activities for 93X94:
Review the instructions for inhaling CO2 and address patient questions and concerns. Calibrate the capnometer to monitor exhaled CO2.

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (please see 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

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 93886, 93888, 93892, 93893, 93X94, 93X95, 93X96

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

15. Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?
16. Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?
17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 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?

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

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
 - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 93886, 93888, 93892, 93893, 93X94, 93X95, 93X96

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Kerber, MD; Charles Tegeler, MD; Lauren Nicola, MD; Melissa Chen, MD; Jacob Ormsby, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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:

- Room, ultrasound, vascular (EL016) = Highly technical formula
Technologist PACS workstation (ED050) = PACS formula
Professional PACS workstation (ED053) = Sum of half of pre-service physician time and full intra-service physician time
CO2 infrared analyzer (COSMO) = Highly technical formula

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

CPT codes 93886 and 93888 were last reviewed by the RUC in April 2014. Many of the standards were set by CMS after this time (2015+), which explains some of the discrepancies with our current times and the standards as detailed below.
Pre-service
CA006: The specialties recommend 2 minutes to align with imaging service standard (93886, 93888)
CA007: The specialties recommend 1 minute to align with imaging service standard (93886, 93888).
Pre-service (of service period)
CA009: The specialties recommend 3 minutes to align with standard, a reduction from for codes 93892 and 93893.
CA010: The specialties recommend 3 minutes to align with standard (93886, 93888, 93892, 93893)
Post-service (of service period)
CA031: The specialties recommend 2 minutes to align with standard (93886, 93888). This standard was set in the 2015 MPFS by CMS, after these codes were initially reviewed.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 93886, 93888, 93892, 93893, 93X94, 93X95, 93X96

SPECIALTY SOCIETY(IES): _AAN, ACR, ASNR

PRESENTER(S): Kevin

Kerber, MD; Charles Tegeler, MD; Lauren Nicola, MD; Melissa Chen, MD; Jacob Ormsby, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)

PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. *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).

Clinical activity CA009 *Greet patient, provide gowning, ensure appropriate medical records are available* was reduced from 3 minutes to 1 minute for 93893 (as 93893 typically performed on the same date of service as an E/M).

Clinical activity CA010 *obtain vital signs* was reduced from 3 minutes to 0 minutes for 93893 (as 93893 is typically performed on the same date of service as an EM).

Clinical activity CA031 *Review examination with interpreting MD/DO* was reduced from 2 minutes to 0 minutes for codes 93886, 93888, 93892, 93893 (as it is not typical to convey the exam results with the interpreting MD/DO).

	A	B	D	E	F	G	H	I	J	M	N	O	P
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2						93886		93886		93888		93888	
3		RUC Collaboration Website				Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; complete study		Transcranial Doppler study of the intracranial arteries; limited study		Transcranial Doppler study of the intracranial arteries; limited study	
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): Tab: 9 Specialty: AAN, ACR, ASNR	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
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 190.33	\$ -	\$ 174.73	\$ -	\$ 120.48	\$ -	\$ 112.52	\$ -
8		TOTAL CLINICAL STAFF TIME	L054A	Vascular Technologist	0.725	75.0	0.0	73.0	0.0	51.0	0.0	49.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L054A	Vascular Technologist	0.725	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L054A	Vascular Technologist	0.725	72.0	0.0	70.0	0.0	48.0	0.0	46.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L054A	Vascular Technologist	0.725	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				\$ 54.38	\$ -	\$ 52.93	\$ -	\$ 36.98	\$ -	\$ 35.53	\$ -
13		PRE-SERVICE PERIOD											
14		Start: Following visit when decision for surgery/procedure made											
15	CA001	Complete pre-service diagnostic and referral	L054A	Vascular	0.725								
16	CA002	Coordinate pre-surgery services (including	L054A	Vascular	0.725								
17	CA003	Schedule space and equipment in facility	L054A	Vascular	0.725								
18	CA004	Provide pre-service education/obtain consent	L054A	Vascular	0.725								
19	CA005	Complete pre-procedure phone calls and	L054A	Vascular	0.725								
20	CA006	Confirm availability of prior images/studies	L054A	Vascular Technologist	0.725	1		2		1		2	
21	CA007	Review patient clinical extant information and	L054A	Vascular	0.725	2		1		2		1	
22	CA008	Perform regulatory mandated quality	L054A	Vascular	0.725								
23			L054A	Vascular	0.725								
26		<i>Other activity: please include short clinical</i>	L054A	Vascular	0.725								
29		End: When patient enters office/facility for surgery/procedure											
30		SERVICE PERIOD											
31		Start: When patient enters office/facility for surgery/procedure:											
32		Pre-Service (of service period)											
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L054A	Vascular Technologist	0.725	3		3		3		3	
34	CA010	Obtain vital signs	L054A	Vascular Technologist	0.725	5		3		5		3	
35	CA011	Provide education/obtain consent	L054A	Vascular	0.725	3		3		3		3	
36	CA012	Review requisition, assess for special needs	L054A	Vascular	0.725								
37	CA013	Prepare room, equipment and supplies	L054A	Vascular Technologist	0.725	4		4		4		4	
38	CA014	Confirm order, protocol exam	L054A	Vascular	0.725			1				1	
39	CA015	Setup scope (nonfacility setting only)	L054A	Vascular	0.725								
40	CA016	Prepare, set-up and start IV, initial	L054A	Vascular	0.725	2		2		2		2	
41	CA017	Sedate/apply anesthesia	L054A	Vascular	0.725								
48		Intra-service (of service period)											
49	CA018	Assist physician or other qualified healthcare	L054A	Vascular	0.725	48				24			
50	CA019	Assist physician or other qualified healthcare	L054A	Vascular	0.725								
51	CA020	Assist physician or other qualified healthcare	L054A	Vascular	0.725								
52	CA021	Perform procedure/service---NOT directly	L054A	Vascular	0.725			48				24	
59		Post-Service (of service period)											
60	CA022	Monitor patient following procedure/service,	L054A	Vascular	0.725								
61	CA023	Monitor patient following procedure/service,	L054A	Vascular	0.725								
62	CA024	Clean room/equipment by clinical staff	L054A	Vascular	0.725	3		3		3		3	
63	CA025	Clean scope	L054A	Vascular	0.725								
64	CA026	Clean surgical instrument package	L054A	Vascular	0.725								
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L054A	Vascular Technologist	0.725								
66	CA028	Review/read post-procedure x-ray, lab and	L054A	Vascular	0.725								
67	CA029	Check dressings, catheters, wounds	L054A	Vascular	0.725								
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L054A	Vascular Technologist	0.725	2		2		2		2	

	A	B	S	T	U	V	Y	Z	AA	AB	AC	AD	AG	AH	AI	AJ	AM	AN
1	RUC Practice Expense Spreadsheet		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
2			93892		93892		93893		93893		93890		93X94		93892		93X95	
3		RUC Collaboration Website	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous		Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous		Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with		Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with		Transcranial Doppler study of the intracranial arteries; vasoreactivity study		Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete		Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous		Emboli detection without intravenous microbubble injection performed with transcranial Doppler	
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): Tab: 9 Specialty: AAN, ACR, ASNR																
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	XXX	XXX	XXX	XXX	XXX	XXX	ZZZ	ZZZ	XXX	XXX	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 225.15	\$ -	\$ 193.35	\$ -	\$ 216.29	\$ -	\$ 180.72	\$ -	\$ 203.10	\$ -	\$ 113.37	\$ -	\$ 225.15	\$ -	\$ 148.35	\$ -
8		TOTAL CLINICAL STAFF TIME	88.0	0.0	82.0	0.0	81.0	0.0	70.0	0.0	78.0	0.0	42.0	0.0	88.0	0.0	57.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	3.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	80.0	0.0	79.0	0.0	73.0	0.0	67.0	0.0	70.0	0.0	42.0	0.0	80.0	0.0	57.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	5.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0	5.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES																
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 12.63	\$ -	\$ 10.50	\$ -	\$ 21.72	\$ -	\$ 19.59	\$ -	\$ 15.50	\$ -	\$ 4.11	\$ -	\$ 12.63	\$ -	\$ 1.24	\$ -
102	SA048	pack, minimum multi-specialty visit	1		1		1		1		1				1			
103	SB005	cover-condom, transducer or ultrasound probe																
104	SB006	drape, non-sterile, sheet 40in x 60in	1		1		1		1		1				1			
105	SC030	needle, 19-25g, butterfly					1		1									
106	SC049	stop cock, 3-way					1		1									
107	SC051	syringe 10-12ml					6		6									
108	SD099	mouthpiece, respiratory									1		1					
109	SD102	noseclips									1		1					
110	SD124	tourniquet, non-latex 1in x 18in					1		1									
111	SD170	gas, 5% CO2 - balance air									55		55					
112	SG021	bandage, strip 0.75in x 3in (Bandaid)					1		1									
113	SG053	gauze, sterile 2in x 2in					6		6		8		8					
114	SG077	tape, porous-hypoallergenic 2in (Scanpore)					6		6									
115	SH004	albumin saline					30		30									
116	SH065	sodium chloride 0.9% flush syringe					1		1									
117	SJ053	swab-pad, alcohol	1		1		2		2		1		1		1		1	
118	SJ062	ultrasound transmission gel	40		40		40		40		60		60		40		40	
119	SK062	patient education booklet	1		1		1		1		1		1		1			
120	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	1		0.34		1		0.34		1				1			
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)			2				2									
126	Equipment Code	EQUIPMENT																
127		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 148.72	\$ -	\$ 123.40	\$ -	\$ 135.84	\$ -	\$ 110.38	\$ -	\$ 131.05	\$ -	\$ 78.81	\$ -	\$ 148.72	\$ -	\$ 105.79	\$ -
128	EL016	room, ultrasound, vascular	80		66		73		59		70		42		80		57	
129	ED053	Professional PACS Workstation	25		28		25		27		20		15		25		15	
130	ED050	Technologist PACS workstation	80		79		73		67		70		42		80		57	
131	EQ003	CO2 infrared analyzer (COSMO)									70		42					

	A	B	AO	AP	AS	AT	AU
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		
2			93893		93X96		
3		RUC Collaboration Website	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with		Venous-arterial shunt detection with intravenous microbubble injection performed with		
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): Tab: 9 Specialty: AAN, ACR, ASNR					
5		LOCATION	Non Fac	Facility	Non Fac	Facility	
6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 216.29	\$ -	\$ 131.92	\$ -	
8		TOTAL CLINICAL STAFF TIME	81.0	0.0	47.0	0.0	
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	3.0	0.0	0.0	0.0	
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	73.0	0.0	47.0	0.0	
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	5.0	0.0	0.0	0.0	
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	\$ 58.73	\$ -	\$ 34.08	\$ -	
13		PRE-SERVICE PERIOD					
14		Start: Following visit when decision for surc					
15	CA001	Complete pre-service diagnostic and referral					
16	CA002	Coordinate pre-surgery services (including					
17	CA003	Schedule space and equipment in facility					
18	CA004	Provide pre-service education/obtain consent					
19	CA005	Complete pre-procedure phone calls and					
20	CA006	Confirm availability of prior images/studies					
21	CA007	Review patient clinical extant information and					
22	CA008	Perform regulatory mandated quality	3				
23							
26		<i>Other activity: please include short clinical</i>					
29		End: When patient enters office/facility for st					
30		SERVICE PERIOD					
31		Start: When patient enters office/facility for s					
32		Pre-Service (of service period)					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	5				
34	CA010	Obtain vital signs	3				
35	CA011	Provide education/obtain consent	3				
36	CA012	Review requisition, assess for special needs					
37	CA013	Prepare room, equipment and supplies	2				
38	CA014	Confirm order, protocol exam					
39	CA015	Setup scope (nonfacility setting only)					
40	CA016	Prepare, set-up and start IV, initial	5				
41	CA017	Sedate/apply anesthesia					
48		Intra-service (of service period)					
49	CA018	Assist physician or other qualified healthcare					
50	CA019	Assist physician or other qualified healthcare					
51	CA020	Assist physician or other qualified healthcare					
52	CA021	Perform procedure/service---NOT directly	47		47		
59		Post-Service (of service period)					
60	CA022	Monitor patient following procedure/service,					
61	CA023	Monitor patient following procedure/service,					
62	CA024	Clean room/equipment by clinical staff	3				
63	CA025	Clean scope					
64	CA026	Clean surgical instrument package					
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	5				
66	CA028	Review/read post-procedure x-ray, lab and					
67	CA029	Check dressings, catheters, wounds					
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page					

	A	B	AO	AP	AS	AT	AU
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		
2			93893		93X96		
3		RUC Collaboration Website	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with		Venous-arterial shunt detection with intravenous microbubble injection performed with		
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): Tab: 9 Specialty: AAN, ACR, ASNR					
5		LOCATION	Non Fac	Facility	Non Fac	Facility	
6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 216.29	\$ -	\$ 131.92	\$ -	
8		TOTAL CLINICAL STAFF TIME	81.0	0.0	47.0	0.0	
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	3.0	0.0	0.0	0.0	
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	73.0	0.0	47.0	0.0	
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	5.0	0.0	0.0	0.0	
69	CA031	Review examination with interpreting MD/DO					
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into					
71	CA033	Perform regulatory mandated quality					
72	CA034	Document procedure (nonPACS) (e.g.					
73	CA035	Review home care instructions, coordinate					
74	CA036	Discharge day management	n/a		n/a		
81		End: Patient leaves office/facility					
82		POST-SERVICE PERIOD					
83		Start: Patient leaves office/facility					
84	CA037	Conduct patient communications					
85	CA038	Coordinate post-procedure services	5				
86		Office visits: List Number and Level of	# visits	# visits	# visits	# visits	
87		99211 16 minutes					
88		99212 27 minutes					
89		99213 36 minutes					
90		99214 53 minutes					
91		99215 63 minutes					
92	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	
99		End: with last office visit before end of					

	A	B	AO	AP	AS	AT	AU
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		
2			93893		93X96		
3		RUC Collaboration Website					
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): Tab: 9 Specialty: AAN, ACR, ASNR	Transcranial Doppler study of the intracranial arteries; venous-arterial shunt detection with		Venous-arterial shunt detection with intravenous microbubble injection performed with		
5		LOCATION	Non Fac	Facility	Non Fac	Facility	
6		GLOBAL PERIOD	XXX	XXX	ZZZ	ZZZ	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 216.29	\$ -	\$ 131.92	\$ -	
8		TOTAL CLINICAL STAFF TIME	81.0	0.0	47.0	0.0	
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	3.0	0.0	0.0	0.0	
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	73.0	0.0	47.0	0.0	
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	5.0	0.0	0.0	0.0	
100	Supply Code	MEDICAL SUPPLIES					
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 21.72	\$ -	\$ 10.15	\$ -	
102	SA048	pack, minimum multi-specialty visit	1				
103	SB005	cover-condom, transducer or ultrasound probe					
104	SB006	drape, non-sterile, sheet 40in x 60in	1				
105	SC030	needle, 19-25g, butterfly	1		1		
106	SC049	stop cock, 3-way	1		1		
107	SC051	syringe 10-12ml	6		6		
108	SD099	mouthpiece, respiratory					
109	SD102	noseclips					
110	SD124	tourniquet, non-latex 1in x 18in	1		1		
111	SD170	gas, 5% CO2 - balance air					
112	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		1		
113	SG053	gauze, sterile 2in x 2in	6		6		
114	SG077	tape, porous-hypoallergenic 2in (Scanpore)	6				
115	SH004	albumin saline	30		30		
116	SH065	sodium chloride 0.9% flush syringe	1		1		
117	SJ053	swab-pad, alcohol	2		2		
118	SJ062	ultrasound transmission gel	40		40		
119	SK062	patient education booklet	1				
120	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	1				
121	SM022	sanitizing cloth-wipe (surface, instruments, equipment)					
126	Equipment Code	EQUIPMENT					
127		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 135.84	\$ -	\$ 87.70	\$ -	
128	EL016	room, ultrasound, vascular	73		47		
129	ED053	Professional PACS Workstation	25		20		
130	ED050	Technologist PACS workstation	73		47		
131	EQ003	CO2 infrared analyzer (COSMO)					

September 2023

Hyperthermic Intraperitoneal Chemotherapy (HIPEC) – Tab 10

In September 2022, the CPT Editorial Panel created two time-based add-on Category I codes to report hyperthermic intraperitoneal chemotherapy (HIPEC) procedures for CPT 2024. CPT codes 96547 and 96548 were surveyed for the January 2023 RUC meeting. While reviewing the survey data, it was clear to the specialty societies that the instructions were not sufficient as the survey data reflected time estimates that far exceed the time specified in these new time-based code descriptors. The RUC reached the conclusion that the survey data was flawed due to a lack of work definition and guidelines for reporting these time-based codes. As a result, the RUC recommended contractor pricing for 2024 and also recommended that the two codes be referred to the CPT Editorial Panel for additional clarification. At the May 2023 CPT Editorial Panel meeting new guidelines that describe the activities included in the HIPEC procedure were approved and the codes were re-surveyed for the September 2023 RUC meeting using the standard add-on code RUC survey.

96547 Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 46 surgeons and recommends a work RVU of 6.53 based on the survey 25th percentile, which maintains relativity within the family for this add-on code. The RUC recommends 60 minutes intra-service and total time for this time-based add-on code.

The HIPEC procedure is reported based on the surgeon's total time for both face-to-face and non-face-to-face activities related to the HIPEC procedure, which may include chemotherapy agent selection, confirmation of perfusion equipment settings for chemotherapy agent delivery, additional incision(s) for catheter and temperature probe placement, perfusion supervision and manual agitation of the heated chemotherapy agent in the abdominal cavity during chemotherapy agent dwell time, irrigation of the chemotherapy agent, closure of wounds related to HIPEC, and documentation of the chemotherapy agent and HIPEC procedure in the medical record. The HIPEC procedure does not include the typical preoperative, intraoperative, and postoperative work related to the primary procedure(s) such as peritoneal tumor resection and cytoreduction. Code 96547 is reported for the first 60 minutes of total time and code 96548 is reported for each additional 30 minutes of total time.

To support the recommended work RVU, the RUC compared the surveyed code to key reference service codes 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)* (work RVU = 6.50, 60 minutes intra-service and total time) and 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)* (work RVU = 8.16, 72 minutes intra-service and total time). Key reference code and MPC code, 34709, is a favorable comparator given that both codes typically involve the same amount of time and both also include preoperative planning, intraoperative maneuvers and introduction/removal of additional devices, and

postoperative documentation of the add-on work. Overall, the intensity and complexity of both procedures are similar. The surveyed code is valued appropriately lower than the other key reference service 34833 given that the intra-service and total time are lower.

For further support, the RUC compared the surveyed code to an additional MPC code, 34715 *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)* (work RVU = 6.00, 60 minutes intra-service and total time). The surveyed code is appropriately valued slightly higher as the HIPEC procedure includes intraoperative treatment of microscopic tumors using a heated chemotherapeutic agent which is significantly more complex and intense than the exposure and closure of a vessel (ie, no treatment) as described by 34715. **Therefore, the RUC recommends a work RVU of 6.53 for CPT code 96547.**

96548 Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 46 surgeons and recommends a work RVU of 3.00 based on the survey 25th percentile, which maintains relativity within the family for this add-on code. The RUC recommends 30 minutes intra-service and total time for this add-on code. The HIPEC procedure generally lasts between 60-120 minutes. Therefore, it is expected that 1-2 units of this add-on code will be reported when necessary.

The HIPEC procedure is reported based on the surgeon's total time for both face-to-face and non-face-to-face activities related to the HIPEC procedure. Code 96547 is reported for the first 60 minutes of total time and code 96548 is reported for each additional 30 minutes of total time.

To support the recommended work RVU, the RUC compared the surveyed code to key reference service codes 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)* (work RVU = 3.00, 40 minutes intra-service and total time) and 44701 *Intraoperative colonic lavage (List separately in addition to code for primary procedure)* (work RVU = 3.10, 35 minutes intra-service and total time). The survey respondents found that the surveyed code was overall more intense/complex than both key reference services. For example, key reference service code 19294 describes preparation of a post-mastectomy cavity to receive a radiation treatment applicator that is placed by a radiation oncologist. This involves additional dissection of the cavity and then suturing the applicator in place. Neither of these activities are as intense or complex as intra-abdominal perfusion, manipulation, and removal of a heated chemotherapeutic agent in an effort to destroy microscopic peritoneal tumors as described by the surveyed code. Further, key reference service code 44701 is similar to the surveyed code as both services are "flushing" an organ (colon and peritoneum, respectively). However, the intensity and complexity for intra-abdominal perfusion, manipulation, and removal of a heated chemotherapeutic agent, is significantly greater for the surveyed code.

For additional support, the RUC compared the surveyed code to MPC code 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)* (work RVU = 2.65, 30 minutes intra-service and total time). The surveyed code is more intense and complex and is valued appropriately higher than the MPC code 36476 which describes a percutaneous office-based treatment for varicose veins. **The RUC recommends a work RVU of 3.00 for CPT code 96548.**

Practice Expense

The RUC recommends no direct practice expense inputs for CPT codes 96547 and 96548 as they are facility-only add-on services.

New Technology

CPT codes 96547 and 96548 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
<p>Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration Other Injection and Infusion Services</p> <p>▲ 96446 <i>Chemotherapy administration into the peritoneal cavity via indwelling implanted port or catheter</i> <i>(For intraoperative hyperthermic intraperitoneal chemotherapy [HIPEC], see 96547, 96548)</i></p> <p>96542 <i>Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents</i> <i>(For radioactive isotope therapy, use 79005)</i></p> <p><u>Codes 96547, 96548 describe the hyperthermic intraperitoneal chemotherapy (HIPEC) procedure that includes intraoperative perfusion of a heated chemotherapy agent into the abdominal cavity through catheters. The HIPEC procedure is distinct from the primary procedure and may include chemotherapy agent selection, confirmation of perfusion equipment settings for chemotherapy agent delivery, additional incision(s) for catheter and temperature probe placement, perfusion supervision and manual agitation of the heated chemotherapy agent in the abdominal cavity during chemotherapy agent dwell time, irrigation of the chemotherapy agent, closure of wounds related to HIPEC, and documentation of the chemotherapy agent and HIPEC procedure in the medical record. Codes 96547, 96548 are add-on codes and do not include the typical preoperative, intraoperative, and postoperative work related to the primary procedure. Code 96547 is reported for the first 60 minutes of the HIPEC procedure and 96548 is reported for each additional 30 minutes.</u></p>				
✚●96547	S1	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	ZZZ	6.53

+●96548	S2	<p>each additional 30 minutes (List separately in addition to code for primary procedure)</p> <p>(Use 96547, 96548 in conjunction with 38100, 38101, 38102, 38120, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 44010, 44015, 44110, 44111, 44120, 44121, 44125, 44130, 44139, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44202, 44203, 44204, 44207, 44213, 44227, 47001, 47100, 48140, 48145, 48152, 48155, 49000, 49010, 49203, 49204, 49205, 49320, 58200, 58210, 58575, 58940, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58957, 58958, 58960)</p>	ZZZ	3.00
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SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Charles Mabry, MD, FACS; Don Selzer, MD, FACS; Jon Hathaway, MD, PhD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS				
Specialty Society(ies):	ACS, ACOG, ASCRS				
CPT Code:	96547				
Sample Size:	7034	Resp N:	46		
Description of Sample:	Random and self-identified surgical oncologists and gynecological oncologists				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	10.00	20.00	100.00
Survey RVW:	3.15	6.53	8.00	10.00	25.00
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	45.00	60.00	60.00	75.00	90.00
Immediate Post Service-Time:	0.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96547	Recommended Physician Work RVU: 6.53		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		0.00	0.00	0.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		60.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
34833	<i>ZZZ</i>	8.16	RUC Time

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
34709	<i>ZZZ</i>	6.50	RUC Time

CPT Descriptor 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)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
34715	<i>ZZZ</i>	6.00	RUC Time	201

CPT Descriptor 1 Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
34709	<i>ZZZ</i>	6.50	RUC Time	2426

CPT Descriptor 2 Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 % of respondents: 17.3 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 10.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>96547</u>	Top Key Reference CPT Code: <u>34833</u>	2nd Key Reference CPT Code: <u>34709</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	72.00	65.00
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	60.00	90.00	65.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	29%	43%	29%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
14%	7%	79%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	36%	43%	21%
Physical effort required	14%	43%	43%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	43%	50%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	0%	57%	43%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	29%	71%
Physical effort required	0%	29%	71%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	14%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two time-based add-on Category I codes, 96547 and 96548, were approved by the CPT Editorial Panel at the September 2022 meeting for reporting the work involved in performing hyperthermic intraperitoneal chemotherapy (HIPEC). Since the standard ZZZ code survey lacks a definition of work (unlike the XXX and global code survey instruments), the surveying specialties requested the inclusion of a description of intraservice work in Question 2, which pertains to the intraservice time estimate. However, during the Research Subcommittee discussion, it was decided that a customized ZZZ survey template would be created that would include additional instructions defining and adding fields for collecting pre-, intra-, and post-time for the add-on codes. Consequently, the time estimate would be divided into three categories as shown below.

Background for Question 2: Surgery (ZZZ global period)

Pre-service period

Pre-operative work, *if applicable*, may include additional work **not included in the primary procedure**, such as breaking scrub, preparing needed equipment for the additional procedure, and dressing and scrubbing for the additional procedure.

Intra-service period

The intra-service period includes all “skin-to-skin” work that is a necessary part of the **add-on** procedure.

Post-service period

Post-operative work, *if applicable*, may include additional documentation of the **add-on** procedure.

Question 2

How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? 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. Indicate your time for the survey code on the front cover. (Refer to definitions above.)

Note: Do not include time for work related to the primary procedure that is separately reportable.

Day of procedure

Pre-service time (*if applicable*):

Intra-service "skin-to-skin" time:

Post-service time (*if applicable*):

Survey code

_____ minutes

_____ minutes

_____ minutes

Unfortunately, upon reviewing the survey data, it became evident that the survey instructions might have been confusing, as the data showed time estimates that greatly surpassed the time specified in the new descriptors for the time-based codes.

The RUC reached the conclusion that the survey data was flawed due to a lack of work definition and guidelines for reporting the time-based codes. As a result, the RUC recommended that the two new codes be referred to the CPT Editorial Panel for additional clarification and subsequently be surveyed again during the 2025 CPT cycle. In the meantime, for the calendar year 2024, the RUC recommended Contractor Pricing.

A code change application was submitted by the societies with the aim of incorporating introductory reporting guidelines for the two codes that accurately described the work associated with the HIPEC procedure and provided clear instructions on reporting the codes based on time. These guidelines (shown below) were approved during the May 2023 CPT Panel meeting and were included in the standard ZZZ survey instrument.

Codes 96547, 96548 describe the hyperthermic intraperitoneal chemotherapy (HIPEC); procedure that includes intraoperative perfusion of a heated chemotherapy agent into the abdominal cavity through catheters. The HIPEC procedure is distinct from the primary procedure and may include chemotherapy agent selection, confirmation of

perfusion equipment settings for chemotherapy agent delivery, additional incision(s) for catheter and temperature probe placement, perfusion supervision and manual agitation of the heated chemotherapy agent in the abdominal cavity during chemotherapy agent dwell time, irrigation of the chemotherapy agent, closure of wounds related to HIPEC, and documentation of the chemotherapy agent and HIPEC procedure in the medical record. Codes 96547, 96548 are add-on codes and do not include the typical preoperative, intraoperative, and postoperative work related to the primary procedure. Code 96547 is reported for the first 60 minutes of the HIPEC procedure and 96548 is reported for each additional 30 minutes.

These new introductory guidelines have seemingly provided clarification on the accurate reporting of codes 96547 and 96548, as a substantial majority of responses regarding the time estimate align with the specified code descriptor time.

Recommendation – 96547

We recommend the survey 25th pctl work RVU of 6.53 and intraservice time of 60 minutes for code 96547.

Comparison to Key Reference Code 34709

Survey code 96547 compares well to reference code 34709. Both codes include: 1) preoperative planning; 2) intraoperative maneuvers and introduction/removal of additional devices; and 3) postoperative documentation of the add-on work. The intensity and complexity of both procedures are similar.

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 96547 is an add-on code that is reported with one or more of the following codes as indicated in CPT: 38100, 38101, 38102, 38120, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 44010, 44015, 44110, 44111, 44120, 44121, 44125, 44130, 44139, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44202, 44203, 44204, 44207, 44213, 44227, 47001, 47100, 48140, 48145, 48152, 48155, 49000, 49010, 49320, 58200, 58210, 58575, 58940, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58958, 58960. There is no overlap in work between the primary code(s) and 9X034 and MPPR does not apply to 96547.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96549 or primary procedure code with modifier 22 appended

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.

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:96548	Tracking Number S2	Original Specialty Recommended RVU: 3.00
		Presented Recommended RVU: 3.00
Global Period: ZZZ	Current Work RVU: CP	RUC Recommended RVU: 3.00

CPT Descriptor: Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During the same operative session, after peritoneal tumor resection and cytoreduction and 60 minutes of hyperthermic intraperitoneal chemotherapy (HIPEC) procedure time, an additional 30 minutes of HIPEC is performed. [Note: This is an add-on service. Only consider the additional work related to an additional 30 minutes of HIPEC. Do not include time or work related to the primary or index procedure.]

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: This service is reported for each additional 30 minutes (after the first 60 minutes reported with 96547) of work related to the HIPEC procedure that includes the following activities, when performed: chemotherapy agent selection, confirmation of perfusion equipment settings for chemotherapy agent delivery, additional incision(s) for catheter and temperature probe placement, perfusion supervision and manual agitation of the heated chemotherapy agent in the abdominal cavity during chemotherapy agent dwell time, irrigation of the chemotherapy agent, closure of wounds related to HIPEC, and documentation of the chemotherapy agent and HIPEC procedure in the medical record.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Charles Mabry, MD, FACS; Don Selzer, MD, FACS; Jon Hathaway, MD, PhD, FACS; David Holtz, MD; Kelly Tyler, MD, FACS				
Specialty Society(ies):	ACS, ACOG, ASCRS				
CPT Code:	96548				
Sample Size:	7034	Resp N:	46		
Description of Sample:	Random and self-identified surgical oncologists and gynecological oncologists				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	10.00	20.00	140.00
Survey RVW:	2.00	3.00	4.38	5.88	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:	20.00	30.00	30.00	40.00	60.00
Immediate Post Service-Time:	0.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the **pre-service time package** that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	96548	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:		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 <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
19294	ZZZ	3.00	RUC Time

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
44701	ZZZ	3.10	RUC Time

CPT Descriptor Intraoperative colonic lavage (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
36476	ZZZ	2.65	RUC Time	5,789

CPT Descriptor 1 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)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
34812	ZZZ	4.13	RUC Time	5,856

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 % of respondents: 19.5 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 14.2 %

TIME ESTIMATES (Median)

	CPT Code: 96548	Top Key Reference CPT Code: 19294	2nd Key Reference CPT Code: 44701
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	40.00	35.00
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	30.00	40.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	17%	50%	33%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	33%	67%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	50%	50%

Physical effort required	0%	33%	67%
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Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

17%

33%

50%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

0%

40%

20%

40%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

40%

20%

40%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

20%

20%

60%

Physical effort required

20%

20%

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

40%

0%

60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Two time-based add-on Category I codes, 96547 and 96548, were approved by the CPT Editorial Panel at the September 2022 meeting for reporting the work involved in performing hyperthermic intraperitoneal chemotherapy (HIPEC). Since the standard ZZZ code survey lacks a definition of work (unlike the XXX and global code survey instruments), the surveying specialties requested the inclusion of a description of intraservice work in Question 2, which pertains to the

intraservice time estimate. However, during the Research Subcommittee discussion, it was decided that a customized ZZZ survey template would be created that would include additional instructions defining and adding fields for collecting pre-, intra-, and post-time for the add-on codes. Consequently, the time estimate would be divided into three categories as shown below.

Background for Question 2: Surgery (ZZZ global period)

Pre-service period

Pre-operative work, *if applicable*, may include additional work **not included in the primary procedure**, such as breaking scrub, preparing needed equipment for the additional procedure, and dressing and scrubbing for the additional procedure.

Intra-service period

The intra-service period includes all “skin-to-skin” work that is a necessary part of the **add-on** procedure.

Post-service period

Post-operative work, *if applicable*, may include additional documentation of the **add-on** procedure.

Question 2

How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? 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. Indicate your time for the survey code on the front cover. (Refer to definitions above.)

Note: Do not include time for work related to the primary procedure that is separately reportable.

Day of procedure

Pre-service time (*if applicable*):
 Intra-service "skin-to-skin" time:
 Post-service time (*if applicable*):

Survey code

_____ minutes
 _____ minutes
 _____ minutes

Unfortunately, upon reviewing the survey data, it became evident that the survey instructions might have been confusing, as the data showed time estimates that greatly surpassed the time specified in the new descriptors for the time-based codes.

The RUC reached the conclusion that the survey data was flawed due to a lack of work definition and guidelines for reporting the time-based codes. As a result, the RUC recommended that the two new codes be referred to the CPT Editorial Panel for additional clarification and subsequently be surveyed again during the 2025 CPT cycle. In the meantime, for the calendar year 2024, the RUC recommended Contractor Pricing.

A code change application was submitted by the societies with the aim of incorporating introductory reporting guidelines for the two codes that accurately described the work associated with the HIPEC procedure and provided clear instructions on reporting the codes based on time. These guidelines (shown below) were approved during the May 2023 CPT Panel meeting and were included in the standard ZZZ survey instrument.

Codes 96547, 96548 describe the hyperthermic intraperitoneal chemotherapy (HIPEC); procedure that includes intraoperative perfusion of a heated chemotherapy agent into the abdominal cavity through catheters. The HIPEC procedure is distinct from the primary procedure and may include chemotherapy agent selection, confirmation of perfusion equipment settings for chemotherapy agent delivery, additional incision(s) for catheter and temperature probe placement, perfusion supervision and manual agitation of the heated chemotherapy agent in the abdominal cavity during chemotherapy agent dwell time, irrigation of the chemotherapy agent, closure of wounds related to HIPEC, and documentation of the chemotherapy agent and HIPEC procedure in the medical record. Codes 96547, 96548 are add-on codes and do not include the typical preoperative, intraoperative, and postoperative work related to the primary procedure. Code 96547 is reported for the first 60 minutes of the HIPEC procedure and 96548 is reported for each additional 30 minutes.

These new introductory guidelines have seemingly provided clarification on the accurate reporting of codes 96547 and 96548, as a substantial majority of responses regarding the time estimate align with the specified code descriptor time.

Recommendation – 96548

We recommend the survey 25th pctl work RVU of 3.00 and intraservice time of 30 minutes for code 96548.

Comparison to Key Reference Code 19294

Reference code 19294 describes preparation of a post-mastectomy cavity to receive a radiation treatment applicator that is placed by a radiologist. This involves additional dissection of the cavity and then suturing the applicator in place. Neither of these tedious activities are as intense or complex as intra-abdominal perfusion, manipulation, and removal of a heated chemotherapeutic agent in an effort to destroy microscopic peritoneal tumors as described by 96548.

Comparison to Key Reference Code 44701

Reference code 44701 is similar to 96548 as both services are "flushing" an organ (colon for 44701 and peritoneum for 96548). However, the intensity and complexity for intra-abdominal perfusion, manipulation, and removal of a heated chemotherapeutic agent is greater for 96548.

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 96548 is an add-on code that is reported with one or more of the following codes as indicated in CPT: 38100, 38101, 38102, 38120, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 44010, 44015, 44110, 44111, 44120, 44121, 44125, 44130, 44139, 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44155, 44156, 44157, 44158, 44160, 44202, 44203, 44204, 44207, 44213, 44227, 47001, 47100, 48140, 48145, 48152, 48155, 49000, 49010, 49320, 58200, 58210, 58575, 58940, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 58958, 58960. There is no overlap in work between the primary code(s) and 9X035 and MPPR does not apply to 96548.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 96549 or primary procedure code with modifier 22 appended

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.

Date: August 28, 2023

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From: Charles Mabry, MD, FACS; ACS RUC Advisor
Jon Hathaway, MD, PhD, FACS; ACOG RUC Advisor
Kelly Tyler, MD, FACS; ASCRS RUC Advisor

Subject: Tab 10, Hyperthermic Intraperitoneal Chemotherapy (HIPEC)

Tab 10 of the RUC agenda includes the facility-only ZZZ-global codes 96547 and 96548. We recommend no direct practice expense inputs for these two codes.

Thank you for your consideration of this information.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Referral: CPT/RUC Telemedicine Office Workgroup

September 2023

Telemedicine Evaluation and Management (E/M) Services – Tab 11

During the COVID-19 public health emergency (PHE), there was a need to immediately provide office evaluation and management (E/M) visits via telemedicine. For Medicare patients, the office visits CPT codes 99202-99215 were reported with modifier 95 *Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System* appended to indicate the encounter was performed via telemedicine. Additionally, CPT codes 99441-99443 for telephone E/M services were reported for both new and established patients at the same Medicare payment rate analogous to in-person office E/M visits.

In June 2022, the joint CPT/RUC Telemedicine Office Visits Workgroup was formed to assess available data and recommend the appropriate next steps to determine accurate coding and valuation, as needed, for office E/M visits performed via audio-video and audio-only modalities, beyond the PHE. 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 for 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 conclude that separate audio-video and audio-only telemedicine services codes 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. 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) for reporting telephone E/M services and the related guidelines.

Sixteen of the telemedicine E/M codes include eight codes for synchronous audio-video services and eight codes for synchronous audio-only services. Each of these code sets is further split into 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 of the telemedicine codes require the physician or qualified healthcare provider (QHP) to meet with the patient (99211 does not require the presence of a physician or QHP).

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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 *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* 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. 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 the 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 the 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. Similarly, CPT codes 9X083 or 9X087 are intended to be reported in lieu of HCPCS code 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.*

Survey

In April 2023, the RUC noted that the survey instrument did not include the time (when time is used for code selection) in the new telemedicine E/M services descriptors, nor the E/M services displayed on the reference service list (RSL). The RUC made interim recommendations and conducted a new survey for September 2023, which included the minimum required times in the code descriptors, mirroring the office visits (99202-99205, 99212-99215) as approved by the CPT Editorial Panel in May 2023. Also, additional specialties who perform these services participated in the second round of this survey.

To ensure that survey respondents understood the new CPT guidelines and descriptors and the impact that these changes may have on their work, the RUC survey asked that each respondent carefully read the new descriptors/guidelines and attest that they had read the information. The survey respondents understood that code selection will be based on either MDM or time on the date of the patient encounter. When codes are reported based on time, there are specific time requirements within each code descriptor (e.g., 15 minutes must be met or exceeded for 9X075).

The CPT time describes the total time devoted to the visit on the day of service (i.e., the sum of synchronous and asynchronous physician or QHP time that day). Importantly, however, the work value for the code is based on the entire time spent by the physician or QHP from three days before the visit to seven days following the visit (that is not described by a separately reportable service). The survey clarified this distinction throughout the survey. The Research Subcommittee approved capturing the time and work of three days prior and seven days following the telemedicine visits in the survey instrument, which was also used for the survey of in-person office visit services.

The telemedicine E/M services were surveyed by 35 specialty societies and other health care organizations whose physicians and QHPs perform these services. The survey estimates for physician work were similar across all categories of individuals surveyed (medicine, surgery and QHP). The RUC noted that the 25th percentile and median work RVUs reported in the survey were identical for the audio-video telemedicine services, indicating a high degree of consistency in the responses. **The RUC concluded that, in general, in person office visits and audio-video office visits are similar in physician work. Additionally, the RUC concluded that the audio-video and in-person office visits require more physician work than the audio-only office visits.**

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Physical Exam

Similar to the in-person office E/M visit codes, the new telemedicine E/M codes only require a medically appropriate history and/or examination. The RUC had an extensive discussion about how a medically appropriate physical examination could be performed via an audio-video or audio-only. To the extent possible via the modality, a physical exam is commonly performed during the telemedicine visit. When MDM is being used for E/M code level selection, code selection is based on the complexity of the problem or problems being addressed, the data being analyzed, points that are considered when making decisions and the risk of the treatment decisions are considered. Alternatively, total physician or QHP time on the date of the encounter is used for code selection.

Most of what a physician or QHP does in terms of chronic management of disease can be accomplished without a traditional physical examination. 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 the 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, range of motion of painful joints, focusing the video capture on a 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 152 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 and 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 9X075 was equivalent in physician work to the top key reference code 99202.

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). **The RUC recommends a 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 175 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 36 minutes total time.

The RUC compared the surveyed code to the top two key reference services and 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 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 that the physician work for 9X076 was equivalent to the top key reference code 99203.

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). **The RUC recommends a 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 187 physicians and qualified health care professionals and determined that the survey 25th percentile and median work RVU of 2.60 appropriately accounts for the work required to perform this service. The RUC recommends 58 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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) 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 99204, as both require the same work and similar time, 58 and 60 minutes total time, respectively.

For additional support, the RUC referenced 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). The surveyed code is appropriately lower because it is less intense/complex and requires less physician work and time to perform. **The RUC recommends a work RVU of 2.60 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 172 physicians and qualified health care professionals and determined that the survey 25th percentile and median work RVU of 3.50 appropriately accounts for the work required to perform this service. The RUC recommends 80 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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) and 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.* (work RVU = 3.84 and 86 minutes total time). The RUC determined that the physician work for 9X078 was equivalent to the top key reference code 99205.

For additional support, the RUC referenced MPC codes 99306 *Initial nursing facility 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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.* (work RVU = 3.50 and 80 minutes total time), which requires the same intensity/complexity, physician work and time to perform. **The RUC recommends a work RVU of 3.50 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 307 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 16 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 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 a 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 357 physicians and qualified health care professionals and determined that the survey 25th percentile and median work RVU of 1.30 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 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 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 that the surveyed code was equivalent to the top key reference code 99213 as both require the same 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 70491 *Computed tomography, soft tissue neck; with contrast material(s)* (work RVU = 1.38, 17 minutes intra-service time and 27 minutes total time), which appropriately bracket the surveyed code. **The RUC recommends a work RVU of 1.30 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 369 physicians and qualified health care professionals and determined that the survey 25th percentile and median work RVU of 1.92 appropriately accounts for the work required to perform this service. The RUC recommends 44 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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) 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 physician work for 9X081 was equivalent to the top key reference code 99214.

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) 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 and 35 minutes total time), which appropriately bracket the surveyed code. **The RUC recommends a work RVU of 1.92 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 312 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 60 minutes total time. The RUC recommends a direct crosswalk to 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). These services require the same intensity/complexity, work and time to perform. The RUC determined a crosswalk was more appropriate than the survey 25th percentile work RVU of 2.80 since the total time was 10 minutes less than the top key reference service 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).

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For additional support, the RUC referenced code 75561 *Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences*; (work RVU = 2.60, 45 minutes intra-service time and 65 minutes total time), which requires the same physician work and similar time to perform. **The RUC recommends a work RVU of 2.60 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 88 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 0.90 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 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 that the 25th percentile work RVU of 0.90 is appropriate to validate that this audio-only telemedicine visit requires slightly less work compared to the top key reference code office visit 99202.

For additional support, the RUC referenced MPC code 91111 *Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report* (work RVU = 0.90 and 25 minutes total time), which requires the same physician work and time to perform. **The RUC recommends a work RVU of 0.90 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 92 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 1.55 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 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 survey 25th percentile work RVU of 1.55 is appropriate to validate that this audio-only telemedicine visit requires slightly less work compared to the top key reference code office visit 99203.

For additional support, the RUC referenced MPC code 99304 *Initial nursing facility 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. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.* (work RVU = 1.50 and 36 minutes total time), which requires similar physician work and time to perform. **The RUC recommends a work RVU of 1.55 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 98 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 2.42 appropriately accounts for the work required to perform this service. The RUC recommends 51 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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) and 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded* (work RVU = 1.92 and 47 minutes total time). The RUC noted that the surveyed code requires 9 minutes less than the office visit code 99204 and thus is appropriately valued lower.

For additional support, the RUC referenced MPC code 93312 *Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report* (work RVU = 2.30, 30 minutes intra-service time and 55 minutes total time), which requires less physician work. **The RUC recommends a work RVU of 2.42 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 93 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 3.20 appropriately accounts for the work required to perform this service. The RUC recommends 70 minutes total time.

The RUC compared the surveyed code to the top two key reference services MPC codes 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) and 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). The RUC noted that the surveyed code requires 18 minutes less than the office visit code 99205 and thus is appropriately valued lower.

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 99291 *Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes* (work RVU = 4.50 and 70 minutes total time), which appropriately brackets the surveyed code. **The RUC recommends a work RVU of 3.20 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 262 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 0.65 appropriately accounts for the work required to perform this service. The RUC recommends 15 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 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* (work RVU = 0.18 and 7 minutes total time). The RUC determined that the 25th percentile work RVU of 0.65 is appropriate to validate that this audio-only telemedicine visit requires slightly less work compared to the top key reference code office visit 99212.

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 a work RVU of 0.65 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 288 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 30 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 that the 25th percentile work RVU of 1.20 is appropriate to validate that this audio-only telemedicine visit requires slightly less work compared to the top key reference code office visit 99213.

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 a 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 270 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 1.75 appropriately accounts for the work required to perform this service. The RUC recommends 41 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) 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 noted that the surveyed code requires 6 minutes less than the office visit code 99214 and thus is appropriately valued lower.

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 a work RVU of 1.75 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 217 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 2.60 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes total time.

The RUC compared the surveyed code to the top key reference service MPC codes 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) and 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded* (work RVU = 1.92 and 47 minutes total time). The RUC noted that the surveyed code requires 10 minutes less than the office visit code 99215 and thus is appropriately valued lower.

For additional support, the RUC referenced code 75561 *Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;* (work RVU = 2.60, 45 minutes intra-service time and 65 minutes total time), which requires the same physician work and similar time to perform. **The RUC recommends a work RVU of 2.60 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 131 physicians and qualified health care professionals and determined that the survey 25th percentile work RVU of 0.30 appropriately accounts for the work required to perform this service. The RUC recommends 14 minutes total 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

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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 a work RVU of 0.30 for CPT code 9X091.**

Practice Expense

The Practice Expense Subcommittee reviewed and affirmed the direct practice inputs from May 2023 without modification. 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.

In April 2023, 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 recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

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.**

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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.

RUC Flag

The RUC recommends that this family of services be reviewed by the Relativity Assessment Workgroup after three years of data are available.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p>Evaluation and Management Office or Other Outpatient Services</p> <p>...</p> <p><u>Telemedicine Services</u></p> <p><u>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.</u></p> <p><u>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.</u></p> <p><u>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</u></p>				

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					
<u>Service</u>	<u>New / Established</u>	<u>Synchronous</u>	<u>Level / Unit Reported</u>	<u>Service Period</u>	<u>Other E/M Notations</u>
<u>Synchronous Audio-video (9X075-9X082)</u>	<u>Both</u>	<u>Yes</u>	<u>MDM or total time on the date of the service. No minimum required time unless level selected by time.</u>	<u>Per single calendar date</u>	<u>Do not report with same day in-person E/M</u>
<u>Synchronous Audio-only (9X083-9X090)</u>	<u>Both</u>	<u>Yes</u>	<u>MDM or total time on the date of the service. Must be more than 10 minutes of medical discussion.</u>	<u>Per single calendar date</u>	<u>Do not report with same day in-person E/M</u>
<u>Brief Synchronous Communication</u>	<u>Established</u>	<u>Yes</u>	<u>A single 5-10-minute medical discussion</u>	<u>Per single calendar date</u>	<u>Not related to E/M in prior 7 days</u>

	<u>Technology Service (9X091)</u>					<u>or leading to E/M next 24 hours</u>
	<u>On-line Digital E/M (99421-99423)</u>	<u>Established</u>	<u>No</u>	<u>Minutes during 7-day period</u>	<u>Per 7 days</u>	<u>Not related to E/M in prior 7 days or leading to E/M next 24 hours</u>
	<u>Interprofessional Telephone/Internet/EHR Consultations (99446-99451)</u>	<u>Both</u>	<u>Not required</u>	<u>Minutes during 7-day period</u>	<u>Per 7 days</u>	<u>No in-person encounter within 14 days.</u>
	<u>Interprofessional Telephone/Internet/EHR Consultations (99452)</u>	<u>Both</u>	<u>Not Required</u>	<u>Minutes during a single day</u>	<u>Per 14 days</u>	<u>No in-person encounter within 14 days.</u>
	<u>Care Management and Remote Treatment Management (99424, 99425, 99437, 99484, 99491)</u>	<u>Established</u>	<u>Not required</u>	<u>Minutes</u>	<u>Per calendar month</u>	<u>Physician or qualified health care professional time excluded on date of other E/M</u>
	<u>All</u>	<u>Same time is not counted twice</u>				

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	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	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	2.60
#●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	3.50

<u>Established Patient</u>				
#●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	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	1.30
#●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	1.92
#●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	2.60

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	0.90
#●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	1.55
#●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	2.42
#●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	3.20

<u>Established Patient</u>				
#●9X087	C13	<p>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.</p> <p>When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.</p>	XXX	0.65
#●9X088	C14	<p>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.</p> <p>When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.</p>	XXX	1.20
#●9X089	C15	<p>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.</p> <p>When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.</p>	XXX	1.75
#●9X090	C16	<p>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.</p> <p>When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.</p> <p>(For services 55 minutes or longer, use prolonged services code 99417)</p> <p>(Do not report 9X087, 9X088, 9X089, 9X090 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s])</p> <p>(Do not report 9X087, 9X088, 9X089, 9X090 for home and outpatient INR monitoring when reporting 93792, 93793)</p> <p>(Do not report 9X087, 9X088, 9X089, 9X090 during the same month with 99487, 99489)</p>	XXX	2.60

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

		(Do not report 9X087, 9X088, 9X089, 9X090 when performed during the service time of 99495, 99496)		
<p><u>Brief Synchronous Communication Technology Service (eg, Virtual Check-In)</u></p> <p><u>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.</u></p>				
#●9X091	C17	<p>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</p> <p>(Do not report 9X091 in conjunction with 9X075-9X090)</p> <p>(Do not report services of less than 5 minutes of medical discussion)</p>	XXX	0.30
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 next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	XXX	(2023 Work RVU = 0.50)

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) (Do not report 99441-99443 when performed during the service time of codes 99495 or 99496) <u>(99441, 99442, 99443 have been deleted. To report, see 9X083, 9X084, 9X085, 9X086, 9X087, 9X088, 9X089, 9X090, 9X091)</u>	XXX	(2023 Work RVU = 1.92)

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) 3CPT 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*

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 9X075	Tracking Number C1	Original Specialty Recommended RVU: 0.93
Global Period: XXX	Current Work RVU: 0.93	Presented Recommended 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: 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 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)	09/2023					
Presenter(s):	Amy Ahasic, MD Suzanne Berman, MD Brad Fox, MD Patricia Garcia, MD Charles Hamori, MD, FACP Minhajuddin Khaja, MD Steven Krug, MD Lisa Price, MD Phillip Rodgers, MD Ed Tuohy, MD Korinne Van Keuren, DNP, MS, RN Richard Wright, MD					
Specialty Society(ies):	American Academy of Dermatology Association (AADA), American Academy of Family Physicians (AAFP), American Academy of Hospice & Palliative Medicine (AAHPM), 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 Medical Genetics (ACMG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatric Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA), 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST), Congress of Neurological Surgeons (CNS), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)					
CPT Code:	9X075					
Sample Size:	89553	Resp N:	152			
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	10.00	2000.00
Survey RVW:		0.18	0.93	0.93	1.01	5.00
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	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:	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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95819	XXX	1.08	RUC Time	161,385

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 105 % of respondents: 69.0 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 4.6 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> <u>9X075</u>	<u>Top Key Reference CPT Code:</u> <u>99202</u>	<u>2nd Key Reference CPT Code:</u> <u>99213</u>
Median Pre-Service Time	5.00	2.00	5.00
Median Intra-Service Time	15.00	15.00	20.00
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	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	7%	73%	20%	0%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> • 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%	77%	20%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	14%	63%	23%
Physical effort required	48%	47%	5%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> • 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%	56%	43%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	72%	14%	14%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> • 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%	71%	29%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	14%	72%	14%
Physical effort required	57%	29%	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%

43%

57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

Code Level Review

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.

There were 152 respondents of whom 84% found the vignette to be typical. This compares to the previous survey where there were 84 respondents of whom 88% found the vignette to be typical. Both the surveys had identical median and 25th percentile RVWs of 0.93. The times for both surveys were identical: 5/15/5/25.

The first key reference service, which was chosen by 105 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 than the time for 99202, which supports both the median and 25th percentile RVW. Based on the review of all the survey data,, the consensus of the expert panel is that the survey median RVW is appropriate. The consensus of the expert panel is that the median intraservice time is appropriate because it is 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, post service 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)

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: 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. 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)	09/2023					
Presenter(s):	Amy Ahasic, MD Suzanne Berman, MD Brad Fox, MD Patricia Garcia, MD Charles Hamori, MD, FACP Minhajuddin Khaja, MD Steven Krug, MD Lisa Price, MD Phillip Rodgers, MD Ed Tuohy, MD Korinne Van Keuren, DNP, MS, RN Richard Wright, MD					
Specialty Society(ies):	American Academy of Dermatology Association (AADA), American Academy of Family Physicians (AAFP), American Academy of Hospice & Palliative Medicine (AAHPM), 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 Medical Genetics (ACMG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatric Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA), 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST), Congress of Neurological Surgeons (CNS), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)					
CPT Code:	9X076					
Sample Size:	89553	Resp N:	175			
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	30.00	2000.00
Survey RVW:		0.18	1.60	1.60	1.75	99.00
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	25.00	33.00	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:	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:		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:		25.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99204	XXX	2.60	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 124 % of respondents: 70.8 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 4.0 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> <u>9X076</u>	<u>Top Key Reference CPT Code:</u> <u>99203</u>	<u>2nd Key Reference CPT Code:</u> <u>99204</u>
Median Pre-Service Time	6.00	5.00	10.00
Median Intra-Service Time	25.00	25.00	40.00
Median Immediate Post-service Time	5.00	5.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	36.00	35.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	1%	3%	73%	23%	0%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	81%	18%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	13%	63%	24%

Physical effort required	51%	43%	6%
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<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	57%	41%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	43%	43%	14%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	43%	43%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	86%	14%

Physical effort required	14%	72%	14%
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Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

29%

43%

29%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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 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 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

Code Level Review**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.

There were 175 respondents of whom 88% found the vignette to be typical. This compares to the previous survey, which had 98 respondents of whom 93% found the vignette to be typical. Both the surveys had identical median and 25th percentile RVWs of 1.60, and the survey times are 6/25/5/36 as compared to the previous survey times of 5/25/5/35.

The first key reference service, which was chosen by 124 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 median and 25th percentile RVW are equal to 99203, and the total time of 36 minutes is one minute longer than the total time for 99203. The consensus of the expert panel is that the median intraservice time of 25 minutes is appropriate because it is identical to the intraservice time for 99203.

For 9X076, the expert panel recommends an RVW of 1.60, preservice time of 6 minutes, intraservice time of 25 minutes, post service time of 5 minutes, and a total time of 36 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

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: 2.60

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 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: 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. 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)	09/2023					
Presenter(s):	Amy Ahasic, MD Suzanne Berman, MD Brad Fox, MD Patricia Garcia, MD Charles Hamori, MD, FACP Minhajuddin Khaja, MD Steven Krug, MD Lisa Price, MD Phillip Rodgers, MD Ed Tuohy, MD Korinne Van Keuren, DNP, MS, RN Richard Wright, MD					
Specialty Society(ies):	American Academy of Dermatology Association (AADA), American Academy of Family Physicians (AAFP), American Academy of Hospice & Palliative Medicine (AAHPM), 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 Medical Genetics (ACMG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatric Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA), 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST), Congress of Neurological Surgeons (CNS), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)					
CPT Code:	9X077					
Sample Size:	89553	Resp N:	187			
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	30.00	2000.00
Survey RVW:		0.35	2.60	2.60	2.73	99.00
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	50.00	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:	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:		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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99204	XXX	2.60	RUC Time

CPT Descriptor Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 141 % of respondents: 75.4 %

Number of respondents who choose 2nd Key Reference Code: 6 % of respondents: 3.2 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> <u>9X077</u>	<u>Top Key Reference CPT Code:</u> <u>99204</u>	<u>2nd Key Reference CPT Code:</u> <u>99203</u>
Median Pre-Service Time	10.00	10.00	5.00
Median Intra-Service Time	38.00	40.00	25.00
Median Immediate Post-service Time	10.00	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	58.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	3%	62%	30%	5%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	76%	24%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	13%	60%	27%
Physical effort required	46%	46%	8%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	49%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	67%	33%	0%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	50%	50%	0%

Physical effort required	50%	50%	0%
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Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	67%	33%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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 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 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

Code Level Review

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.

There were 187 respondents of whom 91% found the vignette to be typical. This compares to the previous survey, which had 135 respondents of whom 96% found the vignette to be typical. Both surveys had identical median and 25th percentile RVWs of 2.60, and the survey times are 10/38/10/58 as compared to the previous survey times of 8/30/6/44.

The first key reference service, which was chosen by 141 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 in this survey are significantly longer than the times in the previous survey and are each only 2 minutes less than 99204. The expert panel also noted that the WPUT from this survey using the median RVW was 0.045 which is almost the same as the WPUT for 99204, which is 0.043. In addition, the WPUT of 0.045 is less than the WPUT using the RUC recommended RVW of 2.20 (0.050).

Based on the strength of the current survey, the consensus of the expert panel is that the survey median RVW is appropriate and places 9X077 in proper rank order with 99204.

For 9X077, the expert panel recommends an RVW of 2.60, preservice time of 10 minutes, intraservice time of 38 minutes, post service time of 10 minutes, and total time of 58 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.)

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: 3.50
Global Period: XXX	Current Work RVU: 3.50	RUC Recommended RVU: 3.50

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)	09/2023					
Presenter(s):	Amy Ahasic, MD Suzanne Berman, MD Brad Fox, MD Patricia Garcia, MD Charles Hamori, MD, FACP Minhajuddin Khaja, MD Steven Krug, MD Lisa Price, MD Phillip Rodgers, MD Ed Tuohy, MD Korinne Van Keuren, DNP, MS, RN Richard Wright, MD					
Specialty Society(ies):	American Academy of Dermatology Association (AADA), American Academy of Family Physicians (AAFP), American Academy of Hospice & Palliative Medicine (AAHPM), 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 Medical Genetics (ACMG), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatric Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA), 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST), Congress of Neurological Surgeons (CNS), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR), Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)					
CPT Code:	9X078					
Sample Size:	89553	Resp N:	172			
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	25.00	5000.00
Survey RVW:		0.40	3.50	3.50	3.70	99.00
Pre-Service Evaluation Time:				15.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		1.00	30.00	50.00	65.00	130.00
Immediate Post Service-Time:		15.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00		
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00		
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00	15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00	
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00		

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X078	Recommended Physician Work RVU: 3.50		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		15.00	0.00	15.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		50.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:		15.00	0.00	15.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99483	XXX	3.84	RUC Time

CPT Descriptor 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.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92004	XXX	1.82	RUC Time	1,941,339
<u>CPT Descriptor 1</u> Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits				

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 137 % of respondents: 79.6 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 4.0 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> <u>9X078</u>	<u>Top Key Reference CPT Code:</u> <u>99205</u>	<u>2nd Key Reference CPT Code:</u> <u>99483</u>
Median Pre-Service Time	15.00	14.00	11.00
Median Intra-Service Time	50.00	59.00	60.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00

Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	80.00	88.00	86.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	4%	53%	27%	16%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	69%	31%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	12%	58%	30%

Physical effort required	41%	48%	11%
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Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	45%	55%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	43%	14%	43%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or

<u>Less</u>	<u>Identical</u>	<u>More</u>
15%	14%	71%

other information that must be reviewed and analyzed <ul style="list-style-type: none"> • Urgency of medical decision making

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	29%	57%	14%
Physical effort required	42%	29%	29%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> • 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 IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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 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 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.

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In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

CPT Code		Time on the Date of Encounter Recommendation to CPT
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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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased

sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

Code Level Review 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.

There were 172 respondents, of whom 90% found the vignette to be typical. This compares to the previous survey, which had 117 respondents, of whom 90% found the vignette to be typical. Both surveys had identical median and 25th percentile RVWs of 3.50, and the survey times are 15/50/15/80 as compared to the previous survey times of 10/40/10/60.

The first key reference service, which was chosen by 137 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 time is 9 minutes less than that of 99205 and the total times is 8 minutes less. However, the WPUT is 0.044 as compared to 0.040 for 99205 and 0.050, which is the WPUT using the RUC recommended RVW of 3.00 from the April meeting. Based on the review of all the survey data, the consensus of the expert panel is that the survey median RVW of 3.50 is appropriate and places 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 15 minutes, an intraservice time of 50 minutes, a post service time of 15 minutes, and a total time of 80 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

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: 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: 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)	09/2023				
Presenter(s):	Amy Ahasic, MD; Suzane Berman, MD; Brad Fox, MD; Patricia Garcia, MD; Charles Hamori, MD, FACP; Minhajuddin Khaja, MD; Steven Krug, MD; Lisa Price, MD; Philip Rogers, MD; Ed Tuohy, MD; Korinne Van Keuren, DNP, MS, RN; Richard Wright, MD				
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS) American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)				
CPT Code:	9X079				
Sample Size:	94979	Resp N:	307		
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	10000.00
Survey RVW:	0.16	0.70	0.70	0.85	4.98
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	8.00	10.00	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:	9X079	Recommended Physician Work RVU: 0.70
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	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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time) 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):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

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.

Most Recent

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
74220	XXX	0.60	RUC Time	101,875

CPT Descriptor 1 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
78306	XXX	0.86	RUC Time	224,828

CPT Descriptor 2 Bone and/or joint imaging; whole body

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 219 % of respondents: 71.3 %

Number of respondents who choose 2nd Key Reference Code: 28 % of respondents: 9.1 %

TIME ESTIMATES (Median)

	CPT Code: <u>9X079</u>	Top Key Reference CPT Code: <u>99212</u>	2nd Key Reference CPT Code: <u>99213</u>
Median Pre-Service Time	3.00	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	16.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
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Overall intensity/complexity	1%	8%	78%	13%	0%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

4%	82%	14%
----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

14%	63%	23%
-----	-----	-----

Physical effort required

49%	45%	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

7%	58%	35%
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**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity	0%	11%	57%	32%	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

11%	75%	14%
-----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

21%	57%	22%
-----	-----	-----

Physical effort required

39%	50%	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

11%	50%	39%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

CPT		Time on the Date of
-----	--	---------------------

Code		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
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9X086	Audio-only, new patient, high MDM	60
9X087	Audio-only, established patient, straightforward MDM	10 must be exceeded
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9X089	Audio-only, establishes patient, moderate MDM	30
9X090	Audio-only, established patient, high MDM	40

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the

first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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.*

There were 307 respondents of whom 90% found the vignette to be typical. This compares to the previous survey, which had 151 respondents, of whom 92% found the vignette to be typical. Both surveys had identical

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

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 with modifier 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: 1.30

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: 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: 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)	09/2023					
Presenter(s):	Amy Ahasic, MD; Suzane Berman, MD; Brad Fox, MD; Patricia Garcia, MD; Charles Hamori, MD, FACP; Minhajuddin Khaja, MD; Steven Krug, MD; Lisa Price, MD; Philip Rogers, MD; Ed Tuohy, MD; Korinne Van Keuren, DNP, MS, RN; Richard Wright, MD					
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)					
CPT Code:	9X080					
Sample Size:	94979	Resp N:	357			
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	13.00	50.00	10000.00
Survey RVW:		0.18	1.30	1.30	1.35	99.00
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	13.00	20.00	25.00	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:	9X080	Recommended Physician Work RVU: 1.30
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	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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time) 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):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

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
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.

Most Recent

Overall intensity/complexity	0%	6%	78%	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

2%	82%	16%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	15%	60%	25%
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Physical effort required	47%	46%	7%
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Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

6%	58%	36%
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Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	14%	57%	15%	14%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

5%	76%	19%
----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	10%	52%	38%
--------------------------	-----	-----	-----

Physical effort required	33%	43%	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

4%	48%	48%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

CPT		Time on the Date of
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Code		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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the

first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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.

There were 357 respondents, of whom 95% found the vignette to be typical. This compares to the previous survey, which had 189 respondents, of whom 97% found the vignette to be typical. Both surveys had identical

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

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: 1.92

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: 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: 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)	09/2023				
Presenter(s):	Amy Ahasic, MD; Suzane Berman, MD; Brad Fox, MD; Patricia Garcia, MD; Charles Hamori, MD, FACP; Minhajuddin Khaja, MD; Steven Krug, MD; Lisa Price, MD; Philip Rogers, MD; Ed Tuohy, MD; Korinne Van Keuren, DNP, MS, RN; Richard Wright, MD				
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)				
CPT Code:	9X081				
Sample Size:	94979	Resp N:	369		
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	100.00	10000.00
Survey RVW:	0.25	1.92	1.92	2.00	192.00
Pre-Service Evaluation Time:			7.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	20.00	30.00	35.00	75.00
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:	9X081	Recommended Physician Work RVU: 1.92
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	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:	7.00	0.00	7.00
Pre-Service Positioning Time:	0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:	0.00	0.00	0.00
Intra-Service Time:	30.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time) 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):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

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.

Most Recent

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
74176	XXX	1.74	RUC Time	1,996,910

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
72158	XXX	2.29	RUC Time	216,368

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 288 % of respondents: 78.0 %

Number of respondents who choose 2nd Key Reference Code: 16 % of respondents: 4.3 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> <u>9X081</u>	<u>Top Key Reference CPT Code:</u> <u>99214</u>	<u>2nd Key Reference CPT Code:</u> <u>99213</u>
Median Pre-Service Time	7.00	7.00	5.00
Median Intra-Service Time	30.00	30.00	20.00
Median Immediate Post-service Time	7.00	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	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%	6%	64%	26%	4%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

1%	72%	27%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

11%	57%	32%
-----	-----	-----

Physical effort required

43%	47%	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

3%	50%	47%
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**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity	0%	12%	69%	19%	0%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

6%	69%	25%
----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

25%	50%	25%
-----	-----	-----

Physical effort required

62%	25%	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

6%	50%	44%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

CPT		Time on the Date of
-----	--	---------------------

Code		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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the

first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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.

There were 369 respondents, of whom 95% found the vignette to be typical. This compares to the previous survey, which had 207 respondents, of whom 98% found the vignette to be typical. Both surveys had identical

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

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
Global Period: XXX	Current Work RVU: 2.80	Presented Recommended RVU: 2.80
		RUC Recommended RVU: 2.60

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: 89%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

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)	09/2023					
Presenter(s):	Amy Ahasic, MD; Suzane Berman, MD; Brad Fox, MD; Patricia Garcia, MD; Charles Hamori, MD, FACP; Minhajuddin Khaja, MD; Steven Krug, MD; Lisa Price, MD; Philip Rogers, MD; Ed Tuohy, MD; Korinne Van Keuren, DNP, MS, RN; Richard Wright, MD					
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)					
CPT Code:	9X082					
Sample Size:	94979	Resp N:	312			
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	10.00	30.00	10000.00
Survey RVW:		0.30	2.80	2.80	2.95	99.00
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	40.00	45.00	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: 2.60
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	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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time) 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):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

Most Recent

CPT Code: 9X082

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 247 **% of respondents:** 79.1 %

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 4.4 %

TIME ESTIMATES (Median)

	CPT Code: <u>9X082</u>	Top Key Reference CPT Code: <u>99215</u>	2nd Key Reference CPT Code: <u>99214</u>
Median Pre-Service Time	10.00	10.00	7.00
Median Intra-Service Time	40.00	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	60.00	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

	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	1%	6%	57%	23%	13%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	1%	68%	31%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	11%	56%	33%

Physical effort required	43%	44%	13%
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Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	2%	46%	52%

Survey Code Compared to 2nd Key Reference Code

	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	79%	14%	7%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	0%	64%	36%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	21%	50%	29%

Physical effort required	28%	43%	29%
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Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	7%	50%	43%

judgment of physician
• Estimated risk of malpractice suit with poor outcome

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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 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 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office

visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with

comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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.

There were 312 respondents, of whom 89% found the vignette to be typical. This compares to the previous survey, which had 171 respondents, of whom 88% found the vignette to be typical. Both surveys had identical median and 25th percentile RVWs of 2.80, and the survey times are 10/40/10/60 as compared to the previous survey times of 10/30/10/50.

The first key reference service, which was chosen by 247 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 time was 5 minutes less than that of 99215, and total time was 10 minutes less. The consensus of the expert panel is that the survey times in the resurvey are more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate. The expert panel also noted that the survey WPUT of 0.047, while higher than the WPUT for 99215 (0.040), is less than the WPUT of 0.048 that resulted from the April RUC recommendation of 2.40 RVWs. The consensus of the expert panel is that the that the survey median RVW of 2.80 places 9X082 in proper rank order with the other AV telehealth codes and with 99215.

For 9X082, the expert panel recommends an RVW of 2.80, preservice time of 10 minutes, intraservice time of 40 minutes, post service time of 10 minutes, and 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) 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

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: 0.90

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: Synchronous audio-only visit for a new patient with a self-limited problem

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: 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)	09/2023				
Presenter(s):	Amy Ahasic, MD; Suzane Berman, MD; Brad Fox, MD; Patricia Garcia, MD; Charles Hamori, MD, FACP; Minhajuddin Khaja, MD; Steven Krug, MD; Lisa Price, MD; Philip Rogers, MD; Ed Tuohy, MD; Korinne Van Keuren, DNP, MS, RN; Richard Wright, MD				
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)				
CPT Code:	9X083				
Sample Size:	89553	Resp N:	88		
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	1.00	8.00	200.00
Survey RVW:	0.18	0.90	0.93	1.00	9.79
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	16.00	40.00
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:	9X083	Recommended Physician Work RVU: 0.90
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	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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time) 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):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99212	XXX	0.70	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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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Overall intensity/complexity	0%	11%	62%	22%	5%
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Mental Effort and Judgment

Less **Identical** **More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%	73%	27%
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Technical Skill/Physical Effort

Less **Identical** **More**

Technical skill required	22%	60%	18%
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Physical effort required	49%	45%	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%	49%	51%
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**Survey Code Compared to
2nd Key Reference Code**

Much Less **Somewhat Less** **Identical** **Somewhat More** **Much More**

Overall intensity/complexity	0%	13%	75%	0%	12%
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Mental Effort and Judgment

Less **Identical** **More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%	75%	25%
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Technical Skill/Physical Effort

Less **Identical** **More**

Technical skill required	37%	50%	13%
--------------------------	-----	-----	-----

Physical effort required	63%	12%	25%
--------------------------	-----	-----	-----

Psychological Stress

Less **Identical** **More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	25%	75%
----	-----	-----

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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.

There were 88 respondents, of whom 81% found the vignette to be typical. This compares to the previous survey, which had 65 respondents, of whom 86% found the vignette to be typical. Both surveys had identical median RVWs of 0.93. The current survey had a 25th percentile RVW of 0.90, while the previous survey had a 25th percentile RVW of 0.93. The survey times are 5/15/5/25 as compared to the previous survey which had times of 5/15/4/24.

The first key reference service, which was chosen by 55 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 consensus of the expert panel is that the survey median RVWs, which were identical, and the survey times, which were practically identical (the current survey had one minute longer total time), support the survey median RVW of 0.93, which is what the RUC recommended in April.

For 9X083, the expert panel recommends an RVW of 0.93, 5 minutes of preservice time, 15 minutes of intraservice time, 5 minutes of post service time, 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.

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: 1.60
		Presented Recommended RVU: 1.60
Global Period: XXX	Current Work RVU: 1.60	RUC Recommended RVU: 1.55

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: Synchronous audio-only visit 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: 80%

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)	09/2023				
Presenter(s):	Amy Ahasic, MD; Suzane Berman, MD; Brad Fox, MD; Patricia Garcia, MD; Charles Hamori, MD, FACP; Minhajuddin Khaja, MD; Steven Krug, MD; Lisa Price, MD; Philip Rogers, MD; Ed Tuohy, MD; Korinne Van Keuren, DNP, MS, RN; Richard Wright, MD				
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)				
CPT Code:	9X084				
Sample Size:	89553	Resp N:	92		
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	400.00
Survey RVW:	0.28	1.55	1.60	1.64	16.00
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	25.00	30.00	60.00
Immediate Post Service-Time:	5.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	0.00	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	0.00	99224x 0.00	99225x 0.00	99226x 0.00	

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	9X084	Recommended Physician Work RVU: 1.55
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	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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time) 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):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

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
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.

Most Recent

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74176	XXX	1.74	RUC Time	1,996,910

CPT Descriptor 2 Computed tomography, abdomen and pelvis; without contrast material

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 62 % of respondents: 67.3 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 7.6 %

TIME ESTIMATES (Median)

	CPT Code: 9X084	Top Key Reference CPT Code: 99203	2nd Key Reference CPT Code: 99213
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	25.00	25.00	20.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	35.00	35.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
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Overall intensity/complexity	0%	10%	61%	26%	3%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

2%	72%	26%
----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

19%	65%	16%
-----	-----	-----

Physical effort required

48%	48%	4%
-----	-----	----

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%	53%
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**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%	0%	72%	14%	14%
----	----	-----	-----	-----

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%	71%	29%
----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

14%	72%	14%
-----	-----	-----

Physical effort required

57%	14%	29%
-----	-----	-----

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	29%	71%
----	-----	-----

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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 30 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

There were 92 respondents, of whom 80% found the vignette to be typical. This compared to the previous survey, which had 70 respondents, of whom 91% found the vignette to be typical. The survey median RVW for both surveys is 1.60, the survey 25th percentile RVW is 1.55 as compared to the previous survey 25th percentile of 1.57, and the survey times are 5/25/2/35 as compared to the previous survey times of 5/20/5/30.

The first key reference service, which was chosen by 62 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 consensus of the expert panel is that the survey times support the median RVW of 1.60 because the times are identical. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate.

For 9X084, the expert panel recommends an RVW of 1.60, a preservice time of 5 minutes, an intraservice time of 25 minutes, a post service time of 5 minutes, and 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?

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

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: 2.60
		Presented Recommended RVU: 2.42
Global Period: XXX	Current Work RVU: 2.60	RUC Recommended RVU: 2.42

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: 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:

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)	09/2023				
Presenter(s):	Amy Ahasic, MD; Suzane Berman, MD; Brad Fox, MD; Patricia Garcia, MD; Charles Hamori, MD, FACP; Minhajuddin Khaja, MD; Steven Krug, MD; Lisa Price, MD; Philip Rogers, MD; Ed Tuohy, MD; Korinne Van Keuren, DNP, MS, RN; Richard Wright, MD				
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)				
CPT Code:	9X085				
Sample Size:	89553	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	0.00	5.00	10.00	600.00
Survey RVW:	0.30	2.42	2.60	2.60	26.00
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	31.00	45.00	80.00
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:	9X085	Recommended Physician Work RVU: 2.42
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	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:	31.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time) 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):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

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
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.

Most Recent

<u>MPC CPT Code 1</u> 99214 CPT Descriptor 1	<u>Global</u> XXX	<u>Work RVU</u> 1.92	<u>Time Source</u> RUC Time	CPT Code: 9X085 <u>Medicare Utilization</u> 97,525,862
<u>MPC CPT Code 2</u> 72158 CPT Descriptor 2	<u>Global</u> XXX	<u>Work RVU</u> 2.29	<u>Time Source</u> RUC Time	Most Recent <u>Medicare Utilization</u> 216

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u> 0.00	<u>Time Source</u>
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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: 66 % of respondents: 67.3 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 7.1 %

TIME ESTIMATES (Median)

	CPT Code: <u>9X085</u>	Top Key Reference CPT Code: <u>99204</u>	2nd Key Reference CPT Code: <u>99214</u>
Median Pre-Service Time	10.00	10.00	7.00
Median Intra-Service Time	31.00	40.00	30.00
Median Immediate Post-service Time	10.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	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	51.00	60.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
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Overall intensity/complexity	0%	0%	14%	1%	85%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

2%	68%	30%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	18%	64%	18%
--------------------------	-----	-----	-----

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

1%	44%	55%
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**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%	43%	57%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	14%	72%	14%
--------------------------	-----	-----	-----

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

0%	43%	57%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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 45 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

There were 98 respondents, of whom 87% found the vignette to be typical. This compares to the previous survey, which had 79 respondents, of whom 94% found the vignette to be typical. The survey median RVW is 2.60, and the 25th percentile RVW is 2.42. This compares to the previous survey, which had the same median RVW and a 25th percentile RVW of 2.18. The current survey times are 10/31/10/51 as compared to the previous survey times of 6/28/5/39.

The first key reference service, which was chosen by 66 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 is 31 minutes, which is 9 minutes less than that for 99204, and the total time is also 9 minutes less. The consensus of the expert panel is that the survey times in the resurvey are more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate. The intensity/complexity measures and the times support the survey median RVW of 2.60. The resulting WPUT is 0.051, which compares favorably with the WPUT of 0.052 based on the 2.01 the RUC recommended in April.

For 9X085, after consideration at pre-facilitation, the expert panel recommends an RVW of 2.42, preservice time of 10 minutes, intra-service time of 31 minutes, post service time of 10 minutes, and a total time of 51 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

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: 3.50
		Presented Recommended RVU: 3.20
Global Period: XXX	Current Work RVU: 3.50	RUC Recommended RVU: 3.20

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 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: 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 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)	09/2023				
Presenter(s):	Amy Ahasic, MD; Suzane Berman, MD; Brad Fox, MD; Patricia Garcia, MD; Charles Hamori, MD, FACP; Minhajuddin Khaja, MD; Steven Krug, MD; Lisa Price, MD; Philip Rogers, MD; Ed Tuohy, MD; Korinne Van Keuren, DNP, MS, RN; Richard Wright, MD				
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)				
CPT Code:	9X086				
Sample Size:	89553	Resp N:	93		
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	200.00
Survey RVW:	0.40	3.20	3.50	3.50	5.00
Pre-Service Evaluation Time:			12.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	25.00	48.00	60.00	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):	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: 3.20
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	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:	12.00	0.00	12.00
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:	48.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time) 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):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

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
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.

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.

Most Recent

CPT Code: 9X086

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 65 % of respondents: 69.8 %

Number of respondents who choose 2nd Key Reference Code: 8 % of respondents: 8.6 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> <u>9X086</u>	<u>Top Key Reference CPT Code:</u> <u>99205</u>	<u>2nd Key Reference CPT Code:</u> <u>99215</u>
Median Pre-Service Time	12.00	14.00	10.00
Median Intra-Service Time	48.00	59.00	45.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	70.00	88.00	70.00
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

	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	17%	0%	83%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	4%	68%	28%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	18%	63%	19%

Physical effort required	43%	49%	8%
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Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	3%	46%	51%

Survey Code Compared to 2nd Key Reference Code

	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	0%	0%	100%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	0%	50%	50%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	25%	75%	0%

Physical effort required	50%	25%	25%
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Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	0%	63%	37%

judgment of physician • Estimated risk of malpractice suit with poor outcome

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Telemedicine Codes Rationale for including in the SoR FINAL of 8-24-2023.

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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled "survey counts per society & per survey code."

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be "identical to" or "somewhat more" than the KRC, except for the physical effort measure, which was either "identical to" or "somewhat less than." These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert

panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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 60 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.

There were 93 respondents, of whom 84% found the vignette to be typical. This compares to the previous survey, which had 69 respondents, of whom 91% found the vignette to be typical. The median survey RVW for both surveys is 3.50. The 25th percentile for the current survey is 3.20, and for the previous survey, it was 3.00. The survey times are 12/48/10/70 as compared to the previous survey’s times of 10/38/7/55.

The first key reference service, which was chosen by 65 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 survey times are significantly higher than the times from the last survey. Even though the intra-time is 11 minutes less than that of 99205 and the total time is 18 minutes less, the expert panel noted that the WPUT, using the median RVW of 3.50, is 0.050, which is similar to the WPUT for the April RUC recommended RVW of 2.60 at 0.047. The consensus of the expert panel is that the survey median RVW places 9X086 in proper rank order with the other AV and A only codes.

For 9X086, after consideration at pre-facilitation, the expert panel recommends an RVW of 3.20, preservice time of 12 minutes, intra-service time of 48 minutes, post service time of 10 minutes, and total time of 70 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

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: 0.65

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: 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: 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)		09/2023			
Presenter(s):	Brad Fox, MD; Phillip E. Rodgers, MD, FAAHPM; Steve Krug, MD, FAAP; Suzanne Berman, MD, FAAP; Richard Wright, MD; Ed Touhy, MD; Patricia Garcia, MD; Lisa Price, MD; Korinne Van Keuren, DNP, APRN, NP-BC, RNFA; Amy Ahasic, MD; Minhajuddin S. Khaja, MD				
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)				
CPT Code:	9X087				
Sample Size:	90041	Resp N:	262		
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	3000.00
Survey RWV:	0.15	0.65	0.70	0.80	6.00
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	8.00	10.00	15.00	55.00
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)

CPT Code:	9X087	Recommended Physician Work RVU: 0.65		
		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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99211	XXX	0.18	RUC Time

CPT Descriptor

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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74220 XXX 0.60 RUC Time CPT Code: 9X087
 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: 176 % of respondents: 67.1 %

Number of respondents who choose 2nd Key Reference Code: 21 % of respondents: 8.0 %

TIME ESTIMATES (Median)

	CPT Code: <u>9X087</u>	Top Key Reference CPT Code: <u>99212</u>	2nd Key Reference CPT Code: <u>99211</u>
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%	1%	5%	1%	93%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

6%	73%	21%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

18%	59%	23%
-----	-----	-----

Physical effort required

48%	44%	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

7%	54%	39%
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**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

5%	76%	19%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

24%	57%	19%
-----	-----	-----

Physical effort required

67%	28%	5%
-----	-----	----

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

5%	38%	57%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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.

There were 262 respondents, of whom 91% found the vignette to be typical, as compared to the last survey which had 141 respondents, 95% of whom found the vignette to be typical. Both surveys had a median RVW of 0.70. This survey has a 25th percentile RVW of 0.65 while the previous survey had a 25th percentile RVW of 0.70. The current survey times are 3/10/2/15 as compared to the previous survey times of 5/11/3/19.

The key reference service, which was chosen by 176 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 both surveys have identical median RVWs that are the same as 99212, and the current survey total time is one minute less than 99212. The consensus of the expert panel is that the survey supports the median RVW.

For 9X087, the expert panel recommends an RVW of 0.70, preservice time of 3 minutes, intraservice time of 10 minutes, post service 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:

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

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:9X088	Tracking Number C14	Original Specialty Recommended RVU: 1.30
		Presented Recommended RVU: 1.30
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: 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 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)		09/2023			
Presenter(s):	Brad Fox, MD; Phillip E. Rodgers, MD, FAAHPM; Steve Krug, MD, FAAP; Suzanne Berman, MD, FAAP; Richard Wright, MD; Ed Touhy, MD; Patricia Garcia, MD; Lisa Price, MD; Korinne Van Keuren, DNP, APRN, NP-BC, RNFA; Amy Ahasic, MD; Minhajuddin S. Khaja, MD				
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)				
CPT Code:	9X088				
Sample Size:	90041	Resp N:	288		
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	10.00	22.00	2000.00
Survey RVW:	0.18	1.20	1.30	1.30	7.99
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	12.00	20.00	23.00	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:	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:		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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

CPT Code: 9X088

Most Recent

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
95819	XXX	1.08	RUC Time	161,385

CPT Descriptor 1 Electroencephalogram (EEG); including recording awake and asleep

Most Recent

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
73721	XXX	1.35	RUC Time	597,704

CPT Descriptor 2 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 205 % of respondents: 71.1 %

Number of respondents who choose 2nd Key Reference Code: 29 % of respondents: 10.0 %

TIME ESTIMATES (Median)

	CPT Code: <u>9X088</u>	Top Key Reference CPT Code: <u>99213</u>	2nd Key Reference CPT Code: <u>99212</u>
Median Pre-Service Time	5.00	5.00	2.00
Median Intra-Service Time	20.00	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	30.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
---	-------------------------	-----------------------------	-------------------------	-----------------------------	-------------------------

Overall intensity/complexity	0%	0%	5%	0%	94%
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Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

5%	74%	21%
----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

18%	59%	23%
-----	-----	-----

Physical effort required

46%	47%	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%	53%	40%
----	-----	-----

**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

3%	69%	28%
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Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

31%	45%	24%
-----	-----	-----

Physical effort required

69%	24%	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

17%	35%	48%
-----	-----	-----

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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 20 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

There were 288 respondents, of whom 93% found the vignette to be typical. This compares to the previous survey which had 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; both are identical to the previous survey. The survey times are 5/20/5/30 as compared to the previous survey times of 5/16/5/26.

The first key reference service, which was chosen by 205 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 5/20/5/30.

The expert panel noted that the median and 25th percentile RVWs were identical for both surveys and that the times from the current survey equal those of 99213. The consensus of the expert panel is that the survey times in the resurvey are more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate. Additionally, they equal those of 99213 and support the median RVW of 1.30 while placing the code in proper rank order to 99213 and the other AV and A-only codes.

For 9X088, the expert panel recommends an RVW of 1.30, preservice time of 5 minutes, intraservice time of 20 minutes, post service 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) 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? 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

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: 1.92
		Presented Recommended RVU: 1.75
Global Period: XXX	Current Work RVU: 1.92	RUC Recommended RVU: 1.75

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: 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 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 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)		09/2023			
Presenter(s):	Brad Fox, MD; Phillip E. Rodgers, MD, FAAHPM; Steve Krug, MD, FAAP; Suzanne Berman, MD, FAAP; Richard Wright, MD; Ed Touhy, MD; Patricia Garcia, MD; Lisa Price, MD; Korinne Van Keuren, DNP, APRN, NP-BC, RNFA; Amy Ahasic, MD; Minhajuddin S. Khaja, MD				
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)				
CPT Code:	9X089				
Sample Size:	90041	Resp N:	270		
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	24.00	1140.00
Survey RVW:	0.30	1.75	1.92	1.95	8.07
Pre-Service Evaluation Time:			7.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	16.00	28.00	34.00	150.00
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:	9X089	Recommended Physician Work RVU: 1.75		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		7.00	0.00	7.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		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:		6.00	0.00	6.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

CPT Code: 9X089

Most Recent

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
74176	XXX	1.74	RUC Time	1,996,910

CPT Descriptor 1 Computed tomography, abdomen and pelvis; without contrast material

Most Recent

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 194 **% of respondents:** 71.8 %

Number of respondents who choose 2nd Key Reference Code: 23 **% of respondents:** 8.5 %

TIME ESTIMATES (Median)

	CPT Code: <u>9X089</u>	Top Key Reference CPT Code: <u>99214</u>	2nd Key Reference CPT Code: <u>99213</u>
Median Pre-Service Time	7.00	7.00	5.00
Median Intra-Service Time	28.00	30.00	20.00
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	41.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
---	-------------------------	-----------------------------	-------------------------	-----------------------------	-------------------------

Overall intensity/complexity	0%	0%	5%	1%	94%
-------------------------------------	----	----	----	----	-----

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%	69%	29%
----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	16%	60%	24%
--------------------------	-----	-----	-----

Physical effort required	47%	45%	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

5%	45%	50%
----	-----	-----

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity	0%	0%	4%	0%	96%
-------------------------------------	----	----	----	----	-----

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%	70%	30%
----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	22%	52%	26%
--------------------------	-----	-----	-----

Physical effort required	56%	35%	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

4%	39%	57%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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 30 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

There were 270 respondents, of whom 90% found the vignette to be typical. This compares to the previous survey, which had 144 respondents, of whom 94% found the vignette to be typical. The survey median survey RVW is 1.92, which is identical to the previous survey, and the 25th percentile RVW is 1.75, as compared to the previous survey’s 25th percentile RVW of 1.80. The current survey times are 7/28/6/41 as compared to the previous survey times of 6/23/5/34.

The first key reference service, which was chosen by 194 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 noted that the intra-time from the current survey was only two minutes less than that of 99214 and the total time was only six minutes less. The consensus of the expert panel is that the survey times in the resurvey are more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate. The expert panel also noted that the WPUT based on the survey is 0.047 as compared to 0.041 for 99214 and 0.053 from the April RUC recommended RVW of 1.80. Based on the review of all the survey data,, the consensus of the expert panel is that the times support the median RVW of 1.92, which places it in proper rank order to the other AV and A-only codes.

For 9X089, after consideration at pre-facilitation, the expert panel recommends an RVW of 1.75, preservice time of 7 minutes, intra-service time of 28 minutes, post service time of 6 minutes, and total time of 41 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.

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: 2.80
		Presented Recommended RVU: 2.60
Global Period: XXX	Current Work RVU: 2.80	RUC Recommended RVU: 2.60

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: 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 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.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)		09/2023			
Presenter(s):	Brad Fox, MD; Phillip E. Rodgers, MD, FAAHPM; Steve Krug, MD, FAAP; Suzanne Berman, MD, FAAP; Richard Wright, MD; Ed Touhy, MD; Patricia Garcia, MD; Lisa Price, MD; Korinne Van Keuren, DNP, APRN, NP-BC, RNFA; Amy Ahasic, MD; Minhajuddin S. Khaja, MD				
Specialty Society(ies):	American Academy of Child and Adolescent Psychiatry (AACAP), 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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM) 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 Medical Genetics (ACMG) American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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 Thoracic Society (ATS), American Urological Association (AUA), American College of Chest Physicians (CHEST) Congress of Neurological Surgeons (CNS), Endocrine Society (ES), North American Neuromodulation Society (NANS), Society of Interventional Radiology (SIR) Society of Thoracic Surgeons (STS), and Society for Vascular Surgery (SVS)				
CPT Code:	9X090				
Sample Size:	90041	Resp N:	217		
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	250.00
Survey RWV:	0.40	2.60	2.80	2.90	7.99
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	40.00	45.00	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)

CPT Code:	9X090	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:		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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
99204	XXX	2.60	RUC Time	11,933,824

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 164 **% of respondents:** 75.5 %

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 8.7 %

TIME ESTIMATES (Median)

	CPT Code: <u>9X090</u>	Top Key Reference CPT Code: <u>99215</u>	2nd Key Reference CPT Code: <u>99214</u>
Median Pre-Service Time	10.00	10.00	7.00
Median Intra-Service Time	40.00	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	60.00	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

	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	7%	0%	93%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	2%	63%	35%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	18%	52%	30%

Physical effort required	47%	40%	13%
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Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	5%	37%	58%

Survey Code Compared to 2nd Key Reference Code

	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	0%	5%	95%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	0%	68%	32%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	11%	63%	26%

Physical effort required	63%	32%	5%
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Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	0%	47%	53%

judgment of physician • Estimated risk of malpractice suit with poor outcome

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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 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 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the

A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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 40 minutes of medical discussion.

When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

There were 217 respondents, of whom 84% found the vignette to be typical. This compares to the previous survey, which had 120 respondents, of whom 85% found the vignette to be typical. The survey median RVW is 2.80, which is identical to the previous survey, and the 25th percentile RVW is 2.60 as compared to the 25th percentile from the previous survey of 2.49. The survey times are 10/40/10/60 as compared to the previous survey times of 9/30/8/47.

The first key reference service, which was chosen by 164 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 consensus of the expert panel is that the survey times in the resurvey are more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate. The survey intra-time is five minutes less than the time for 99215, and the total time is 10 minutes less. However, the WPUT using the survey median RVW of 2.80 is 0.047, which is less than the WPUT resulting from the April RUC recommendation of 2.40 RVWs (0.051). The consensus of the expert panel is that the survey median RVW of 2.80 places 9X090 in proper rank order to 99215 and 9X082.

For 9X090, after review at pre-facilitation, the expert panel recommends an RVW of 2.60, preservice time of 10 minutes, intra-service time of 40 minutes, post service time of 10 minutes, and 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

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: **0.30**
Presented Recommended RVU: **0.30**
Global Period: XXX Current Work RVU: **0.25** RUC Recommended RVU: **0.30**

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: 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: 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)	09/2023				
Presenter(s):	Brad Fox, MD; Phillip E. Rodgers, MD, FAAHPM; Steve Krug, MD, FAAP; Suzanne Berman, MD, FAAP; Richard Wright, MD; Ed Touhy, MD; Patricia Garcia, MD; Lisa Price, MD; Korinne Van Keuren, DNP, APRN, NP-BC, RNFA; Amy Ahasic, MD; Minhajuddin S. Khaja, MD				
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 Dermatologists Association (AADA) American Academy of Family Physicians (AAFP) American Academy of Physician Associates (AAPA), American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Academy of Hospice and Palliative Medicine (AAHPM), American College of Cardiology (ACC), American College of Gastroenterology (ACG), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP) American College of Surgeons (ACS), American Gastroenterological Association (AGA), American Geriatrics Society (AGS), American Nurses Association (ANA), American Osteopathic Association (AOA) American Psychiatric Association (APA) 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), and Society for Vascular Surgery (SVS)				
CPT Code:	9X091				
Sample Size:	78024	Resp N:	131		
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	23.00	700.00
Survey RVW:	0.14	0.30	0.70	0.85	3.81
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	10.00	12.00	120.00
Immediate Post Service-Time:	2.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
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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: 0.30		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time

Pre-Service Evaluation Time:	2.00	0.00	2.00
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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time) 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):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
93010	XXX	0.17	RUC Time	16,114,629

CPT Descriptor 1 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

Most Recent

Most Recent

MPC CPT Code 2
97530

Global
XXX

Work RVU
0.44

Time Source
RUC Time

CPT Code: 9X091
Medicare Utilization
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: 47 % of respondents: 35.8 %

Number of respondents who choose 2nd Key Reference Code: 32 % of respondents: 24.4 %

TIME ESTIMATES (Median)

	CPT Code: 9X091	Top Key Reference CPT Code: 99212	2nd Key Reference CPT Code: 99211
Median Pre-Service Time	2.00	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	14.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	0%	2%	98%

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%

70%

19%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

23%

53%

23%

Physical effort required

58%

38%

4%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

13%

42%

45%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%

0%

0%

3%

97%

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%

66%

25%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

19%

69%

12%

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%

60%

34%

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT 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 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 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.

The codes were initially surveyed for both work and practice expense (PE) for the April 2023 RUC meeting. 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). The RUC recommendations to CMS were voted as interim and a new survey was to be conducted for the September 2023 RUC meeting to include the minimum required times in both the survey codes and the reference service list codes as approved by the CPT Editorial Panel. Based on claims data for OV codes to which the -95 modifier was appended, the following specialty societies are expected to be Medicare high utilizers of the telemedicine codes: the American College of Physicians (ACP), the American Psychiatric Association (APA), and the American Academy of Family Physician (AAFP). These three specialty societies did not participate in the April survey but did participate in the September 2023 survey.

In addition to interim RVW recommendations, the RUC also recommended to CPT that the physician times for the telemedicine codes be the same as the physician/QHP time for the comparable level of MDM office visit code. This recommendation was approved by the CPT editorial panel at its May meeting. The table below shows those times:

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

The surveying specialties met with the RUC Research Subcommittee, which approved the September survey instrument and methodology.

Thirty five societies participated in the survey with a total of 690 survey respondents.

A complete list of the specialty societies that surveyed these codes can be found in the AMA RUC materials, specifically in the agenda, as well as in our Tab 11 submission titled “survey counts per society & per survey code.”

For this September 2023 RUC meeting, only work was surveyed.

All the surveying societies used a random sample of their members. Not all the societies surveyed all the codes. The list of codes surveyed by each society can be found in the society counts for each survey code additional attachment A to our submission.

The societies established an expert panel to review the survey results.

GENERAL COMMENTS AND COMPARISON TO PREVIOUS SURVEY

Audio-Video Codes

The expert panel re-affirmed its overarching comments submitted in the April rationales. The expert panel also noted that, for the audio-video (AV) codes, the survey median and 25th percentile RVWs for all 8 codes were identical to each other and to the 1st key reference code (KRC), which was always the office visit with comparable time and medical decision making (MDM). This was identical to the results from the first survey. In addition, the survey times for the AV codes requiring straightforward or low-level MDM were practically identical to the times for the 1st KRC and with those from the first survey except for the 9X080 (AV est pt, low MDM) where the intra and total times were higher than the first survey and identical to the times for the first KRC. For the AV codes with moderate and high-level MDM, the survey intra and total times were significantly higher than the times from the previous survey, making them more comparable to the times for the first KRC, and the WPUT using the survey median RVW were very close to those for the first KRC.

The expert panel noted that we now have two surveys with identical RVWs at both the median and 25th percentiles, which confirms that the respondents believe the work of an AV visit is the same as the work of an office visit. The consensus of the expert panel is that the survey times in the resurvey were more accurate than the times in the first survey due to modified methodology, increased sample size, and broader specialty representation and that the times validate the median RVW as being appropriate for all the AV codes.

The expert panel also reviewed the intensity/complexity measures and noted that they support the survey median RVW for 9X075-9X082. For all the codes, the individual and overall intensity/complexity measures compared to the first KRC (which was chosen by the vast majority of respondents) were considered to be “identical to” or “somewhat more” than the KRC, except for the physical effort measure, which was either “identical to” or “somewhat less than.” These responses demonstrate that the respondents carefully considered each measure and that the data was valid.

The expert panel notes that two surveys were conducted where the respondents have indicated that the work RVUs of AV telemedicine visits is the same as the work RVUs of an in-person office visit.

Audio Only Codes

As with the first survey of the audio (A) only codes, the survey median RVWs were identical to the comparable OV with the same level of MDM and the 25th percentile RVWs were less. However, the intra and total times for most of the codes increased in this second survey where the times were included in the survey codes and the reference service codes, and the resulting WPUT was much more comparable to the WPUT for the first KRC. Based on the review of all the survey data, the consensus of the expert panel is that the resurvey supported the median RVW for all the A only codes, and the expert panel noted that the WPUT for all the A only codes, using the median RVW, was lower than the WPUT that resulted from the RUC recommendations at the April meeting.

The expert panel reviewed the responses to the intensity/complexity measures and noted that the median RVW was supported for 9X083-9X090. As with the AV codes, the responses for the individual measures, except for the physical effort, were that the A service was “identical to” or “somewhat more” than the first KRC (which was chosen by a significant majority of respondents). Appropriately, the “physical effort” was considered to be “identical to” or “somewhat less” than the KRC. For six of the eight A only codes, the “overall” intensity/complexity was considered to be “much more” than the KRC. The consensus of the expert panel

is that this was consistent with the responses to the individual intensity/complexity measures. Specifically, respondents believed that the overall intensity/complexity was “much more” than the KRC while believing that each individual measure was either “identical to” or “somewhat more” than the KRC.

Consistent with the prior survey, the estimated work RVUs for the survey codes indicate that the work of A only telemedicine visits is the same as the work of an in-person office visit based on similar times and increased intensity/complexity.

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 131 respondents, of whom 92% found the vignette to be typical. This compares to the previous survey, which had 112 respondents, of whom 86% found the vignette to be typical. The median survey RVW for both surveys was 0.70, and the 25th percentile RVW from this survey is 0.30 as compared to 0.29 from the previous survey. The current survey times are 2/10/2/14 as compared to the previous survey times of 3/10/2/15.

The first key reference service, which was chosen by 47 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.

The second key reference service, which was chosen by 32 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 1/8/4/13. The RVW and times were established by CMS in 2018 by cross walking to 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). Code 99441 currently has 0.70 RVW and times of 2/11/3/16.

The expert panel reviewed the data and, although the times were similar to those for 99212, the consensus of the expert panel is that the 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 reviewed the April RUC recommendation of the 0.29 RVW, which was the survey 25th percentile. The expert panel noted this survey was more robust with more respondents and that the 25th percentile RVW was 0.30. The expert panel did a RUC database search for XXX global codes 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 consensus of the expert panel is that the code most similar to 9X091 is 99211 but the value for 99211 is not appropriate based on time comparison. Based on the review of all the survey data,, the consensus of the expert panel is to recommend the survey 25th percentile of 0.30 and recommending the survey times.

For 9X091, the expert panel recommends an RVW of 0.30, preservice time of 2 minutes, intraservice time of 10 minutes, post service time of 2 minutes, and total time of 14 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.

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: 11

Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	WPUT	RVW					Total Time	PRE	INTRA-TIME/TOTAL TIME					POST	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
1st REF	99202	XXX	OV, new pt, straightforward MDM	2019	105	0.047	0.047		0.93			20	2		15			3							
2nd REF	99213	XXX	OV, estab pt, Low MDM	2019	7	0.043	0.043		1.30			30	5		20			5							
2nd REF	99203	XXX	OV, new pt, Low MDM	2019	7	0.046	0.046		1.60			35	5		25			5							
CURRENT	99202-95	XXX	OV, new pt, straightforward MDM	N/A		0.047	0.047		0.93			20	2		15			3							
SVY	9X075	XXX	Audio-Video, new pt, SF MDM, 15 MDOV		152	0.037	0.037	0.18	0.93	0.93	1.01	5.00	25	5	1	10	15	20	60	5	0	0	5	10	2000
REC	9X075	XXX	Audio-Video, new pt, SF MDM, 15 MDOV		152	0.037	0.037		0.93			25	5		15			5							
1st REF	99203	XXX	OV, new pt, Low MDM	2019	124	0.046	0.046		1.60			35	5		25			5							
2nd REF	99204	XXX	OV, new pt, Moderate MDM	2019	7	0.043	0.043		2.60			60	10		40			10							
2nd REF	99214	XXX	OV, estab pt, Moderate MDM	2019	7	0.041	0.041		1.92			47	7		30			10							
CURRENT	99203-95	XXX	OV, new pt, Low MDM	N/A		0.046	0.046		1.60			35	5		25			5							
SVY	9X076	XXX	Audio-Video, new pt, Low MDM, 30 MDOV		175	0.044	0.044	0.18	1.60	1.60	1.75	99.00	36	6	1	15	25	33	60	5	0	1	5	30	2000
REC	9X076	XXX	Audio-Video, new pt, Low MDM, 30 MDOV		175	0.044	0.044		1.60			36	6		25			5							
1st REF	99204	XXX	OV, new pt, Moderate MDM	2019	141	0.043	0.043		2.60			60	10		40			10							
2nd REF	99203	XXX	OV, new pt, Low MDM	2019	6	0.046	0.046		1.60			35	5		25			5							
2nd REF	99215	XXX	OV, estab pt, High MDM	2019	6	0.040	0.040		2.80			70	10		45			15							
CURRENT	99204-95	XXX	OV, new pt, Moderate MDM	N/A		0.043	0.043		2.60			60	10		40			10							
SVY	9X077	XXX	Audio-Video, new pt, Moderate MDM, 45 MDOV		187	0.045	0.045	0.35	2.60	2.60	2.73	99.00	58	10	1	25	38	50	90	10	0	2	10	30	2000
REC	9X077	XXX	Audio-Video, new pt, Moderate MDM, 45 MDOV		187	0.045	0.045		2.60			58	10		38			10							
1st REF	99205	XXX	OV, new pt, High MDM	2019	137	0.040	0.040		3.50			88	14		59			15							
2nd REF	99483	XXX	Assessment of and care planning for a patient with cognitive impairment. Typically 60 minutes of total	2019	7	0.054	0.045		3.84			86	11		60			15							
CURRENT	99205-95	XXX	OV, new pt, High MDM	N/A		0.040	0.040		3.50			88	14		59			15							
SVY	9X078	XXX	Audio-Video, new pt, High MDM, 60 MDOV		172	0.044	0.044	0.40	3.50	3.50	3.70	99.00	80	15	1	30	50	65	130	15	0	0	5	25	5000
REC	9X078	XXX	Audio-Video, new pt, High MDM, 60 MDOV		172	0.044	0.044		3.50			80	15		50			15							

Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	WPUT	RVW					Total Time	PRE	INTRA-TIME/TOTAL TIME					POST	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX			MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
1st REF	99212	XXX	OV, estab pt, straightforward MDM	2019	176	0.044	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 professional	2019	21	0.026	0.026		0.18			7	0		5		2								
CURRENT	99212-95	XXX	OV, estab pt, straightforward MDM	N/A		0.044	0.044		0.70			16	2		11		3								
SVY	9X087	XXX	Audio-ONLY, estab pt, SF MDM, 10 MDOV		262	0.047	0.047	0.15	0.65	0.70	0.80	6.00	15	3	1	8	10	15	55	2	0	0	5	20	3000
REC	9X087	XXX	Audio-ONLY, estab pt, SF MDM, 10 MDOV		262	0.043	0.043		0.65			15	3		10		2								
1st REF	99213	XXX	OV, estab pt, Low MDM	2019	205	0.043	0.043		1.30			30	5		20		5								
2nd REF	99212	XXX	OV, estab pt, straightforward MDM	2019	29	0.044	0.044		0.70			16	2		11		3								
CURRENT	99213-95	XXX	OV, estab pt, Low MDM	N/A		0.043	0.043		1.30			30	5		20		5								
SVY	9X088	XXX	Audio-ONLY, estab pt, Low MDM, 20 MDOV		288	0.043	0.043	0.18	1.20	1.30	1.30	7.99	30	5	1	12	20	23	75	5	0	1	10	22	2000
REC	9X088	XXX	Audio-ONLY, estab pt, Low MDM, 20 MDOV		288	0.040	0.040		1.20			30	5		20		5								
1st REF	99214	XXX	OV, estab pt, Moderate MDM	2019	194	0.041	0.041		1.92			47	7		30		10								
2nd REF	99213	XXX	OV, estab pt, Low MDM	2019	23	0.043	0.043		1.30			30	5		20		5								
CURRENT	99214-95	XXX	OV, estab pt, Moderate MDM	N/A		0.041	0.041		1.92			47	7		30		10								
SVY	9X089	XXX	Audio-ONLY, estab pt, Moderate MDM, 30 MDOV		270	0.047	0.047	0.30	1.75	1.92	1.95	8.07	41	7	1	16	28	34	150	6	0	1	5	24	1140
REC	9X089	XXX	Audio-ONLY, estab pt, Moderate MDM, 30 MDOV		270	0.043	0.043		1.75			41	7		28		6								
1st REF	99215	XXX	OV, estab pt, High MDM	2019	164	0.040	0.040		2.80			70	10		45		15								
2nd REF	99214	XXX	OV, estab pt, Moderate MDM	2019	19	0.041	0.041		1.92			47	7		30		10								
CURRENT	99215-95	XXX	OV, estab pt, High MDM	N/A		0.040	0.040		2.80			70	10		45		15								
SVY	9X090	XXX	Audio-ONLY, estab pt, High MDM, 40 MDOV		217	0.047	0.047	0.40	2.60	2.80	2.90	7.99	60	10	1	25	40	45	90	10	0	0	2	10	250
REC	9X090	XXX	Audio-ONLY, estab pt, High MDM, 40 MDOV		217	0.043	0.043		2.60			60	10		40		10								
1st REF	99212	XXX	OV, estab pt, straightforward MDM	2019	47	0.044	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 professional	2019	32	0.026	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	N/A		0.017	0.019		0.25			13	1		8		4								
SVY	9X091	XXX	EST Pt, tech-based, 5-10 min (virtual check-in)		131	0.061	0.050	0.14	0.30	0.70	0.85	3.81	14	2	1	5	10	12	120	2	0	0	3	23	700
REC	9X091	XXX	EST Pt, tech-based, 5-10 min (virtual check-in)		131	0.021	0.021		0.30			14	2		10		2								

11Society Counts by Survey Code

Surveying Societies	Acronym	ID	Number of Svy Resp	9X075	9X076	9X077	9X078	9X079	9X080	9X081	9X082	9X083	9X084	9X085	9X086	9X087	9X088	9X089	9X090	9X091
American Academy of Child and Adolescent Psychiatry	AACAP	1	12	0	0	0	0	4	7	8	7	0	0	0	0	3	5	6	4	0
American Academy of Dermatology Association	AADA	2	26	4	4	4	2	8	8	8	4	1	1	1	1	3	3	3	2	3
American Academy of Family Physicians	AAFP	3	10	1	1	1	1	4	3	4	4	1	1	1	1	4	3	3	3	5
American Academy of Hospice and Palliative Medicine	AAHPM	4	22	4	6	15	15	7	13	16	14	3	3	9	8	6	11	11	10	4
American Academy of Neurology	AAN	5	10	0	1	2	2	2	3	4	4	0	0	0	0	1	2	2	2	1
American Association of Neurological Surgeons	AANS	6	12	3	5	5	4	5	5	5	3	1	1	2	1	4	4	6	4	4
American Academy of Orthopaedic Surgeons	AAOS	7	8	1	1	2	2	2	3	4	3	1	1	2	2	1	3	2	2	1
American Academy of Pediatrics	AAP	8	34	6	7	8	7	16	20	20	15	6	5	6	5	17	17	16	10	15
American Academy of Physician Associates	AAPA	9	76	11	12	9	6	21	25	24	15	4	6	3	2	23	22	13	6	16
American Academy of Physical Medicine & Rehabilitation	AAPM&R	10	5	0	0	1	1	2	2	4	3	1	0	0	0	1	1	3	3	2
American Association for Thoracic Surgery	AATS	11	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0
American College of Cardiology	ACC	12	35	12	15	19	20	19	23	23	22	11	11	16	17	18	18	21	19	16
American College of Gastroenterology	ACG	13	8	2	3	3	3	4	4	4	3	1	1	1	1	4	4	4	3	2
American College of Medical Genetics	ACMG	14	6	1	2	3	4	2	4	5	4	0	0	0	0	0	0	0	0	0
American College of Obstetricians and Gynecologists	ACOG	15	54	15	19	20	17	21	24	25	21	8	8	7	5	18	19	15	12	16
American College of Physicians	ACP	16	7	1	1	0	0	5	5	2	2	0	0	0	0	4	3	3	2	1
American College of Surgeons	ACS	17	14	4	3	2	1	6	6	5	2	2	2	2	2	4	3	3	3	5
American Gastroenterological Association	AGA	18	3	2	3	2	2	3	3	3	2	2	2	1	1	3	3	3	1	2
American Geriatrics Society	AGS	19	24	5	6	5	6	11	11	12	12	3	4	1	2	10	11	12	6	8
American Nurses Association	ANA	20	11	1	2	3	4	3	5	6	6	1	1	1	1	3	4	5	3	2
American Osteopathic Association	AOA	21	50	7	7	6	5	18	22	19	16	3	3	3	3	19	20	17	16	10
American Psychiatric Association	APA	22	102	1	1	1	1	55	70	74	67	1	1	1	1	51	63	61	54	1
American Society of Anesthesiologists	ASA	23	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Society of Colon and Rectal Surgeons	ASCRS	24	2	0	0	1	0	1	2	1	1	0	0	0	0	0	0	0	0	0
American Society for Gastrointestinal Endoscopy	ASGE	25	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1
American Society of Regional Anesthesia and Pain Medicine	ASRA	26	11	4	4	4	3	6	6	6	5	4	3	3	3	5	5	4	2	4
American Society for Surgery of the Hand	ASSH	27	13	2	2	2	2	5	3	4	2	2	2	2	2	4	4	3	2	3
American Thoracic Society	ATS	28	33	13	15	12	11	17	17	17	16	10	11	9	9	15	14	12	11	0
American Urological Association	AUA	29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American College of Chest Physicians	CHEST	30	20	6	8	9	9	9	13	12	12	5	5	5	5	11	12	10	8	0
Congress of Neurological Surgeons	CNS	31	6	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2
North American Neuromodulation Society	NANS	32	2	0	0	1	1	1	2	2	2	0	0	1	1	0	1	1	1	2
Society of Interventional Radiology	SIR	33	77	34	34	33	31	36	34	37	32	11	15	15	14	20	23	22	19	0
Society of Thoracic Surgeons	STS	34	9	4	5	6	5	5	5	6	5	2	2	2	2	3	3	3	3	0
Society for Vascular Surgery	SVS	35	14	2	2	2	1	3	3	3	2	1	0	1	1	4	4	3	3	5
Totals			730	152	175	187	172	307	357	369	312	88	92	98	93	262	288	270	217	131
Compare Totals				152	175	187	172	307	357	369	312	88	92	98	93	262	288	270	217	131

Spec Grouping 9-23

	A	B	C	D	E	F	G	H	I	J
1	SPECIALTIES BY ID				SPECIALTIES BY GROUP					
2	GROUP	Spec Description	Spec ID	Count	GROUP	Spec Description	Spec ID	COUNT		
3	MED	Addiction Medicine	1	0	MED	Addiction Medicine	1	0	486	
4	MED	Allergy/Immunology	2	1	MED	Allergy/Immunology	2	1		
5	MED	Anesthesiology	3	17	MED	Anesthesiology	3	17		
6	MED	Cardiac Electrophysiology	4	5	MED	Cardiac Electrophysiology	4	5		
7	SURG	Cardiac Surgery	5	5	MED	Cardiology	6	25		
8	MED	Cardiology	6	25	MED	Critical Care (Intensivists)	11	13		
9	NPP	Certified Clinical Nurse Specialist	7	0	MED	Dermatology	12	27		
10	NPP	Certified Nurse Midwife	8	0	MED	Diagnostic Radiology	13	1		
11	NPP	Certified Registered Nurse Anesthetist	9	0	MED	Emergency Medicine	14	6		
12	SURG	Colorectal Surgery	10	2	MED	Endocrinology	15	1		
13	MED	Critical Care (Intensivists)	11	13	MED	Family Medicine	16	27		
14	MED	Dermatology	12	27	MED	Gastroenterology	17	14		
15	MED	Diagnostic Radiology	13	1	MED	General Practice	18	0		
16	MED	Emergency Medicine	14	6	MED	Geriatric Medicine	20	23		
17	MED	Endocrinology	15	1	MED	Geriatric Psychiatry	21	2		
18	MED	Family Medicine	16	27	MED	Hematology	24	0		
19	MED	Gastroenterology	17	14	MED	Hematology/Oncology	25	1		
20	MED	General Practice	18	0	MED	Hospice & Palliative Care	26	23		
21	SURG	General Surgery	19	4	MED	Hospitalist	27	1		
22	MED	Geriatric Medicine	20	23	MED	Infectious Disease	28	1		
23	MED	Geriatric Psychiatry	21	2	MED	Internal Medicine	29	11		
24	SURG	Gynecological Oncology	22	1	MED	Interventional Cardiology	30	3		
25	SURG	Hand Surgery	23	8	MED	Interventional Pain Management	31	0		
26	MED	Hematology	24	0	MED	Interventional Radiology	32	66		
27	MED	Hematology/Oncology	25	1	MED	Medical Genetics and Genomics	34	6		
28	MED	Hospice & Palliative Care	26	23	MED	Medical Oncology	35	0		
29	MED	Hospitalist	27	1	MED	Nephrology	36	0		
30	MED	Infectious Disease	28	1	MED	Neurology	37	11		
31	MED	Internal Medicine	29	11	MED	Neuropsychiatry	38	2		
32	MED	Interventional Cardiology	30	3	MED	Nuclear Medicine	40	0		
33	MED	Interventional Pain Management	31	0	MED	Osteopathic Manipulative Medicine	47	4		
34	MED	Interventional Radiology	32	66	MED	Pain Management	49	5		
35	SURG	Maxillofacial surgery	33	0	MED	Pathology	50	3		
36	MED	Medical Genetics and Genomics	34	6	MED	Pediatric Medicine	51	33		
37	MED	Medical Oncology	35	0	MED	Peripheral vascular Disease	52	0		
38	MED	Nephrology	36	0	MED	Physical Medicine and Rehabilitation	53	5		
39	MED	Neurology	37	11	MED	Podiatry	56	0		
40	MED	Neuropsychiatry	38	2	MED	Preventive Medicine	57	1		
41	SURG	Neurosurgery	39	14	MED	Psychiatry	58	112		
42	MED	Nuclear Medicine	40	0	MED	Pulmonary Disease	59	32		
43	NPP	Nurse Practitioner	41	11	MED	Radiation Oncology	60	0		
44	SURG	Obstetrics/Gynecology	42	47	MED	Rheumatology	61	1		
45	SURG	Ophthalmology	43	4	MED	Sleep Medicine	62	2		
46	N/A	Optometry	44	0	MED	Sports Medicine	63	1		
47	SURG	Oral Surgery	45	0	N/A	Optometry	44	0		
48	SURG	Orthopedic Surgery	46	8	NPP	Certified Clinical Nurse Specialist	7	0	87	
49	MED	Osteopathic Manipulative Medicine	47	4	NPP	Certified Nurse Midwife	8	0		
50	SURG	Otolaryngology	48	3	NPP	Certified Registered Nurse Anesthetist	9	0		

Spec Grouping 9-23

	A	B	C	D	E	F	G	H	I	J
1	SPECIALTIES BY ID				SPECIALTIES BY GROUP					
2	GROUP	Spec Description	Spec ID	Count		GROUP	Spec Description	Spec ID	COUNT	
51	MED	Pain Management	49	5		NPP	Nurse Practitioner	41	11	120
52	MED	Pathology	50	3		NPP	Physicians Assistant	54	76	
53	MED	Pediatric Medicine	51	33		SURG	Cardiac Surgery	5	5	
54	MED	Peripheral vascular Disease	52	0		SURG	Colorectal Surgery	10	2	
55	MED	Physical Medicine and Rehab	53	5		SURG	General Surgery	19	4	
56	NPP	Physicians Assistant	54	76		SURG	Gynecological Oncology	22	1	
57	SURG	Plastic and Reconstructive Su	55	5		SURG	Hand Surgery	23	8	
58	MED	Podiatry	56	0		SURG	Maxillofacial surgery	33	0	
59	MED	Preventive Medicine	57	1		SURG	Neurosurgery	39	14	
60	MED	Psychiatry	58	112		SURG	Obstetrics/Gynecology	42	47	
61	MED	Pulmonary Disease	59	32		SURG	Ophthalmology	43	4	
62	MED	Radiation Oncology	60	0		SURG	Oral Surgery	45	0	
63	MED	Rheumatology	61	1		SURG	Orthopedic Surgery	46	8	
64	MED	Sleep Medicine	62	2		SURG	Otolaryngology	48	3	
65	MED	Sports Medicine	63	1		SURG	Plastic and Reconstructive Su	55	5	
66	SURG	Surgical Oncology	64	0		SURG	Surgical Oncology	64	0	
67	SURG	Thoracic Surgery	65	6		SURG	Thoracic Surgery	65	6	
68	SURG	Urology	66	0		SURG	Urology	66	0	
69	SURG	Vascular Surgery	67	13		SURG	Vascular Surgery	67	13	

Specialty	% of All NEW PT Telemedicine	Specialty Util NEW PT Telemedicine	% of All EST PT Telemedicine	Specialty Util EST PT Telemedicine	% of All Telephone Codes	Specialty Util Telephone Codes	% of Brief Check-in	Specialty Util of Brief Check-In
Gastroenterology	13.2%	106,235	2.8%	457,615	2.3%	69,264	0.8%	492
Nurse Practitioner	11.8%	94,689	14.9%	2,410,833	16.9%	507,014	11.4%	6,637
Internal Medicine	8.2%	65,597	16.4%	2,651,831	17.4%	521,305	20.8%	12,117
Family Medicine	6.7%	54,200	12.9%	2,078,308	15.2%	454,256	18.8%	10,953
Neurology	6.2%	50,141	4.0%	646,802	2.3%	69,680	2.4%	1,389
Physician Assistant	5.7%	45,982	4.8%	770,992	6.2%	186,467	4.7%	2,754
Pulmonary Disease	3.9%	31,352	2.2%	349,447	2.2%	67,009	2.1%	1,211
Endocrinology	3.2%	25,935	2.5%	409,987	2.3%	67,665	1.5%	892
Psychiatry	2.9%	23,007	13.0%	2,097,360	7.2%	216,524	3.5%	2,046
Nephrology	2.6%	20,635	2.2%	359,871	2.4%	71,632	1.0%	592
Cardiology	2.4%	19,130	3.4%	556,453	4.1%	122,513	6.7%	3,889
Urology	2.4%	18,965	1.5%	249,162	2.1%	63,415	1.3%	762
Emergency Medicine	2.0%	15,950	0.3%	45,584	0.3%	8,001	0.5%	281
Neurosurgery	1.9%	15,594	0.3%	52,286	0.5%	14,772	0.2%	131
Hematology/Oncology	1.9%	15,164	1.9%	299,315	2.7%	82,328	3.6%	2,069
Radiation Oncology	1.9%	14,883	0.2%	37,399	0.7%	21,440	0.4%	251
Sleep Medicine	1.6%	13,202	0.4%	62,068	0.2%	5,667	0.1%	41
General Surgery	1.6%	12,931	0.4%	57,153	0.5%	16,337	0.4%	226
Physical Med and Rehab	1.3%	10,841	1.8%	283,685	1.1%	34,397	0.9%	495
Rheumatology	1.3%	10,542	1.8%	285,247	1.6%	47,036	1.4%	838
Allergy/Immunology	1.3%	10,456	0.4%	66,520	0.2%	7,243	0.2%	91
Cardiac Electrophysiology	1.1%	8,626	0.4%	60,626	0.5%	14,930	0.1%	81
Medical Oncology	1.0%	7,982	0.7%	116,474	0.9%	25,871	0.3%	160
Infectious Disease	1.0%	7,637	0.5%	88,707	0.6%	17,488	0.7%	398
Orthopedic Surgery	1.0%	7,637	0.5%	86,649	0.6%	18,078	0.9%	528
Dermatology	0.8%	6,814	0.3%	51,127	0.2%	6,146	0.2%	115
General Practice	0.8%	6,334	0.7%	119,360	0.6%	17,291	3.9%	2,274
Anesthesiology	0.8%	6,210	1.4%	231,150	0.9%	26,679	0.4%	234
Otolaryngology	0.8%	6,043	0.3%	44,420	0.3%	8,467	0.4%	215
Pain Management	0.7%	5,759	1.6%	258,912	0.9%	25,987	1.2%	720
Thoracic Surgery	0.6%	4,829	0.1%	13,591	0.2%	7,392	0.1%	77
Diagnostic Radiology	0.6%	4,748	0.0%	7,781	0.1%	3,754	0.0%	5
Interventional Cardiology	0.6%	4,644	0.5%	82,834	0.7%	21,207	1.2%	712
Geriatric Medicine	0.5%	4,132	0.4%	57,077	0.7%	20,471	3.5%	2,028
Obstetrics/Gynecology	0.5%	4,072	0.4%	62,130	0.5%	13,906	0.5%	309
Hospice/Palliative Care	0.4%	3,475	0.2%	24,822	0.2%	6,211	0.0%	18
Pediatric Medicine	0.4%	3,292	0.1%	24,134	0.1%	3,550	0.1%	35
Critical Care	0.4%	3,106	0.2%	30,847	0.1%	4,272	0.1%	63
Vascular Surgery	0.4%	3,001	0.1%	18,250	0.5%	13,625	0.1%	77
Interventional Pain Mgmt	0.3%	2,723	1.3%	204,149	0.5%	16,034	0.9%	523
Interventional Radiology	0.3%	2,685	0.0%	6,834	0.1%	2,453	0.0%	6
Colorectal Surgery	0.3%	2,127	0.0%	7,038	0.1%	2,218	0.0%	21
Hospitalist	0.2%	1,981	0.1%	19,463	0.1%	4,116	0.1%	75
Cardiac Surgery	0.2%	1,938	0.0%	3,139	0.1%	2,436	0.0%	18
Hematology	0.2%	1,783	0.1%	20,094	0.2%	5,119	0.0%	8
Plastic Surgery	0.2%	1,692	0.0%	4,152	0.0%	625	0.1%	63
Cert Clinical Nurse	0.2%	1,541	0.6%	104,594	0.4%	13,036	0.2%	107
Surgical Oncology	0.2%	1,410	0.0%	6,192	0.1%	2,394	0.0%	21
Gynecologist/Oncologist	0.1%	1,135	0.1%	11,281	0.1%	4,416	0.1%	42
Ophthalmology	0.1%	1,038	0.1%	13,696	0.2%	6,749	0.4%	247
Medical Genetics/Genomics	0.1%	971	0.0%	567	0.0%	249	0.0%	0

Geriatric Psychiatry	0.1%	964	0.2%	25,446	0.2%	4,782	0.1%	49
Podiatry	0.1%	941	0.1%	12,438	0.1%	2,541	0.5%	289
Adv HF and Trans Card	0.1%	696	0.1%	13,779	0.1%	4,123	0.0%	4
Sports Medicine	0.1%	602	0.1%	10,135	0.1%	2,351	0.1%	52
Unknown Physician Spec	0.1%	601	0.0%	5,916	0.0%	234	0.0%	3
Oral Surgery (Dentists only)	0.1%	474	0.0%	1,042	0.0%	367	0.0%	1
Addiction Medicine	0.1%	469	0.1%	12,393	0.0%	548	0.0%	0
Osteopathic Manip Medicine	0.1%	458	0.1%	14,536	0.0%	1,420	0.5%	275
Hand Surgery	0.1%	448	0.0%	3,354	0.0%	737	0.0%	13
Micrographic Derm Surg	0.1%	419	0.0%	583	0.0%	127	0.0%	0
Optometry	0.0%	376	0.0%	3,635	0.0%	1,132	0.1%	50
Neuropsychiatry	0.0%	322	0.1%	9,640	0.0%	283	0.0%	6
Preventive Medicine	0.0%	245	0.0%	4,196	0.0%	473	0.0%	7
Hema Cell Trans Cell Thpy	0.0%	206	0.0%	3,789	0.0%	673	0.0%	0
Nuclear Medicine	0.0%	141	0.0%	1,608	0.0%	202	0.0%	0
Dentist	0.0%	137	0.0%	174	0.0%	111	0.0%	0
Pathology	0.0%	133	0.0%	730	0.0%	246	0.0%	0
Certified Nurse Midwife	0.0%	107	0.0%	1,056	0.0%	335	0.0%	2
Maxillofacial Surgery	0.0%	102	0.0%	448	0.0%	64	0.0%	0
Clinical Psychologist	0.0%	89	0.0%	961	0.0%	829	0.0%	22
Peripheral Vasc Disease	0.0%	82	0.0%	632	0.0%	79	0.0%	0
Adult Congenital HD	0.0%	54	0.0%	310	0.0%	68	0.0%	1
Audiologist	0.0%	46	0.0%	37	0.0%	1	0.0%	0
Clinical Social Worker	0.0%	46	0.0%	784	0.1%	2,657	0.1%	49
CRNA, Anesthesia Asst	0.0%	24	0.0%	1,014	0.0%	89	0.0%	0
Undersea & Hyperbaric Med	0.0%	22	0.0%	411	0.0%	68	0.0%	0
Clinic or Group Practice	0.0%	19	0.0%	1,071	0.0%	8	0.0%	0
Medical Toxicology	0.0%	16	0.0%	36	0.0%	5	0.0%	0
Mass Immun Roster Biller	0.0%	5	0.0%	4	0.0%	0	0.0%	0
Unknown Provider	0.0%	3	0.0%	38	0.0%	0	0.0%	0
Psychologist	0.0%	1	0.0%	2	0.0%	508	0.0%	0
Speech Language Pathologist	0.0%	1	0.0%	7	0.0%	0	0.0%	0
Dietician/Nutritionist	0.0%	1	0.0%	26	0.0%	41	0.0%	5
Physical Therapist	0.0%	1	0.0%	3	0.0%	641	0.0%	2
Anesthesiologist Asst	0.0%	0	0.0%	1	0.0%	0	0.0%	0
Intensive Cardiac Rehab	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Pharmacy	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Radiation Therapy Center	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Clinical Laboratory	0.0%	0	0.0%	1	0.0%	0	0.0%	0
Med Supply Co w/Reg Pharm	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Public Hlth/Welfare Agncy	0.0%	0	0.0%	2	0.0%	1	0.0%	0
Ind Diagnostic Test Fcty	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Mammography Screening Ctr	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Opioid Treatment Program	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	SS Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
99202-95	15	New	71,013	15	9X075		0.4%	71,013	1.000	0.93	0.93	11 Telemedicine Evaluation and Management Services	66,042	66,042
99203-95	30	New	241,299	30	9X076		1.4%	241,299	1.000	1.60	1.60	11 Telemedicine Evaluation and Management Services	386,078	386,078
99204-95	45	New	330,400	45	9X077		2.0%	330,400	1.000	2.60	2.60	11 Telemedicine Evaluation and Management Services	859,040	859,040
99205-95	60	New	160,335	60	9X078		5%	160,335	1.000	3.50	3.50	11 Telemedicine Evaluation and Management Services	561,173	561,173
99211-95	0-9	Est	70,769	5-10	9X091	95%	0.4%	70,769	1.000	0.18	0.30	11 Telemedicine Evaluation and Management Services	21,231	12,738
99212-95	10	Est	746,296	10	9X079	8.7%	4.4%	746,296	1.000	0.70	0.70	11 Telemedicine Evaluation and Management Services	522,407	522,407
99213-95	20	Est	6,569,884	20	9X080	3.5%	38.8%	6,569,884	1.000	1.30	1.30	11 Telemedicine Evaluation and Management Services	8,540,849	8,540,849
99214-95	30	Est	7,724,123	30	9X081	4.1%	45.6%	7,724,123	1.000	1.92	1.92	11 Telemedicine Evaluation and Management Services	14,830,316	14,830,316
99215-95	40	Est	1,027,175	40	9X082	13.5%	6.1%	1,027,175	1.000	2.80	2.80	11 Telemedicine Evaluation and Management Services	2,876,089	2,876,089
			16,941,293				1.00							
99441	5-10	D	1,161,238	5-10	9X091			1,161,238	1.000	0.70	0.30	11 Telemedicine Evaluation and Management Services	348,371	812,867
99442	11-20	D	2,977,502	15	9X083 N	8.69%		258,704	0.087	1.30	0.93	11 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	1.60	11 Telemedicine Evaluation and Management Services	120,718	144,862
				45	9X085 N						2.42	11 Telemedicine Evaluation and Management Services		
				60	9X086 N						3.20	11 Telemedicine Evaluation and Management Services		
99442	11-20	D	2,977,502	11	9X087 E	45.66%		1,359,399	0.457	1.30	0.70	11 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	1.30	11 Telemedicine Evaluation and Management Services	1,767,219	1,767,219
99443	21-30	D	2,129,707	30	9X089 E	96.46%		2,054,258	0.965	1.92	1.75	11 Telemedicine Evaluation and Management Services	3,594,952	3,944,176
				40	9X090 E						2.60	11 Telemedicine Evaluation and Management Services		
G2012	5-10	D	198,513	5-10	9X091			198,513	1.000	0.25	0.30	11 Telemedicine Evaluation and Management Services	59,554	49,628
G2252	11-20	D	4,725	15	9X083 N			2,363	0.500	0.50	0.93	11 Telemedicine Evaluation and Management Services	2,197	1,181
G2252	11-20	D	4,725	11	9X087 E			2,363	0.500	0.50	0.70	11 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

35,750,063 37,479,379

Total Source RVUs	37,479,379
Total New/Revised RVUs	35,750,063
RVU Difference	1,729,316
CF	33,8872
CF Redistribution	\$ 58,601,688

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)**

Meeting Date: September 2023 (affirmed April 2023 recommendations)

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. (For services 75 minutes or longer, use prolonged services code 99417)	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

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	Long Descriptor	Global Period
	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)	
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. (For services 75 minutes or longer, use prolonged services code 99417)	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.	XXX

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	Long Descriptor	Global Period
	<p>When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.</p> <p>(For services 55 minutes or longer, use prolonged services code 99417)</p> <p>(Do not report 9X087, 9X088, 9X089, 9X090 when using 99374, 99375, 99377, 99378, 99379, 99380 for the same call[s])</p> <p>(Do not report 9X087, 9X088, 9X089, 9X090 for home and outpatient INR monitoring when reporting 93792, 93793)</p> <p>(Do not report 9X087, 9X088, 9X089, 9X090 during the same month with 99487, 99489)</p>	
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.

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)**

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.
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

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)

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.

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

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)**

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)

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 9X075-9X091

SPECIALTY SOCIETIES: See Attachment #1

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- 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*:

N/A

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 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**

NONFACILITY DIRECT PE INPUTS

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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

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 Latitude D600), ED038?
- a. If yes, please explain how the computer is used for this service(s).
 - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
 - c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 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?

NONFACILITY DIRECT PE INPUTS

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

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:

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,~~ eEnsure 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,

NONFACILITY DIRECT PE INPUTS

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**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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			
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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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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

	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

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

NONFACILITY DIRECT PE INPUTS

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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
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

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%

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)**

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).

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*

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)**

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):** 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)****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

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)**

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

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 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
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**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

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 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

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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

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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

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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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**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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**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
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 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
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 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

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 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

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 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

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 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		

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. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	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

CPT Code	2023 Long Descriptor	2023 Work RVU	Global
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.	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. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	2.00	XXX

CPT Code	2023 Long Descriptor	2023 Work RVU	Global
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. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	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

CPT® five-digit codes, two-digit number modifiers, and descriptions only are copyright by the American Medical Association. No payment schedules, fee schedules, relative value units, scales, conversion factors, or components thereof are included in CPT®. The AMA is not recommending that any specific relative values, fees, payment schedules, or related listings be attached to CPT®. Any relative value scales or relative listings assigned to CPT® codes are not those of the AMA, and the AMA is not recommending use of these relative values.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Referral: CPT/RUC Telemedicine Office Workgroup

September 2023

Telemedicine Evaluation and Management (E/M) Services – Tab 11

*American Academy of Child and Adolescent Psychiatry
American Academy of Dermatology Association
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Association of Neurological Surgeons
American Academy of Orthopaedic Surgeons
American Academy of Pediatrics
American Academy of Physician Associates
American Academy of Physical Medicine & Rehabilitation
American Association for Thoracic Surgery
American College of Cardiology
American College of Chest Physicians
American College of Gastroenterology
American College of Medical Genetics
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Surgeons
American Gastroenterological Association
American Geriatrics Society
American Nurses Association
American Osteopathic Association
American Psychiatric Association
American Society of Anesthesiologists
American Society of Colon and Rectal Surgeons
American Society for Gastrointestinal Endoscopy
American Society of Regional Anesthesia and Pain Medicine
American Society for Surgery of the Hand
American Thoracic Society
American Urological Association
Congress of Neurological Surgeons
North American Neuromodulation Society
Society of Interventional Radiology
Society of Thoracic Surgeons
Society for Vascular Surgery*

Typical Patient (9X075)

Synchronous audio-video visit for a new patient with a self-limited problem.

Typical Patient 9X076)

Synchronous audio-video visit for a new patient with a stable chronic illness or acute uncomplicated illness or injury.

Typical Patient (9X077)

Synchronous audio-video visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Typical Patient (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.

Typical Patient (9X079)

Synchronous audio-video visit for an established patient with a self-limited problem.

Typical Patient (9X080)

Synchronous audio-video visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.

Typical Patient (9X081)

Synchronous audio-video visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Typical Patient (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.

Typical Patient (9X083)

Synchronous audio-only visit for a new patient with a self-limited problem.

Typical Patient (9X084)

Synchronous audio-only visit for a new patient with a stable chronic illness or acute uncomplicated illness or injury.

Typical Patient (9X085)

Synchronous audio-only visit for a new patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Typical Patient (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.

Typical Patient (9X087)

Synchronous audio-only visit for an established patient with a self-limited problem.

Typical Patient (9X088)

Synchronous audio-only visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.

Typical Patient (9X089)

Synchronous audio-only visit for an established patient with a progressing illness or acute injury that requires medical management or potential surgical treatment.

Typical Patient (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.

Typical Patient (9X091)

An established patient contacts the office to request an evaluation regarding the necessity of being seen for symptoms of concern to the patient.

We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your
responses

[Download PDF](#)

The American Medical
Association/Specialty Society
RVS Update Committee

**Physician Work
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 physician work 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) to the Centers for Medicare & Medicaid Services for these services.

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
- Medical school faculty practice plan

Financial Disclosure:

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.

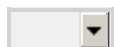
For the purposes of this survey, “Organization” means any entity that makes or distributes the service or product that is utilized in performing the service for which the RUC is considering relative value recommendations. Organization does *not* mean the physician group or facility in which you or such 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:	<input type="radio"/>	<input type="radio"/>
· 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 <i>excluding any reimbursement for travel expenses</i>) to the subject person’s income in the past 24 months or as reasonably anticipated in the next 24 months:	<input type="radio"/>	<input type="radio"/>
· Ownership of stock options in an organization that is related to the issue before the RUC:	<input type="radio"/>	<input type="radio"/>
· 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:	<input type="radio"/>	<input type="radio"/>
· 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:	<input type="radio"/>	<input type="radio"/>
· 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:	<input type="radio"/>	<input type="radio"/>

Additional Disclosure

Have you been contacted by anyone other than 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. 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.

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. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.



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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.



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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.



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. 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)
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.

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. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
✓ 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. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
✓ Global: XXX
Typical Patient: Synchronous audio-video visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.

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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
✓ 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.

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. 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)
✓ 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.

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. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
✓ Global: XXX
Typical Patient: Synchronous audio-only visit for a new patient with a self-limited problem.

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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
✓ Global: XXX
Typical Patient: Synchronous audio-only visit for a new patient with a stable chronic illness or acute uncomplicated illness or injury.

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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
✓ 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.

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. 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)



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.

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.



When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.

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. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.



Global: XXX

Typical Patient: Synchronous audio-only visit for an established patient with a stable chronic illness or acute uncomplicated illness or injury.

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. When



using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

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.

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. 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)



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.

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. (Do not report 9X091 in conjunction with 9X075-9X090) (Do not report services of less than 5 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 your 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. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

Global: XXX

Typical Patient: Synchronous audio-video visit for a new patient with a stable chronic illness or acute

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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

Global: XXX

Typical Patient: Synchronous audio-video visit for a new patient with a progressing illness or acute injury

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. 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)

Global: XXX

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. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

Global: XXX

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. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

Global: XXX

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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

Global: XXX

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. 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)

Global: XXX

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. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

Global: XXX

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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

Global: XXX

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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

Global: XXX

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. 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)

Global: XXX

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. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.

Global: XXX

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. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

Global: XXX

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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

Global: XXX

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. 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)

Global: XXX

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. (Do not report 9X091 in conjunction with 9X075-9X090) (Do not report services of less than 5 minutes of medical discussion)

Global: XXX

Please keep in mind that all references to "physician" in this survey include both "physician"

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. **This survey only pertains 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	0.28	XXX

93413	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. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	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 paraspinous 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. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	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. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	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

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Question 1

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. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

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. 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)

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. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

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. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

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. 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)

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. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

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. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

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. 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)

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. When using total time on the date of the encounter for code selection, 10 minutes must be

exceeded.

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. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

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. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

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. 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)

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. (Do not report 9X091 in conjunction with 9X075-9X090) (Do not report services of less than 5 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 separately from 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. 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 separately from this survey.)*







 Survey Code: 9X075	 Survey Code: 9X076	 Survey Code: 9X077	 Survey Code: 9X078
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Survey Code: 9X079	 Survey Code: 9X080	 Survey Code: 9X081	 Survey Code: 9X082
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Survey Code: 9X083	 Survey Code: 9X084	 Survey Code: 9X085	 Survey Code: 9X086
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


 Survey Code: 9X087	 Survey Code: 9X088	 Survey Code: 9X089	 Survey Code: 9X090
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Survey Code: 9X091
<input type="text"/>







Survey Code 9X075 	Survey Code 9X076 	Survey Code 9X077 	Survey Code 9X078 	Survey Code 9X079 	Survey Code 9X080 	Su Co
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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 	Survey Code 9X076 	Survey Code 9X077 	Survey Code 9X078 	Survey Code 9X079 	Survey Code 9X080 	Su Co
	<u>Relative to</u>	<u>Relative to</u>	<u>Relative to</u>	<u>Relative to</u>	<u>Relative to</u>	<u>Relative to</u>	<u>Rel</u>
	Selected Reference Code	Selected Reference Code	Selected Reference Code	Selected Reference Code	Selected Reference Code	Selected Reference Code	Sele Refe Co
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. 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 separately from 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

Selected Reference Code:



Survey Code: 9X076

Selected Reference Code:



Survey Code: 9X077

Selected Reference Code:



Survey Code: 9X078

Selected Reference Code:

Estimated Work
RVU for Survey
Code(s):

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Answer format should
be #.##

Established Patient Synchronous Audio-Video E/M Code(s)



Survey Code: 9X079

Selected Reference Code:



Survey Code: 9X080

Selected Reference Code:



Survey Code: 9X081

Selected Reference Code:



Survey Code: 9X082

Selected Reference Code:

Estimated Work RVU for Survey Code(s):

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Answer format should be #.##

New Patient Synchronous Audio-Only E/M Code(s)



Survey Code: 9X083

Selected Reference Code:



Survey Code: 9X084

Selected Reference Code:



Survey Code: 9X085

Selected Reference Code:



Survey Code: 9X086

Selected Reference Code:

Estimated Work RVU for Survey Code(s):

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Answer format should be #.##

Established Patient Synchronous Audio-Only E/M Code(s)



Survey Code: 9X087

Selected Reference Code:



Survey Code: 9X088

Selected Reference Code:



Survey Code: 9X089

Selected Reference Code:



Survey Code: 9X090

Selected Reference Code:

Estimated Work RVU for Survey Code(s):

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Code(s):
Answer format should be #.##

 Survey Code: 9X087

 Survey Code: 9X088

 Survey Code: 9X089

 Survey Code: 9X090

Selected Reference Code:

Selected Reference Code:

Selected Reference Code:

Selected Reference Code:

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)

Code(s)

Survey Code 9X087 	Selected Reference Code	Survey Code 9X088 	Selected Reference Code	Survey Code 9X089 
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How many times have you performed this service in the past 12 months?

Selected Reference Code	Survey Code 9X090 	Selected Reference Code
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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
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How many times have you performed this service in the past 12 months?

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 :

Relevant Excerpt from May 22 Research Subcommittee Report:

Telemedicine E/M Visits (9X075, 9X076, 9X077, 9X078, 9X079, 9X080, 9X081, 9X082, 9X083, 9X084, 9X085, 9X086, 9X087, 9X088, 9X089, 9X090, 9X091): Survey Logistics and Brief Check-in Code 9X091 Requests

The surveying specialty societies for telemedicine E/M visits requested Research Subcommittee approval for two items: 1) providing societies with the option to conduct the telemedicine survey by grouping the codes into smaller subsets in multiple surveys and, 2) the flexibility to exclude the brief check-in code 9X091. Specifically, some societies expressed interest in the ability to break up the 17-code survey into multiple smaller surveys including one or more of the four groups of codes: Audio-video new patient, Audio-video established patient, Audio-only new patient and the Audio-only established patient. This would consist of 4 survey links that would be distributed in the same survey distribution email. For brief check-in code 9X091, the presenters asserted that the first survey of 9X091 was valid and that the April 2023 interim recommendation could be affirmed by the RUC in September. Presenters noted that the issues that impacted the 9X075-9X090 did not pertain to 9X091.

Research Subcommittee members asked the presenters to provide additional detail as to the rationale why some societies would prefer to break the survey into 4 separate survey links. One of the presenters noted that this process is not new and that some societies have done this in the past when there are large number of codes in a survey. They noted that some respondents may feel that they can more easily do the full survey in small chunks by clicking on separate survey links instead of one survey link that they need to save and come back to.

The Research Subcommittee approved the request to either distribute the telemedicine survey via a single link, or for societies to use 4 survey links distributed in the same email. For those societies opting to use 4 links, the groupings would be Audio-video new patient, Audio-video established patient, Audio-only new patient and the Audio-only established patient.

The Research Subcommittee did not agree with the societies request to exclude code 9X091 from the re-survey. The RUC recommendation for 9X091 was interim in April 2023 and several of the specialties that perform this service did not participate in the April 2023 survey. **The Research Subcommittee did not approve the requests to exclude 9X091 from the re-survey for the September 2023 RUC meeting.**

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.

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.

Research Question

Research requested this data when they approved adding the question for April Survey, and requested it again for September Survey 2023	April 2023 Survey	April 2023 Survey	September 2023 Survey	September 2023 Survey
Perform Services	Question Counts	Percentages	Question Counts	Percentages
A. I perform telehealth E/M services on New Patients Only	2	0.5%	1	0.2%
B. I perform telehealth E/M services on Established Patients Only	80	18.5%	166	25.0%
C. I perform telehealth E/M services on New and Established Patients	144	33.3%	320	48.3%
D. I <u>do not</u> provide telehealth E/M services visits	207	47.8%	176	26.5%
<i>Number of ANA surveys (6) and/or financial Interest disclosure (14)(April Survey 2023) (For Sept 2023 Survey we counted blanks to get those that did not get the question or had a financial disclosure.Nursing did get the question.)</i>	20		30	
TOTAL STARTED Survey and technically "finished" the survey, excludes nursing and financial disclosure	433		663	
Total completed survey for at least one 1 code minus nursing or financial disclosure as they were not asked the question	226		487	
Total completed survey for at least one 1 code including nursing for matching totals	232		487	
% surveyed at least 1 code and were asked the question, therefore selected A, B or C.	52%		73%	
% did NOT do survey, therefore, selected D	48%		27%	

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen		Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen				
		9X075	99202	105	69%		9X075	99213	7	5%		9X075	99203	7	5%				
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	Overall	0%	7%	73%	20%	0%	100%	0%	0%	72%	14%	14%	100%	0%	0%	86%	14%	0%	100%
		Less	Identical	More			Less	Identical	More			Less	Identical	More					
Mental Effort and Judgment		3%	77%	20%		100%	Effort and Judgment	0%	71%	29%		100%	Effort and Judgment	0%	71%	29%		100%	
Technical skill required		14%	63%	23%		100%	Technical skill required	14%	72%	14%		100%	Technical skill required	14%	71%	14%		100%	
Physical effort required		48%	47%	5%		100%	Physical effort required	57%	29%	14%		100%	Physical effort required	29%	57%	14%		100%	
Psychological Stress		1%	56%	43%		100%	Psychological Stress	0%	43%	57%		100%	Psychological Stress	14%	43%	43%		100%	

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen		Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen				
		9X076	99203	124	71%		9X076	99204	7	4%		9X076	99214	7	4%				
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	Overall	1%	3%	73%	23%	0%	100%	0%	0%	43%	43%	14%	100%	0%	14%	71%	14%	0%	100%
		Less	Identical	More			Less	Identical	More			Less	Identical	More					
Mental Effort and Judgment		1%	81%	18%		100%	Effort and Judgment	14%	43%	43%		100%	Effort and Judgment	0%	100%	0%		100%	
Technical skill required		13%	63%	24%		100%	Technical skill required	0%	86%	14%		100%	Technical skill required	0%	86%	14%		100%	
Physical effort required		51%	43%	6%		99%	Physical effort required	14%	72%	14%		100%	Physical effort required	14%	86%	0%		100%	
Psychological Stress		2%	57%	41%		100%	Psychological Stress	29%	42%	29%		100%	Psychological Stress	0%	57%	43%		100%	

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen		Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen				
		9X077	99204	141	75%		9X077	99203	6	3%		9X077	99215	6	3%				
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	Overall	0%	3%	62%	30%	5%	100%	0%	0%	67%	33%	0%	100%	0%	33%	33%	0%	33%	100%
		Less	Identical	More			Less	Identical	More			Less	Identical	More					
Mental Effort and Judgment		0%	76%	24%		100%	Effort and Judgment	0%	33%	67%		100%	Effort and Judgment	0%	33%	67%		100%	
Technical skill required		13%	60%	27%		100%	Technical skill required	50%	50%	0%		100%	Technical skill required	17%	50%	33%		100%	
Physical effort required		46%	46%	8%		100%	Physical effort required	50%	50%	0%		100%	Physical effort required	50%	33%	17%		100%	
Psychological Stress		1%	50%	49%		100%	Psychological Stress	0%	67%	33%		100%	Psychological Stress	0%	33%	67%		100%	

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X078	99205	137	80%			9X078	99483	7	4%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	0%	4%	53%	27%	16%	100%	0%	0%	43%	14%	43%	100%	
		Less	Identical	More			Less	Identical	More				
<i>Mental Effort and Judgment</i>		0%	69%	31%		100%	<i>Effort and Judgment</i>	15%	14%	71%		100%	
<i>Technical skill required</i>		12%	58%	30%		100%	<i>Technical skill required</i>	29%	57%	14%		100%	
<i>Physical effort required</i>		41%	48%	11%		100%	<i>Physical effort required</i>	42%	29%	29%		100%	
<i>Psychological Stress</i>		0%	45%	55%		100%	<i>Psychological Stress</i>	0%	29%	71%		100%	

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X079	99212	219	71%			9X079	99213	28	9%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	1%	8%	78%	13%	0%	100%	0%	11%	57%	32%	0%	100%	
		Less	Identical	More			Less	Identical	More				
<i>Mental Effort and Judgment</i>		4%	82%	14%		100%	<i>Effort and Judgment</i>	11%	75%	14%		100%	
<i>Technical skill required</i>		14%	63%	23%		100%	<i>Technical skill required</i>	21%	57%	22%		100%	
<i>Physical effort required</i>		49%	45%	6%		100%	<i>Physical effort required</i>	39%	50%	11%		100%	
<i>Psychological Stress</i>		7%	58%	35%		100%	<i>Psychological Stress</i>	11%	50%	39%		100%	

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X080	99213	268	75%			9X080	99214	21	6%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	0%	6%	78%	15%	1%	100%	0%	14%	57%	15%	14%	100%	
		Less	Identical	More			Less	Identical	More				
<i>Mental Effort and Judgment</i>		2%	82%	16%		100%	<i>Effort and Judgment</i>	5%	76%	19%		100%	
<i>Technical skill required</i>		15%	60%	25%		100%	<i>Technical skill required</i>	10%	52%	38%		100%	
<i>Physical effort required</i>		47%	46%	7%		100%	<i>Physical effort required</i>	33%	43%	24%		100%	
<i>Psychological Stress</i>		6%	58%	36%		100%	<i>Psychological Stress</i>	4%	48%	48%		100%	

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X081	99214	288	78%			9X081	99213	16	4%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	Overall	0%	6%	64%	26%	4%	100%	0%	12%	69%	19%	0%	100%
		Less	Identical	More			Less	Identical	More				
Mental Effort and Judgment		1%	72%	27%	100%	6%	69%	25%	100%				
Technical skill required		11%	57%	32%	100%	25%	50%	25%	100%				
Physical effort required		43%	47%	10%	100%	62%	25%	13%	100%				
Psychological Stress		3%	50%	47%	100%	6%	50%	44%	100%				

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X082	99215	247	79%			9X082	99214	14	4%			9X082	99205	14	4%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	Overall	1%	6%	57%	23%	13%	100%	0%	0%	79%	14%	7%	100%	0%	0%	36%	43%	21%	100%
		Less	Identical	More			Less	Identical	More			Less	Identical	More					
Mental Effort and Judgment		1%	68%	31%	100%	0%	64%	36%	100%										
Technical skill required		11%	56%	33%	100%	21%	50%	29%	100%										
Physical effort required		43%	44%	13%	100%	28%	43%	29%	100%										
Psychological Stress		2%	46%	52%	100%	7%	50%	43%	100%										

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X083	99202	55	63%			9X083	99212	8	9%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	Overall	0%	11%	62%	22%	5%	100%	0%	13%	75%	0%	12%	100%
		Less	Identical	More			Less	Identical	More				
Mental Effort and Judgment		0%	73%	27%	100%	0%	75%	25%	100%				
Technical skill required		22%	60%	18%	100%	37%	50%	13%	100%				
Physical effort required		49%	45%	6%	100%	63%	12%	25%	100%				
Psychological Stress		0%	49%	51%	100%	0%	25%	75%	100%				

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X084	99203	62	67%			9X084	99213	7	8%			9X084	99202	7	8%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	Overall	0%	10%	61%	26%	3%	100%	0%	0%	72%	14%	14%	100%	0%	14%	86%	0%	0%	100%
		Less	Identical	More			Less	Identical	More			Less	Identical	More			Less	Identical	More
Mental Effort and Judgment		2%	72%	26%	100%	Effort and Judgment	0%	71%	29%	100%	Effort and Judgment	0%	86%	14%	100%				
Technical skill required		19%	65%	16%	100%	Technical skill required	14%	72%	14%	100%	Technical skill required	14%	57%	29%	100%				
Physical effort required		48%	48%	4%	100%	Physical effort required	57%	14%	29%	100%	Physical effort required	43%	57%	0%	100%				
Psychological Stress		2%	45%	53%	100%	Psychological Stress	0%	29%	71%	100%	Psychological Stress	0%	86%	14%	100%				

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X085	99204	66	67%			9X085	99214	7	7%			9X085	99203	7	7%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	Overall	0%	0%	14%	1%	85%	100%	0%	0%	0%	0%	100%	100%	0%	0%	0%	0%	100%	
		Less	Identical	More			Less	Identical	More			Less	Identical	More			Less	Identical	More
Mental Effort and Judgment		2%	68%	30%	100%	Effort and Judgment	0%	43%	57%	100%	Effort and Judgment	0%	43%	57%	100%				
Technical skill required		18%	64%	18%	100%	Technical skill required	14%	72%	14%	100%	Technical skill required	29%	29%	43%	100%				
Physical effort required		44%	50%	6%	100%	Physical effort required	29%	29%	42%	100%	Physical effort required	71%	29%	0%	100%				
Psychological Stress		1%	44%	55%	100%	Psychological Stress	0%	43%	57%	100%	Psychological Stress	0%	29%	71%	100%				

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X086	99205	65	70%			9X086	99215	8	9%			9X086	99215	8	9%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
	Overall	0%	0%	17%	0%	83%	100%	0%	0%	0%	0%	100%	100%	0%	0%	0%	0%	100%	
		Less	Identical	More			Less	Identical	More			Less	Identical	More			Less	Identical	More
Mental Effort and Judgment		4%	68%	28%	100%	Effort and Judgment	0%	50%	50%	100%	Effort and Judgment	0%	50%	50%	100%				
Technical skill required		18%	63%	19%	100%	Technical skill required	25%	75%	0%	100%	Technical skill required	25%	75%	0%	100%				
Physical effort required		43%	49%	8%	100%	Physical effort required	50%	25%	25%	100%	Physical effort required	50%	25%	25%	100%				
Psychological Stress		3%	46%	51%	100%	Psychological Stress	0%	63%	37%	100%	Psychological Stress	0%	63%	37%	100%				

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X087	99212	176	67%			9X087	99211	21	8%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
Overall	0%	1%	6%	1%	93%	100%	0%	0%	0%	0%	100%	100%	
		Less	Identical	More			Less	Identical	More				
<i>Mental Effort and Judgment</i>		6%	73%	21%		100%	<i>Effort and Judgment</i>	5%	76%	19%		100%	
<i>Technical skill required</i>		18%	59%	23%		100%	<i>Technical skill required</i>	24%	57%	19%		100%	
<i>Physical effort required</i>		48%	44%	8%		100%	<i>Physical effort required</i>	67%	28%	5%		100%	
<i>Psychological Stress</i>		7%	54%	39%		100%	<i>Psychological Stress</i>	5%	38%	57%		100%	

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X088	99213	205	71%			9X088	99212	29	10%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
Overall	0%	0%	5%	0%	94%	100%	0%	0%	0%	0%	100%	100%	
		Less	Identical	More			Less	Identical	More				
<i>Mental Effort and Judgment</i>		5%	74%	21%		100%	<i>Effort and Judgment</i>	3%	69%	28%		100%	
<i>Technical skill required</i>		18%	59%	23%		100%	<i>Technical skill required</i>	31%	45%	24%		100%	
<i>Physical effort required</i>		46%	47%	7%		100%	<i>Physical effort required</i>	69%	24%	7%		100%	
<i>Psychological Stress</i>		7%	53%	40%		100%	<i>Psychological Stress</i>	17%	35%	48%		100%	

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen			Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen		
		9X089	99214	194	72%			9X089	99213	23	9%		
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		
Overall	0%	0%	5%	1%	94%	100%	0%	0%	4%	0%	96%	100%	
		Less	Identical	More			Less	Identical	More				
<i>Mental Effort and Judgment</i>		2%	69%	29%		100%	<i>Effort and Judgment</i>	0%	70%	30%		100%	
<i>Technical skill required</i>		16%	60%	24%		100%	<i>Technical skill required</i>	22%	52%	26%		100%	
<i>Physical effort required</i>		47%	45%	8%		100%	<i>Physical effort required</i>	56%	35%	9%		100%	
<i>Psychological Stress</i>		5%	45%	50%		100%	<i>Psychological Stress</i>	4%	39%	57%		100%	

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen							Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen
		9X090	99215	164	76%							9X090	99214	19	9%
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total		
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:				
Overall	0%	0%	7%	0%	93%	100%	0%	0%	0%	5%	95%	100%			
		Less	Identical	More			Less	Identical	More						
<i>Mental Effort and Judgment</i>	2%	63%	35%	100%	<i>Effort and Judgment</i>	0%	68%	32%	100%						
<i>Technical skill required</i>	18%	52%	30%	100%	<i>Technical skill required</i>	11%	63%	26%	100%						
<i>Physical effort required</i>	47%	40%	13%	100%	<i>Physical effort required</i>	63%	32%	5%	100%						
<i>Psychological Stress</i>	5%	37%	58%	100%	<i>Psychological Stress</i>	0%	47%	53%	100%						

		Survey Code	KRS Code 1 Selected	Number Chosen	Percent Chosen							Survey Code	KRS Code 2 Selected	Number Chosen	Percent Chosen
		9X091	99212	47	36%							9X091	99211	32	24%
		KRS Code 1 INTENSITY/COMPLEXITY MEASURES (%)					Total	KRS Code 2 INTENSITY/COMPLEXITY MEASURES (%)					Total		
Overall Intensity/Complexity	Much Less:	Somewhat Less	Identical	Somewhat More	Much More:		Much Less:	Somewhat Less	Identical	Somewhat More	Much More:				
Overall	0%	0%	0%	2%	98%	100%	0%	0%	0%	3%	97%	100%			
		Less	Identical	More			Less	Identical	More						
<i>Mental Effort and Judgment</i>	11%	70%	19%	100%	<i>Effort and Judgment</i>	9%	66%	25%	100%						
<i>Technical skill required</i>	23%	53%	23%	100%	<i>Technical skill required</i>	19%	69%	12%	100%						
<i>Physical effort required</i>	58%	38%	4%	100%	<i>Physical effort required</i>	44%	50%	6%	100%						
<i>Psychological Stress</i>	13%	42%	45%	100%	<i>Psychological Stress</i>	6%	60%	34%	100%						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service Anomaly

September 2023

Transcatheter Insertion and Replacement of a Permanent Leadless Pacemaker – Tab 12

In April 2023, the Relativity Assessment Workgroup identified CPT code 33274 via the site of service anomaly screen. Based on Medicare data from 2019-2021 and utilization over 10,000, this service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. The RUC noted that codes 33274 and 33275 were on the April 2023 Workgroup meeting technology/new services list for review. The RUC removed these codes from the new technology/new services list since there was no demonstrated technology diffusion that impacts work or practice expense. The Workgroup questioned the site of service for code 33274 and noted that the RUC valued this service as typically involving an overnight stay that is less than 24 hours in length. However, Medicare claims data shows that 63% are performed in the inpatient hospital setting. The RUC recommended that CPT code 33274 and the relevant family of codes be surveyed for the September 2023 RUC meeting.

In September 2023, the specialty societies indicated that although this service is typically performed in the inpatient setting for Medicare patients, this is not accurate for all patients receiving this service. The specialties indicated that this service was recently reviewed for CPT 2019 and conducting another survey at this time would be premature and result in the same response: that that patient typically stays overnight but less than 24 hours and a half discharge day be applied. These services have not changed since the last review, and based on that data the RUC would not apply a full discharge day.

The specialty societies reported that within the past 60 days, the U.S. Food and Drug Administration (FDA) has granted approval for both atrial and ventricular leadless pacemakers. Atrial leadless pacemakers were not previously available. This development is expected to have a significant impact as many individuals currently receiving lead pacemakers may now receive leadless pacemakers. As a result, there may be a change in the typical patient and physician work associated with these services.

The specialty societies requested, and the RUC agreed, to maintain the current work RVU of 7.80 for CPT code 33274 and 8.59 for CPT code 33275 and for the Relativity Assessment Workgroup to examine these services in three years (September 2026).

Practice Expense

The Practice Expense Subcommittee affirmed the direct practice inputs from January 2018 without modification. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
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	090	7.80 (No Change)
(f)33275	<p>Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed (Do not report 33275 in conjunction with 33274)</p> <p>(Do not report 33274, 33275 in conjunction with femoral venography [75820], fluoroscopy [76000, 77002], ultrasound guidance for vascular access [76937], right ventriculography [93566])</p> <p>(Do not report 33274, 33275 in conjunction with 93451, 93453, 93456, 93457, 93460, 93461, 93593, 93594, 93596, 93597, 93598, unless complete right heart catheterization is performed for indications distinct from the leadless pacemaker procedure)</p> <p>(For subsequent leadless pacemaker device evaluation, see 93279, 93286, 93288, 93294, 93296)</p> <p>(For insertion, replacement, repositioning, and removal of pacemaker systems with leads, see 33202, 33203, 33206, 33207, 33208, 33212, 33213, 33214, 33215, 33216, 33217, 33218, 33220, 33221, 33227, 33228, 33229, 33233, 33234, 33235, 33236, 33237)</p>	090	8.59 (No Change)

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2023

Ultrasound Elastography – Tab 13

In January 2018, the RUC reviewed and submitted recommendations for the ultrasound elastography code family, which describes the physician work involved with assessing organ parenchyma and focal lesions. The purpose of these procedures is to evaluate the degree of scarring within a solid organ, like the liver, or lesions within solid organs, such as masses within the breast or thyroid. Measuring the stiffness within a solid organ can characterize the severity of parenchymal disease in lieu of performing an invasive procedure to test potential malignancy, such as a biopsy. This code family was flagged for re-review at the April 2023 RUC meeting by the new technology/new services screen. Due to increased utilization of CPT code 76981, the entire code family was resurveyed for the September 2023 RUC meeting.

76981 *Ultrasound, elastography; parenchyma (eg, organ)*

The RUC reviewed the survey results from 41 diagnostic radiologists and interventional radiologists and determined the survey 25th percentile work RVU of 0.59, which is also the current value, accurately reflects the physician work necessary to perform this service. CPT code 76981 describes the examination and evaluation of a solid organ using elastography imaging. The RUC recommends 5 minutes pre-service evaluation time, 10 minutes intra-service time, and 4 minutes post-service time, which equals 19 minutes of total time. These pre-service and post-service times align with other similar ultrasound and diagnostic radiology codes.

To support the recommended work RVU value of 0.59, the RUC compared the surveyed code to the top key reference service, 76705 *Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)* (work RVU = 0.59, 8 minutes intra-service time and 18 minutes total time) and to the second highest key reference service, 76700 *Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81, 11 minutes intra-service time and 21 minutes total time) and agreed that both services, with similar intra-service time and comparable physician work, offer accurate comparisons to the recommended work RVU. The RUC recognized that the physician work involved with the surveyed code is similar to that of a limited or complete abdominal ultrasound study as described by the key reference services. While evaluating a patient directly and making clinical judgments using real-time image documentation for an abdominal ultrasound study differs from the physician work performed by a radiologist in measuring the stability or interval changes in organ parenchyma stiffness, the RUC determined it to be an appropriate comparison. Moreover, performing a complete abdominal ultrasound in CPT code 76700 requires more measurements and time; so, the recommended work RVU of 0.59 for the surveyed code is appropriately lower and aligns with the limited abdominal ultrasound study in CPT code 76705 given its lesser intra-service time.

For additional support, the RUC referenced MPC code 76604 *Ultrasound, chest (includes mediastinum), real time with image documentation* (work RVU = 0.59 and 19 minutes total time) and noted that the reference service requires similar physician time as CPT code 76981. The RUC concluded that CPT code 76981 should be valued at the 25th percentile work RVU as supported by the survey, as it maintains rank order with the other existing services in this code family. **The RUC recommends a work RVU of 0.59 for CPT code 76981.**

76982 Ultrasound, elastography; first target lesion

The RUC reviewed the survey results from 35 diagnostic radiologists and interventional radiologists and determined the survey 25th percentile work RVU of 0.59, which is also the current value, appropriately accounts for the physician work necessary to perform this service. CPT code 76982 describes the examination and evaluation of a single, specific lesion within a solid organ using elastography imaging. The RUC recommends 5 minutes pre-service evaluation time, 10 minutes intra-service time, and 5 minutes post-service time, which equals 20 minutes of total time.

To support the recommended work RVU value of 0.59, the RUC compared the surveyed code to the top key reference service, *76705 Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)* (work RVU = 0.59, 8 minutes intra-service time and 18 minutes total time) and to the second highest key reference service *76700 Ultrasound, abdominal, real time with image documentation; complete* (work RVU = 0.81, 11 minutes intra-service time and 21 minutes total time) and agreed that both services, with similar intra-service time and comparable physician work, offer accurate comparisons to support the recommended work RVU. The RUC recognized that the physician work involved with the surveyed code is similar to that of a limited or complete abdominal ultrasound study. While evaluating a patient directly and making a clinical judgment using real-time image documentation for an abdominal ultrasound sound study differs from the physician work a radiologist conducts in measuring the stability or interval changes in the stiffness of a focal lesion within a solid organ, the RUC found this to be an appropriate comparison. Moreover, performing a complete abdominal ultrasound, code 76700, requires more measurements and time; so, the recommended work RVU of 0.59 for the surveyed code is appropriately lower and aligns with the limited abdominal ultrasound study in CPT code 76705 given its lesser intra-service time.

For additional support, the RUC referenced MPC code *76604 Ultrasound, chest (includes mediastinum), real time with image documentation* (work RVU = 0.59 and 19 minutes total time) and noted that the reference service requires similar physician time as CPT code 76982. The RUC concluded that CPT code 76982 should be valued at the 25th percentile work RVU as supported by the survey, as it maintains rank order with the other existing services in this code family. **The RUC recommends a work RVU of 0.59 for CPT code 76982.**

76983 Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 34 diagnostic radiologists and interventional radiologists and determined the survey 25th percentile work RVU of 0.47, which is lower than the current work RVU of 0.50, appropriately accounts for the physician work required to perform this service. CPT code 76983 is an add-on code describing the examination and evaluation of each additional target lesion within a solid organ using elastography imaging. The RUC recommends 9 minutes intra-service time, which also represents the total time.

To support the recommended work RVU value of 0.47, the RUC compared the surveyed code to the top key reference service, *76802 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)* (work RVU = 0.83 and 10 minutes intra-service and total time) and to the second highest key reference service, *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) (work RVU = 0.50 and 20 minutes intra-service time and total time).

For additional support, the RUC referenced MPC codes 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure) (work RVU = 0.80 and 15 minutes intra-service time and total time) and 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) (work RVU = 1.00 and 10 minutes intra-service time and total time), The RUC concluded that CPT code 76983 should be valued at the 25th percentile work RVU as supported by the survey, as it maintains rank order with the other existing services in this code family. **The RUC recommends a work RVU of 0.47 for CPT code 76983.***

Practice Expense

The Practice Expense Subcommittee noted that the specialties are recommending the current existing direct practice expense inputs for CPT codes 76981-76983 and made no modifications. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

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
76981	Ultrasound, elastography; parenchyma (eg, organ)	XXX	0.59 (No Change)
76982	first target lesion	XXX	0.59 (No Change)
76983	each additional target lesion (List separately in addition to code for primary procedure) (Use 76983 in conjunction with 76982)	ZZZ	0.47

	<p>(Report 76981 only once per session for evaluation of the same parenchymal organ)</p> <p>(To report shear wave liver elastography without imaging, use 91200)</p> <p>(For evaluation of a parenchymal organ and lesion[s] in the same parenchymal organ at the same session, report only 76981)</p> <p>(Do not report 76981, 76982, 76983 in conjunction with 0689T)</p> <p>(Do not report 76983 more than two times per organ)</p>		
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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 76981	Tracking Number N/A	Original Specialty Recommended RVU: 0.59
Global Period: XXX	Current Work RVU: 0.59	Presented Recommended RVU: 0.59
		RUC Recommended RVU: 0.59

CPT Descriptor: Ultrasound, elastography; parenchyma (eg, organ)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male has a history of chronic hepatitis C for 15 years. The patient has had no significant complications secondary to portal hypertension and routine ultrasounds of the liver have been normal, with no imaging evidence of cirrhosis. The patient is being considered for definitive treatment for the hepatitis C and undergoes an ultrasound elastogram of the liver to determine the degree of hepatic fibrosis.

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: Review the request for appropriateness and discuss with ordering physician. Review clinical history. Review prior diagnostic imaging, to include ultrasound, CT, and/or MRI as available and indicated based on the organ of interest. Communicate with US technologist to delineate area to be interrogated and any structures to be avoided.

Description of Intra-Service Work: Review obtained US elastography images at the picture archiving and communication system (PACS) workstation. The anatomic images and elastography images are analyzed by the physician. Quality/confidence criterion is appropriately assessed by the radiologist to ensure good quality acquisition of data. If additional images are required, additional scanning is performed by the physician or technologist, as appropriate. The physician interprets all images and evaluates stiffness measurements of the parenchyma of interest. The current examination is compared to any prior examinations to evaluate for stability or interval changes. The physician dictates the examination report.

Description of Post-Service Work: Review, edit, and sign report for the medical record. Communicate the findings with referring provider and/or patient as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023					
Presenter(s):	Lauren Nicola, MD; Andrew Moriarity, MD; Minhajuddin "Minhaj" Khaja, MD; Robert Kennedy, MD					
Specialty Society(ies):	American College of Radiology, Society of Interventional Radiology					
CPT Code:	76981					
Sample Size:	3919	Resp N:	41			
Description of Sample:	The ACR performed a random sample of 2,000 radiologists and the SIR performed a random sample of 1,489 interventional radiologists from their respective memberships. In addition, a targeted sample of 430 members were selected from the Society of Radiologists in Ultrasound (approved by Research).					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	8.00	25.00	100.00	250.00
Survey RVW:		0.37	0.59	0.65	0.80	1.50
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	6.00	10.00	15.00	30.00
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:	76981	Recommended Physician Work RVU: 0.59		
		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:		10.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76705	XXX	0.59	RUC Time

CPT Descriptor Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76700	XXX	0.81	RUC Time

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76700	XXX	0.81	RUC Time	765,508

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 % of respondents: 36.5 %

Number of respondents who choose 2nd Key Reference Code: 10 % of respondents: 24.3 %

TIME ESTIMATES (Median)

	CPT Code: 76981	Top Key Reference CPT Code: 76705	2nd Key Reference CPT Code: 76700
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	10.00	8.00	11.00
Median Immediate Post-service Time	4.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	19.00	18.00	21.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	13%	73%	13%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	7%	60%	33%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	20%	47%	33%
Physical effort required	13%	73%	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

13%	60%	27%
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Survey Code Compared to 2nd Key Reference Code

Much Less Somewhat Less Identical Somewhat More Much More

Overall intensity/complexity	0%	0%	30%	70%	0%
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Mental Effort and Judgment

Less Identical More

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

0%	30%	70%
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Technical Skill/Physical Effort

Less Identical More

Technical skill required	10%	10%	80%
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Physical effort required	0%	40%	60%
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Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	50%	50%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The ultrasound elastography codes below were flagged for re-review at the April 2023 RUC under the New Technology screen. Due to the increase in utilization for CPT Code 76981, the family was sent for resurvey.

- 76981 (*Ultrasound, elastography; parenchyma (eg, organ)*) is a stand-alone procedure for the evaluation of a single organ,
- 76982 (*Ultrasound, elastography; first target lesion*) is a stand-alone code for the evaluation of a single lesion, and
- 76983 (*Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)*) is an add-on code for evaluating each additional lesion.

These codes will most often be used to work up patients with disease of solid organs (e.g. cirrhosis of the liver) or lesions within solid organs, such as masses within the breast or thyroid. The goal with elastography in solid organs is to evaluate the degree of scarring (i.e. stiffness) within an organ like the liver to characterize the severity of parenchymal disease, follow disease progression, or response to therapy. This non-invasive study may be performed in lieu of performing an invasive procedure like a biopsy. The use of elastography to characterize lesions within solid organs can help with risk stratification and further decrease the need for biopsies in lesions with a lower pre-test probability for malignancy (e.g. thyroid, breast, etc).

Survey Process

The American College of Radiology (ACR) surveyed a total of 2,000 random members. Additionally, we surveyed 430 members from the Society of Radiologists in Ultrasound (SRU); this targeted survey was approved by the Research Subcommittee. The Society of Interventional Radiology performed a random sample of 1,489 members.

Work RVU Recommendation:

We recommend maintaining the current value of 0.59 RVU, which is consistent with the survey 25th percentile.

Time Recommendation:

We recommend the median survey times: 5 minutes pre-service, 10 minutes intra-service, and 4 minutes post-service. This is a total time of 19 minutes.

Key Reference Services

The surveyed code and selected key reference services are compared in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
76705	US Abdomen; limited	0.59	18	5	8	5	0.046
76981	US Elastography; organ	0.59	19	5	10	4	0.039
76700	US abdomen; complete	0.81	21	5	11	5	0.053

CPT code 76981 is bracketed by the selected key reference services. CPT code 76705 (*Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)*) focuses on evaluation of the right upper quadrant, and is equivalent clinical work compared to CPT code 76981, which involves a detailed analysis of the liver. CPT code 76981 has similar total time to CPT code 76705, supporting the same 0.59 value.

CPT code 76700 (*Ultrasound, abdominal, real time with image documentation; complete*) includes evaluation of more abdominal structures which requires only slightly more time, after accounting for the increased time needed to evaluate the elastography data in assessment of the diseased liver. Thus the recommended value of 0.59 for CPT code 76981 is appropriately lower than CPT code 76700 given the slightly lower intra-service time.

MPC Codes

There are two MPC codes that compare well with the surveyed code.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
76981	US Elastography; organ	0.59	19	5	10	4	0.039
99212	Office/Outpatient E/M of established pt, 10-19 minutes of total time	0.70	16	2	11	3	0.044
76700	US abdomen, complete	0.81	21	5	11	5	0.053

The most appropriate comparison code for CPT code 76981 is 76700 (*Ultrasound, abdominal, real time with image documentation; complete*), which is also the second key reference service. CPT code 76700 is an ultrasound of the abdomen, and the most common organ for study, while for CPT code 76981 it is the liver. The additional work involved with CPT code 76981 is the physiologic assessment of a diseased organ, the technical ability to evaluate the elastography data, and the training to understand the physics and appropriate quality control for elastography in addition to diagnostic ultrasound.

An additional MPC code that compares well with CPT code 76981 is CPT 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 time for code selection, 10-19 minutes of total time is spent on the date of the encounter.*). This code has one minute of intra-service time, and three less minutes of total time. The work RVU for CPT code 99212 is slightly higher than CPT code 76981, which appropriately reflects the slightly increased intensity of the E/M visit with straightforward decision making compared to the work of CPT code 76981.

Conclusion

CPT code 76981 (*Ultrasound, elastography; parenchyma (eg, organ)*) is a stand-alone code describing the evaluation of a solid organ using ultrasound elastography. The recommended code value of 0.59 is strongly supported by the chosen KRS and MPC codes and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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)

- 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) 76981

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 64581

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 76981 is estimated to be provided 64,581 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 54541 Percentage 84.45 %

Specialty Interventional Radiology Frequency 1262 Percentage 1.95 %

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? 21,527 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 2021 utilization, the service described by CPT code 76981 is estimated to be provided 21,527 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 18180 Percentage 84.45 %

Specialty Interventional Radiology Frequency 421 Percentage 1.95 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76981

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: 76982	Tracking Number N/A	Original Specialty Recommended RVU: 0.59
Global Period: XXX	Current Work RVU: 0.59	Presented Recommended RVU: 0.59
		RUC Recommended RVU: 0.59

CPT Descriptor: Ultrasound, elastography; first target lesion

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female undergoes mammography for a right breast mass. A diagnostic ultrasound demonstrates a solid hypoechoic mass at 10:00 location. Ultrasound elastography of the right breast mass is performed (reported separately) to characterize the lesion.

Percentage of Survey Respondents who found Vignette to be Typical: 57%

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 the request for appropriateness and discuss with ordering physician. Review clinical history. Review prior diagnostic ultrasound or other imaging study on which lesion of interest is found. Communicate with US technologist to delineate lesion to be interrogated and any structures to be avoided.

Description of Intra-Service Work: Review obtained US elastography images at the PACS workstation. The anatomic images and elastography images are analyzed by the physician. If additional images of the first target lesion are required, this is communicated to the technologist. The physician interprets all images and evaluates stiffness measurements of the lesion of interest. The current examination is compared to any prior examinations to evaluate for stability or interval changes. The physician dictates the examination report.

Description of Post-Service Work: Review, edit, and sign report for the medical record. Communicate the findings with referring provider and/or patient as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023					
Presenter(s):	Lauren Nicola, MD; Andrew Moriarity, MD; Minhajuddin "Minhaj" Khaja, MD; Robert Kennedy, MD					
Specialty Society(ies):	American College of Radiology, Society of Interventional Radiology					
CPT Code:	76982					
Sample Size:	3919	Resp N:	35			
Description of Sample:	The ACR performed a random sample of 2,000 radiologists and the SIR performed a random sample of 1,489 interventional radiologists from their respective memberships. In addition, a targeted sample of 430 members were selected from the Society of Radiologists in Ultrasound (approved by Research).					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	0.00	0.00	10.00	100.00
Survey RVW:		0.32	0.59	0.69	0.81	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	6.00	10.00	13.00	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:	76982	Recommended Physician Work RVU: 0.59		
		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:		10.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76705	XXX	0.59	RUC Time

CPT Descriptor Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76700	XXX	0.81	RUC Time

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
76700	XXX	0.81	RUC Time	765,508

CPT Descriptor 2 Ultrasound, abdominal, real time with image documentation; complete

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 % of respondents: 40.0 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 14.2 %

TIME ESTIMATES (Median)

	CPT Code: 76982	Top Key Reference CPT Code: 76705	2nd Key Reference CPT Code: 76700
Median Pre-Service Time	5.00	5.00	5.00
Median Intra-Service Time	10.00	8.00	11.00
Median Immediate Post-service Time	5.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	20.00	18.00	21.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	21%	50%	29%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	29%	50%	21%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	29%	43%	29%
Physical effort required	29%	50%	21%

Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

14%	50%	36%
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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%
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Mental Effort and Judgment

Less Identical More

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

20%	60%	20%
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Technical Skill/Physical Effort

Less Identical More

Technical skill required	20%	20%	60%
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Physical effort required	0%	60%	40%
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Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	60%	40%
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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The ultrasound elastography codes below were flagged for re-review at the April 2023 RUC under the New Technology screen. Due to the rapid increase in utilization for CPT Code 76981, the family was sent for resurvey.

- 76981 (*Ultrasound, elastography; parenchyma (eg, organ)*) is a stand-alone procedure for the evaluation of a single organ,
- 76982 (*Ultrasound, elastography; first target lesion*) is a stand-alone code for the evaluation of a single lesion, and
- 76983 (*Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)*) is an add-on code for evaluating each additional lesion.

These codes will most often be used to work up patients with disease of solid organs (e.g. cirrhosis of the liver) or lesions within solid organs, such as masses within the breast or thyroid. The goal with elastography in solid organs is to evaluate the degree of scarring (i.e. stiffness) within an organ like the liver to characterize the severity of parenchymal disease, follow disease progression, or response to therapy. This non-invasive study may be performed in lieu of performing an invasive procedure like a biopsy. The use of elastography to characterize lesions within solid organs can help with risk stratification and further decrease the need for biopsies in lesions with a lower pre-test probability for malignancy (e.g. thyroid, breast, etc).

Survey Process

The American College of Radiology (ACR) surveyed a total of 2,000 random members. Additionally, we surveyed 430 members from the Society of Radiologists in Ultrasound (SRU); this targeted survey was approved by the Research Subcommittee. The Society of Interventional Radiology performed a random sample of 1,489 members.

Work RVU Recommendation:

We recommend maintaining the current value of 0.59 RVU, which is consistent with the survey 25th percentile.

Time Recommendation:

We recommend the median survey times: 5 minutes pre-service, 10 minutes intra-service, and 5 minutes post-service. This is a total time of 20 minutes. This is consistent with the current times.

Key Reference Services

The surveyed code and selected key reference services are compared in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
76705	US Abdomen; limited	0.59	18	5	8	5	0.046
76982	US Elastography; first lesion	0.59	20	5	10	5	0.045
76700	US abdomen; complete	0.81	21	5	11	5	0.053

CPT code 76982 is bracketed by the selected key reference services. CPT code 76700 (*Ultrasound, abdominal, real time with image documentation; complete*) given the lower time. CPT code 76705 focuses on evaluation of the right upper quadrant, and is equivalent clinical work compared to CPT code 76982 which involves a detailed analysis of the target lesion. CPT code 76982 has similar total time to CPT code 76705 (*Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)*), supporting the same 0.59 value.

CPT code 76700 includes evaluation of more abdominal structures which requires only slightly more time, after accounting for the increased time needed to evaluate the elastography data in assessment of the targeted lesion. Thus the recommended value of 0.59 for CPT code 76982 is appropriately lower.

MPC Codes

There are two MPC codes that compare well with CPT code 76982 as shown in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
76982	US Elastography; first lesion	0.59	20	5	10	5	0.045
99212	Office/Outpatient E/M of established pt, 10-19 minutes of total time	0.70	16	2	11	3	0.044
76700	US abdomen; complete	0.81	21	5	11	5	0.053

The most appropriate comparison code for CPT code 76982 is 76700 (*Ultrasound, abdominal, real time with image documentation; complete*), which is also the second key reference service. 76700 is an ultrasound of the abdomen, while CPT code 76982 typically pertains to ultrasound elastography of the breast. The additional work involved with CPT code 76982 is the physiologic assessment of a diseased organ, the technical ability to evaluate the elastography data, and the training to understand the physics and appropriate quality control for elastography in addition to diagnostic ultrasound. CPT code 76700 includes evaluation of more abdominal structures which requires slightly more time, after accounting for the increased time needed to evaluate the elastography data in assessment of the target lesion. The increased time and increased anatomy evaluated is reflected in the increased work RVU of CPT code 76700.

An additional MPC code that compares well with CPT code 76982 is CPT 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 time for code selection, 10-19 minutes of total time is spent on the date of the encounter.*). This code has one more minute of intra-service time, and four less minutes of total time. The work RVU for CPT code 99212 is slightly higher than the work RVU for CPT code 76982, which appropriately reflects the slightly increased intensity of the E/M visit with straightforward decision making compared to the work of CPT code 76982.

Conclusion

CPT code 76982 is a stand-alone code that describes the evaluation of a lesion using ultrasound elastography. The recommended work RVU of 0.59 is strongly supported by the chosen KRS and MPC codes and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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) CPT code 76982 is billed with CPT code 76642 55% of the time.

- 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) 76982

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 10749

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. the service described by CPT code 76982 is estimated to be provided 10,749 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 9412 Percentage 87.56 %

Specialty Frequency 0 Percentage %

Specialty Frequency 0 Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,583

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 2021 utilization, the service described by CPT code 76982 is estimated to be provided 3,583 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 3137 Percentage 87.55 %

Specialty Frequency 0 Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76982

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: 76983	Tracking Number N/A	Original Specialty Recommended RVU: 0.50
		Presented Recommended RVU: 0.47
Global Period: ZZZ	Current Work RVU: 0.50	RUC Recommended RVU: 0.47

CPT Descriptor: Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 52-year-old female undergoes mammography for bilateral breast masses. A diagnostic ultrasound demonstrates bilateral solid hypoechoic masses. Ultrasound elastography of the left breast mass is performed after prior ultrasound elastography of the right breast mass (reported separately) to characterize the additional lesion. (List separately in addition to code for primary procedure.)

Percentage of Survey Respondents who found Vignette to be Typical: 59%

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: Review the request for appropriateness and discuss with ordering physician. Review clinical history. Review prior diagnostic ultrasound or other imaging study on which additional lesion of interest is found. Communicate with US technologist to delineate additional lesion to be interrogated and any structures to be avoided. The obtained US elastography images are reviewed at the PACS workstation. The anatomic images and elastography images are analyzed by the physician. If additional images of the additional target lesion are required, this is communicated to the technologist. The physician interprets all images and evaluates stiffness measurements of the lesion of interest. The current examination is compared to any prior examinations to evaluate for stability or interval changes. The physician dictates the examination report. Review, edit, and sign report for the medical record. Communicate the findings with referring provider and/or patient as needed.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023					
Presenter(s):	Lauren Nicola, MD; Andrew Moriarity, MD; Minhajuddin "Minhaj" Khaja, MD; Robert Kennedy, MD					
Specialty Society(ies):	American College of Radiology, Society of Interventional Radiology					
CPT Code:	76983					
Sample Size:	3919	Resp N:	34			
Description of Sample:	The ACR performed a random sample of 2,000 radiologists and the SIR performed a random sample of 1,489 interventional radiologists from their respective memberships. In addition, a targeted sample of 430 members were selected from the Society of Radiologists in Ultrasound (approved by Research).					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	0.00	0.00	7.00	100.00
Survey RVW:		0.21	0.47	0.55	0.70	1.50
Pre-Service Evaluation Time:				0.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		3.00	5.00	9.00	13.00	18.00
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:	76983	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:		9.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76802	ZZZ	0.83	RUC Time

CPT Descriptor Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
93319	ZZZ	0.50	RUC Time

CPT Descriptor 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)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
51797	ZZZ	0.80	RUC Time	97,767

CPT Descriptor 1 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
64484	ZZZ	1.00	RUC Time	378,950

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 % of respondents: 23.5 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 14.7 %

TIME ESTIMATES (Median)

	CPT Code: <u>76983</u>	Top Key Reference CPT Code: <u>76802</u>	2nd Key Reference CPT Code: <u>93319</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	9.00	10.00	20.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	9.00	10.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	63%	38%	0%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
50%	25%	25%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	63%	25%	13%
Physical effort required	50%	50%	0%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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 	38%	50%	13%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	20%	40%	40%	0%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> The number of possible diagnosis and/or the number of management options that must be considered The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed Urgency of medical decision making 	20%	60%	20%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	40%	40%	20%
Physical effort required	40%	40%	20%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> The risk of significant complications, morbidity and/or mortality Outcome depends on the skill and judgment of physician Estimated risk of malpractice suit with poor outcome 	40%	40%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The ultrasound elastography codes below were flagged for re-review at the April 2023 RUC under the New Technology screen. Due to the rapid increase in utilization for CPT Code 76981, the family was sent for resurvey.

- 76981 (*Ultrasound, elastography; parenchyma (eg, organ)*) is a stand-alone procedure for the evaluation of a single organ,
- 76982 (*Ultrasound, elastography; first target lesion*) is a stand-alone code for the evaluation of a single lesion, and
- 76983 (*Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)*) is an add-on code for evaluating each additional lesion.

These codes will most often be used to work up patients with disease of solid organs (e.g. cirrhosis of the liver) or lesions within solid organs, such as masses within the breast or thyroid. The goal with elastography in solid organs is to evaluate the degree of scarring (i.e. stiffness) within an organ like the liver to characterize the severity of parenchymal disease, follow disease progression, or response to therapy. This non-invasive study may be performed in lieu of performing an invasive procedure like a biopsy. The use of elastography to characterize lesions within solid organs can help with risk stratification and further decrease the need for biopsies in lesions with a lower pre-test probability for malignancy (e.g. thyroid, breast, etc).

Survey Process

The American College of Radiology (ACR) surveyed a total of 2,000 random members. Additionally, we surveyed 430 members from the Society of Radiologists in Ultrasound (SRU); this targeted survey was approved by the Research Subcommittee. The Society of Interventional Radiology performed a random sample of 1,489 members.

Work RVU Recommendation:

We recommend the survey 25th percentile value of 0.47 RVU, which is a decrease from the current 0.50 RVU. Because the current value was derived from a crosswalk rather than a true survey value, we chose the 25th percentile wRVU for this code to restore a direct valuation from the survey.

Time Recommendation:

We recommend the median survey intra time of 9 minutes. This is consistent with the existing time.

Key Reference Services

The surveyed code and selected key reference services are compared in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
76983	US Elastography; each additional lesion	0.47	9		9		0.052
93319	3D echocardiographic imaging	0.50	20		20		0.025
76802	US Uterus, 1 st trimester; each additional gestation	0.83	10		10		0.083

CPT code 76983 is supported by the top two key reference services, CPT codes 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)) and 76802 (Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)). CPT code 93319 is a 3D postprocessing code which is less intense, but requires more time, lending itself to the slightly higher work RVU. CPT code 76802 includes one more minute of time and is a more intense service given the complexity of anatomy of an additional gestation in a twin pregnancy. Therefore, the work RVU for CPT code 76802 is appropriately higher than that recommended for CPT code 76983.

MPC Codes

There are two MPC codes that compare well with CPT code 76983 as shown in the table below.

CPT	Short Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
76983	US Elastography; each additional lesion	0.47	9		9		0.052
51797	Voiding Pressure, intra-abdominal	0.80	15		15		0.053
64484	Injection, transforaminal; lumbar or sacral, each additional level	1.00	10		10		0.100

There are a limited number of MPC codes with ZZZ global periods in this time and work RVU range. Both MPC codes above have higher intra-service times and, therefore, appropriately higher work RVUs. The work value recommended for CPT code 76983 is significantly lower than CPT code 64484 (*Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)*), which is appropriate given that 64484 is an invasive procedure.

CPT code 76983 also compares favorably to MPC code 51797 (*Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)*), which has higher intra-service time, higher work RVU, and similar IWPUT.

Conclusion

CPT code 76983 is an add-on code that describes the evaluation of an additional lesion using ultrasound elastography. The recommended work RVU of 0.47 is strongly supported by the chosen KRS and MPC codes and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.

Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 76983

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1632

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 76983 is estimated to be provided 1,632 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 766 Percentage 46.93 %

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? 544

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 2021 utilization, the service described by CPT code 76983 is estimated to be provided 544 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 255 Percentage 46.87 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Echography/ultrasonography

BETOS Sub-classification Level II:

Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 76983

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.

NONFACILITY DIRECT PE INPUTSCPT CODE(S): 76981, 76982, 76983SPECIALTY SOCIETY (IES): ACR, SIRPRESENTER(S): LaurenNicola, MD; Andrew Moriarity, MD; Minhaj Khaja, MD; Robert Kennedy, MD**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)****Meeting Date: September 2023**

CPT Code	Long Descriptor	Global Period
76981	Ultrasound, elastography; parenchyma (eg, organ)	XXX
76982	Ultrasound, elastography; first target lesion	XXX
76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
76981	A 45-year-old male has a history of chronic hepatitis C for 15 years. The patient has had no significant complications secondary to portal hypertension and routine ultrasounds of the liver have been normal, with no imaging evidence of cirrhosis. The patient is being considered for definitive treatment for the hepatitis C and undergoes an ultrasound elastogram of the liver to determine the degree of hepatic fibrosis.
76982	A 45-year-old female undergoes mammography for a right breast mass. A diagnostic ultrasound demonstrates a solid hypoechoic mass at 10:00 location. Ultrasound elastography of the right breast mass is performed (reported separately) to characterize the lesion.
76983	A 52-year-old female undergoes mammography for bilateral breast masses. A diagnostic ultrasound demonstrates bilateral solid hypoechoic masses. Ultrasound elastography of the left breast mass is performed after prior ultrasound elastography of the right breast mass (reported separately) to characterize the additional lesion. (List separately in addition to code for primary procedure.)

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) convened a consensus panel to finalize the practice expense for ultrasound elastography codes 76981, 76982, and 76983.

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:

As these are existing codes, we used the current PE inputs as a 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?

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 76981, 76982, 76983

SPECIALTY SOCIETY(IES): ACR, SIR

PRESENTER(S): Lauren

Nicola, MD; Andrew Moriarity, MD; Minhaj Khaja, MD; Robert Kennedy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

According to the RUC database, CPT codes 76981 and 76982 are not reported with an E/M, but CPT code 76983 is.

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 76981:

Diagnostic Radiology is the dominant provider in the non-facility (69.0%) and is also the dominant provider in the global.

For 76982:

Diagnostic Radiology is the dominant provider in the non-facility (66.7%) and is also the dominant provider in the global.

For 76983:

Diagnostic Radiology is the dominant provider in the non-facility (31.4%) and is also the dominant provider in 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:

N/A

See the *PE compelling evidence guidelines* on the [RUC Collaboration website](#). Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

CA016 – Prepare, set-up and start IV, initial positioning and monitoring of patient: We are requesting 3 minutes (standard is 2 minutes) for CPT codes 76981 and 76982, as these procedures require the technologist to find a patient position that not only allows for a good acoustic window, but also allows the patient to remain motionless (with the exception of quiet respiratory motion) so that repeatable, accurate elastography measurements can be obtained.

3 minutes is the current allotted time for this clinical activity for these codes.

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:

- Confirm availability of prior images/studies
- Review patient clinical extant information and questionnaire

b. Service period (includes pre, intra and post):

- Greet patient, provide gowning, ensure appropriate medical records
- Prepare room, equipment, and supplies
- Confirm order, protocol exam
- Prepare, set-up and start IV, initial positioning and monitoring of patient

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- Perform procedure/service
- Clean room
- Technologist QC's imagines in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD/DO
- Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.

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*:

CA021: For 76981 we requested 20 minutes of time (NOT directly related to physician work). The ultrasound technologist (sonographer) reviews any pertinent previous imaging studies. The sonographer brings the patient in the ultrasound room and positions the patient on the bed. The sonographer will have to position the patient appropriately for the procedure and may change the position to optimize the elastography measurements. The sonographer then scans the respective organ for an appropriate transducer position to obtain the elastography measurements. The sonographer gives breathing instructions to the patient to accurately obtain measurements. Elastography measurements are obtained per the respective organ protocol, which varies between 3 and 10 measurements in different areas of the target organ. Images are subsequently sent to PACS.

CA021: For 76982 we requested 15 minutes of time (NOT directly related to physician work). The ultrasound technologist reviews any pertinent previous imaging studies. The sonographer brings the patient in the ultrasound room and positions the patient on the bed. The sonographer then scans the respective organ and localizes the respective lesion needing elastography. The sonographer then optimizes the patient's position to obtain the elastography measurements. The sonographer may change the patient or transducer position to optimize the elastography measurements. Elastography measurements are obtained per the respective organ-based protocol. Images are subsequently sent to PACS.

CA021: For 76983 we requested 12 minutes of time (NOT directly related to physician work). The ultrasound technologist is reviewing any pertinent previous imaging studies. Then the sonographer scans the respective organ and localizes the respective lesion needing elastography. The sonographer then optimizes the patient's position to obtain the elastography measurements. The sonographer may change the patient or transducer position to optimize the elastography measurements. Elastography measurements are obtained per the respective organ-based protocol. Images are subsequently sent to PACS.

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 76981, 76982, 76983

SPECIALTY SOCIETY(IES): ACR, SIR

PRESENTER(S): Lauren

Nicola, MD; Andrew Moriarity, MD; Minhaj Khaja, MD; Robert Kennedy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 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:

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?

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).

N/A.

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.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 76981, 76982, 76983

SPECIALTY SOCIETY(IES): ACR, SIR

PRESENTER(S): Lauren

Nicola, MD; Andrew Moriarity, MD; Minhaj Khaja, MD; Robert Kennedy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
 - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
 - Does the computer include code specific software that is typically used to provide the service(s)?

No.

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

- Technologist PACS Workstation (ED050): PACS formula
- Professional PACS Workstation (ED053): Equals physician work intra time + 1/2 physician work pre-time
- Room, ultrasound, general (EL015): Highly Technical Equipment
- Sheer wave elastography software (ED060): Highly Technical Equipment

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).

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 76981, 76982, 76983

SPECIALTY SOCIETY(IES): ACR, SIR

PRESENTER(S): Lauren

Nicola, MD; Andrew Moriarity, MD; Minhaj Khaja, MD; Robert Kennedy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**



A	B	D	E	F	I	K	M	O	Q	S
RUC Practice Expense Spreadsheet					CURRENT	RECOMMENDED	CURRENT	RECOMMENDED	CURRENT	RECOMMENDED
					76981	76981	76982	76982	76983	76983
					Ultrasound, elastography; parenchyma (eg, organ) January 2018	Ultrasound, elastography; parenchyma (eg, organ) September 2023	Ultrasound, elastography; first target lesion January 2018	Ultrasound, elastography; first target lesion September 2023	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure) January 2018	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure) September 2023
1	Clinical Activity Code	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Non Fac XXX	Non Fac XXX	Non Fac XXX	Non Fac XXX	Non Fac ZZZ	Non Fac ZZZ
2	RUC Collaboration Website									
3	Meeting Date: September 2023 Revision Date (if applicable): Tab: 13 Specialty: ACR, SIR									
4	LOCATION									
5	GLOBAL PERIOD									
6	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME									
7	\$ - \$ - \$ - \$ - \$ - \$ -									
8	TOTAL CLINICAL STAFF TIME									
9	TOTAL PRE-SERVICE CLINICAL STAFF TIME									
10	TOTAL SERVICE PERIOD CLINICAL STAFF TIME									
11	TOTAL POST-SERVICE CLINICAL STAFF TIME									
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									
16	CA002									
17	CA003									
18	CA004									
19	CA005									
20	CA006	L050B			2	2	2	2		
21	CA007	L050B			1	1	1	1		
22	CA008									
23										
24	Other activity: please include short clinical description here and type new									
25	End: When patient enters office/facility for surgery/procedure									
26	SERVICE PERIOD									
27	Start: When patient enters office/facility for surgery/procedure:									
28	Pre-Service (of service period)									
29	CA009	L050B			3	3	3	3		
30	CA010									
31	CA011									
32	CA012									
33	CA013	L050B			2	2	2	2		
34	CA014	L050B			1	1	1	1		
35	CA015									
36	CA016	L050B			3	3	3	3	1	1
37	CA017									
38	Other activity: please include short clinical description here and type new									
39	Intra-service (of service period)									
40	CA018									
41	CA019									
42	CA020									
43	CA021	L050B			20	20	15	15	12	12
44	Other activity: please include short clinical description here and type new									
45	Post-Service (of service period)									
46	CA022									
47	CA023									
48	CA024	L050B			3	3	3	3		
49	CA025									
50	CA026									
51	CA027									
52	CA028									
53	CA029									
54	CA030	L050B			2	2	2	2	1	1
55	CA031	L050B			2	2	2	2	1	1
56	CA032	L050B			1	1	1	1	1	1
57	CA033									
58	CA034									
59	CA035									
60	CA036				n/a	n/a	n/a	n/a	n/a	n/a
61	Other activity: please include short clinical description here and type new									
62	End: Patient leaves office/facility									
63	POST-SERVICE PERIOD									
64	Start: Patient leaves office/facility									
65	CA037									
66	CA038									
67	Office visits: List Number and Level of Office Visits									
68	99211	16 minutes	MINUTES		# visits	# visits	# visits	# visits	# visits	# visits
69	99212	27 minutes								
70	99213	36 minutes								
71	99214	53 minutes								
72	99215	63 minutes								
73	CA039				0.0	0.0	0.0	0.0	0.0	0.0
74	Other activity: please include short clinical description here and type new									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
** Codes Reported Together 75% or More**

September 2023

CT Guidance Needle Placement – Tab 14

CPT code 77012 was last reviewed by the RUC in April 2017. Subsequently, a CPT code bundling lung biopsy with image guidance was created in February 2019. The CPT Editorial Panel approved the replacement of CPT code 32405 with the new code 32408 to describe lung needle biopsy, including imaging guidance. Following the April 2019 RUC meeting, the specialty society was to submit a request to the Research Subcommittee to modify the vignette for CPT code 77012 to reflect a typical patient who is not a lung biopsy patient. In June 2019, the Research Subcommittee noted that the current vignette for CPT code 77012 describes a patient with a suspicious lung nodule, which reflected the most common diagnostic code in the latest claims data. Since there was no clear dominant diagnosis code once patients with lung nodules are removed, and the next four most common diagnostic codes each represent a similar percentage of the claims (between 4.04 and 4.88%), the specialty proposed to defer updating this vignette for three years to allow time for utilization data to accrue on the new patient population for 77012. The RUC agreed that the specialty societies could wait until after utilization data for the new patient population became available and survey for September 2023. The Research Subcommittee created the new vignette on its May 22, 2023, call.

77012 Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

The RUC reviewed the survey results from 173 interventional radiologists and diagnostic radiologists and determined that maintaining the current work RVU of 1.50, which falls below the survey 25th percentile, appropriately accounts for the physician work involved in this service. The RUC recommends 15 minutes of pre-service evaluation time, 35 minutes intra-service time and 5 minutes immediate post-service time, for 55 minutes total time. It was noted that the median survey times are recommended for the pre-service and intra-service times while the recommended post-service time of 5 minutes is equal to the current time and lower than the survey.

To justify a work RVU of 1.50, the RUC compared CPT code 77012 to the top key reference service code 10007 *Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion* (work RVU = 1.81, 27 minutes intra-service time and 47 minutes total time) and noted that the intra-service and total time for the reference code is less than the surveyed code, yet the reference service is a bundled code that also includes in the work of the procedure, justifying a higher value for key reference service. The RUC also compared the surveyed code to the second key reference code 10005 *Fine needle aspiration biopsy, including ultrasound guidance; first lesion* (work RVU = 1.46, 20 minutes intra-service time and 39 minutes total time) and noted that although the reference code is a bundled code, the radiological supervision and interpretation surveyed code describes an imaging modality (CT) that is typically used for longer and more intense image-guided procedures. The surveyed code involves much more intra-service and total time, therefore justifying a higher value. The RUC recommendation is bracketed by the top two key reference services. CPT code 77012 includes more time inherent to the CT modality, however, some of the combined work is less intense than the bundled FNA procedure codes with either ultrasound or fluoroscopic guidance. This is reflected in the higher intensity for CPT codes 10005 and 10007. Given these differences in intensity, the recommended work RVU for CPT code 77012 maintains relativity with a value slightly higher than CPT code 10005 and lower than CPT code 10007.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

For additional support, the RUC compared CPT code 77012 to MPC codes 92014 *Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits* (work RVU = 1.42, 24 minutes intra-service time and 37 minutes total time) and 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas* (work RVU = 1.54, 29 minutes intra-service time and 49 minutes total time) and noted that 77012 compares well with the two non-radiology MPC codes. Code 92014 has less intra-service and total time, and a slightly lower work value than the surveyed code while code 95861 has a slightly higher work value, but lower total time than the surveyed code. Both MPC comparisons are associated with slightly more intense work than the CT guidance code for needle placement. Accounting for the survey times and intensity differences, the recommended work value is appropriately bracketed between the comparator codes. The RUC concluded that the value of CPT code 77012 should be maintained at 1.50 work RVUs, below the 25th percentile of the survey. **The RUC recommends a work RVU of 1.50 for CPT code 77012.**

Practice Expense

The Practice Expense (PE) Subcommittee approved the PE compelling evidence argument that CMS applied a flawed methodology in its assignment of 9 minutes of CT room time. In April 2017, the RUC approved 28 minutes for CT room time for CPT code 77012, applying the highly technical formula. However, in the 2019 MPFS, CMS reduced the room time to 9 minutes, applying the angiographic room time allocation convention, which assigns 9 mins for radiologic supervision and interpretation (RS&I) codes. Angiography procedures are structured to include room time (e.g., CPT code 36247); therefore, it is appropriate for the angiography RS&I codes (e.g., 76726) to only have an additional 9 minutes of room time. In contrast, non-angiography procedures can be reported with or without CT guidance. For CMS to apply the angiography room time convention to the CT guidance code describing a different imaging modality is inappropriate, as CT procedure codes do not contain room time. CPT code 77012 is most commonly performed with procedure code 38222 *Diagnostic bone marrow; biopsy(ies) and aspiration(s)* which does not include CT room time. Only assigning 9 minutes to CT guidance is an underestimation of utilization for this code; the procedure described by 38222 typically has 30 minutes of cut-to-close time. The RUC agreed that application of the highly technical formula is most appropriate, resulting in the recommended 26 minutes for EL007 room, CT.

The PE Subcommittee reviewed the direct practice expense inputs and made no modifications. The specialty recommended, and the RUC agreed, to a change in clinical staff type from L041B *Radiologic Technologist* to a L046A *CT Technologist*. When this code was created (formerly CPT code 76360), the clinical staff was identified as a radiology technologist; however, the required technical proficiency for this CT-guided procedure is out of scope for a radiologic tech. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	XXX	1.50 (No Change)

	<p>(Do not report 77011, 77012 in conjunction with 22586)</p> <p>(Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32408, 32554, 32555, 32556, 32557, 62270, 62272, 62328, 62329, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 0232T, 0481T, 0629T, 0630T)</p> <p>(For harvesting, preparation, and injection[s] of platelet rich plasma, use 0232T)</p>		
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**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: 77012	Tracking Number	Original Specialty Recommended RVU: 1.50
		Presented Recommended RVU: 1.50
Global Period: XXX	Current Work RVU: 1.50	RUC Recommended RVU: 1.50

CPT Descriptor: Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 80-year-old male has a suspicious abdominal mass seen on CT. CT guided needle biopsy is requested.

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: Review patient order, clinical history, and relevant prior imaging examinations. Confirm appropriateness of imaging guidance and determine appropriate protocol and approach. Assess need for contrast administration to assist guidance. Review patient history for contrast allergy, renal insufficiency, or other contraindications for receiving contrast as needed. Discuss with the patient (and family) the risks due to radiation exposure and use of contrast dye (if needed) relative to other potential imaging modalities. Discuss the equipment being used and the potential need for prolonged immobility and repositioning to ensure optimal imaging for guidance and interpretation. Provide instructions for the radiologic technologists regarding patient positioning and proper settings for the imaging equipment. Confirm patient positioning and imaging setup, ensuring the entire area necessary can be imaged and that equipment and patient can be repositioned as needed during sterile procedure (ie, the field must be clear of impediments to table motion for movement into and out of the CT gantry). The physician dresses in radiation safety attire if use of CT fluoroscopy is anticipated.

Description of Intra-Service Work: Supervise and interpret scout views of area to be imaged to select appropriate field of view. Obtain and interpret preliminary CT images acquired to assess appropriate approach to the target(s), evaluate for unexpected findings, interval changes in target lesion(s), and adjust patient positioning or protocol as needed. Mark skin entry site and prepare in sterile fashion. Perform intermittent or continuous CT guidance to direct needle to target(s) and reposition as necessary. Confirm satisfactory needle placement in the target(s). Obtain and interpret post-procedural CT to evaluate for complications. Interpret all images resulting from the study including dedicated review of the target(s) as well as all visualized viscera, fascial planes, vasculature, soft tissues, and osseous structures. Assess for complications or other unexpected findings. Compare to all pertinent available prior studies. Review and document radiation dose to the patient in terms of Dose-Length Product (DLP). Dictate report for medical record.

Description of Post-Service Work: Review and sign final report. Communicate findings to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023					
Presenter(s):	Lauren Nicola, MD; Andrew Moriarity, MD; Minhajuddin "Minhaj" Khaja, MD; Robert Kennedy, MD					
Specialty Society(ies):	American College of Radiology, Society of Interventional Radiology					
CPT Code:	77012					
Sample Size:	2988	Resp N:	173			
Description of Sample:	The ACR performed a random sample of 500 radiologists from its membership, as well as a random sample of a subset of 500 radiologists from its membership who identified as performing interventional radiology (a total of 1,000 ACR members). The SIR performed a random sample of 1,988 interventional radiologists from its membership.					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	50.00	100.00	200.00	800.00
Survey RVW:		1.10	1.95	2.20	3.22	12.00
Pre-Service Evaluation Time:				15.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		5.00	25.00	35.00	45.00	90.00
Immediate Post Service-Time:		<u>15.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits				
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00			
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00		
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00		
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00	15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00	
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00		

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77012	Recommended Physician Work RVU: 1.50		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		15.00	0.00	15.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		35.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
10007	XXX	1.81	RUC Time

CPT Descriptor Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
10005	XXX	1.46	RUC Time

CPT Descriptor Fine needle aspiration biopsy, including ultrasound guidance; first lesion**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
92014	XXX	1.42	RUC Time	9,704,893

CPT Descriptor 1 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95861	XXX	1.54	RUC Time	45,050

CPT Descriptor 2 Needle electromyography; 2 extremities with or without related paraspinal areas

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 128 % of respondents: 73.9 %

Number of respondents who choose 2nd Key Reference Code: 22 % of respondents: 12.7 %

TIME ESTIMATES (Median)

	CPT Code: <u>77012</u>	Top Key Reference CPT Code: <u>10007</u>	2nd Key Reference CPT Code: <u>10005</u>
Median Pre-Service Time	15.00	10.00	10.00
Median Intra-Service Time	35.00	27.00	20.00
Median Immediate Post-service Time	5.00	10.00	9.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	55.00	47.00	39.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	5%	12%	47%	36%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

	<u>Less</u>	<u>Identical</u>	<u>More</u>
	4%	24%	72%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	9%	17%	74%
Physical effort required	5%	40%	55%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

3%

24%

73%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

0%

5%

23%

55%

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

0%

32%

68%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

14%

18%

68%

Physical effort required

5%

36%

59%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

5%

27%

68%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

CPT Code 77012 (*Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*) was surveyed in April 2017, at which time the typical patient presented with a lesion suspicious for lung cancer. More recently, in April 2019, a new code, 32408 (*Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed*), was created that bundled in lung biopsy (32405) with imaging guidance (77012). It was then requested that CPT code 77012 be resurveyed after new utilization data for the new patient population was available in 2023.

Survey Process

The American College of Radiology (ACR) and the Society of Interventional Radiology (SIR) conducted a random survey of members. The ACR also surveyed a random subset of members who perform interventional radiology procedures. Both societies assembled an expert panel to review the data and develop the following recommendations.

Compelling Evidence

Although the patient population has changed for CPT code 77012, and with the most recent survey data demonstrating 10 additional minutes of post-service time, the specialties are not requesting any change to the existing time and value, even though the current value is below the survey 25th percentile.

Work RVU Recommendation

We recommend a work RVU of 1.50, which is the current value and below the survey 25th percentile value.

Time Recommendation

We recommend the median survey times of 15 minutes pre-service and 35 minutes intra-service. We recommend a post-service time of 5 minutes, equal to the current post-service time and lower than the survey median.

Key Reference Services

Our recommendation is bracketed by our top two chosen key reference services (KRS), CPT codes 10005 (*Fine needle aspiration biopsy, including ultrasound guidance; first lesion*) and 10007 (*Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion*). CPT code 77012 includes more time inherent to the CT modality, however some of the work is less intense than the FNA procedures with both ultrasound and fluoroscopic guidance. This is reflected in the higher IWP/UT for CPT codes 10005 and 10007. Given these differences in intensity, the recommended work RVU for CPT code 77012 maintains relativity with a value slightly higher than CPT code 10005 and lower than CPT code 10007.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWP/UT
10005	FNA w/US guidance; first lesion	1.46	39	10	20	9	0.052
77012	CT guidance for Needle placement	1.50	55	15	35	5	0.030
10007	FNA w/fluoro guidance; first lesion	1.81	47	10	27	10	0.050

MPC Codes

CPT code 77012 compares well with two non-radiology MPC codes. CPT code 92014 (*Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment*

program; comprehensive, established patient, 1 or more visits) has less intra-service and total time, and a slightly lower work RVU than CPT code 77012. CPT code 95861 (Needle electromyography; 2 extremities with or without related paraspinal areas) has a slightly higher work RVU, but lower total time than CPT code 77012.

Both MPC comparisons are associated with slightly more intense work than the CT guidance code for needle placement. Accounting for the survey times and intensity differences, the recommended 1.50 work RVU is appropriately bracketed between CPT codes 92014 and 95861.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
92014	Ophthalmological medical exam and evaluation; comprehensive, established pt, 1 or more visits	1.42	37	5	24	8	0.047
77012	CT guidance for Needle placement	1.50	55	15	35	5	0.030
95861	Needle electromyography, 2 areas	1.54	49	10	29	10	0.038

Conclusion

The survey results and comparison with applicable codes support the specialties' recommendation to maintain the current value and times for CPT code 77012.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- Multiple codes allow flexibility to describe exactly what components the procedure included.
- Multiple codes are used to maintain consistency with similar codes.
- Historical precedents.
- Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77012

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology

How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 413907

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The service described by CPT code 77012 is estimated to be provided 413,907 times nationally in a one-year period.

Specialty Diagnostic Radiology Frequency 299098 Percentage 72.26 %

Specialty Interventional Radiology Frequency 93211 Percentage 22.51 %

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? 137,969 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 2021 utilization, the service described by CPT code 77012 is estimated to be provided 137,969 times nationally in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 99699 Percentage 72.26 %

Specialty Interventional Radiology Frequency 31070 Percentage 22.51 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Imaging

BETOS Sub-classification:

Standard imaging

BETOS Sub-classification Level II:

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 77012

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	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: CT Guidance for Needle Placement																											
2	TAB: 14																											
3					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
4	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
5	1st REF	10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	XXX	Oct-17	128	0.050	0.039			1.81			47	10					27			10					
6	2nd REF	10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	XXX	Oct-17	22	0.052	0.037			1.46			39	10					20			9					
7	CURRENT	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration,	XXX	Apr-17		0.030	0.027			1.50			55	15					35			5					
8	SVY	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration,	XXX		173	0.044	0.034	1.10	1.95	2.20	3.22	12.00	65	15			5	25	35	45	90	15	0	50	100	200	800
13	REC	77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	XXX			0.030	0.027	1.50					55	15					35			5					

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2023

CPT Code	Long Descriptor	Global Period
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	XXX

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
77012	An 80-year-old male has a suspicious abdominal mass seen on CT. CT guided needle biopsy is requested.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The American College of Radiology (ACR) and Society of Interventional Radiology (SIR) convened a consensus panel to finalize the practice expense data for the CT guidance for needle placement CPT code 77012.

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:

This is an existing code. The societies included the current PE inputs for CPT code 77012 on the spreadsheet to serve as a reference.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
 Is this code(s) typically reported with the E/M service in the nonfacility?

No.

See the *Billed Together* tab in the RUC Database.

4. What specialty is the dominant provider *in the nonfacility*? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Diagnostic Radiology is the dominant provider in the non-facility at 69.9% of the time. Diagnostic Radiology is also the dominant provider 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:

The specialties are proposing an increase over the current cost for this procedure based on flawed methodology, including corrections to the clinical staff type and the CT room time.

When this code was created (formerly CPT code 76360) the clinical staff was identified as a radiology technologist. We are requesting a revision to correct the staff type from a Rad Tech (L041B) to a CT Tech (L046A). The required technical proficiency for a CT-guided procedure such as this is out of scope for a Rad Tech. CT technologists are required by the American Registry of Radiologic Technologists (ARRT) to complete 125 documented exam repetitions and complete 62 procedures in six different categories. Once those objectives are met, the technologist must pass a computer based exam to demonstrate competency in CT. It is unclear why Rad Tech is the current staff type for this code, which is by definition a CT procedure, but the specialties believe it is a mistake and are recommending the correct staff type be added.

The specialties believe CMS applied a flawed methodology in their assignment of 9 minutes of CT room time. In April 2017, the RUC approved 28 minutes for CT room time for CPT code 77012, applying the highly technical formula. However, in the 2019 MPFS, CMS reduced the room time to 9 minutes, applying the angiographic room time allocation convention, which assigns 9 mins for RS&I codes. We believe the application of the highly technical formula is more appropriate, resulting in our recommended 26 minutes of room time. This explains the increase in equipment cost.

Angiography procedures are structured to include room time (ex: CPT code 36247); therefore, it is appropriate for the angiography RS&I codes (ex: 76726) to only have an additional 9 minutes of room time. In contrast, non-angiography procedures can be billed with or without CT guidance. For CMS to apply the angiography room time convention to the CT guidance code is inappropriate, as CT procedure codes do not contain room time. CPT code 77012 (CT guidance) is most commonly performed with procedure code 38222, which does not include CT room time. Only assigning 9 minutes to CT guidance is an underestimation of utilization for this 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.

**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:

- **Prepare room, equipment and supplies (CA013)** – In the CY 2019 MPFS Final Rule, CMS refined CA013 from 2 minutes to 3 minutes by deleting the 1 minute from CA014 (*Confirm order, protocol exam*) and adding it to CA013.
- **Technologist QC's images in PACS, checking for all images, reformats, and dose page (CA006)** – CMS finalized a standard of 3 minutes for services involving CTs which are considered “intermediate” in the CY 2017 MPFS Final Rule.

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:

0 minutes.

10. Please provide a brief description of the clinical staff work for the following:

- a. Pre-Service period:

- Confirm availability of prior images/studies

- b. Service period (includes pre, intra and post):

- Provide education/obtain consent
- Prepare room, equipment and supplies
- Prepare, set-up and start IV, initial positioning and monitoring of patient
- Perform procedure/service—NOT directly related to physician work time
- Clean room/equipment by clinical staff
- Technologist QC's images in PACS, checking for all images, reformats, and dose page
- Review examination with interpreting MD/DO

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.

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*:

After positioning patient on the CT table at the direction of the radiologist, the technologist loads the CT protocol and chooses an appropriate field of view. Scout images of the procedure area are acquired and reviewed in consultation with the radiologist. Thereafter, axial CT images are acquired through an appropriately selected region. These images are reviewed with the radiologist and the parameters of the biopsy scans are chosen (slice thickness, number of slices, level of imaging, field of view, window widths/levels) and prepared for the viewing screen in the CT room.

While the radiologist initiates the procedure and uses CT guidance for needle placement, the technologist assists the physician by opening additional equipment items (e.g. needles, fiducials, etc.), changing CT scan parameters or repositioning the patient as needed. For each repeated CT scan during needle guidance, the technologist confirms the agreed upon settings and acquires the axial CT data, which is then presented to the radiologist. This series of activities is repeated for any change in position, as needed.

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

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?

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 77012

SPECIALTY SOCIETY(IES): ACR, SIR

PRESENTER(S): Lauren

Nicola, MD; Andrew Moriarity, MD; Minhaj Khaja, MD; Robert Kennedy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 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?

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).

N/A.

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 Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
 - Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
 - Does the computer include code specific software that is typically used to provide the service(s)?

No.

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

- PACS Workstation Proxy (ED050)** [PACS formula]: Equal to the total clinical service period time
- Professional PACS Workstation Proxy (ED053)** [Other formula]: Equal to the physician work intra service time + ½ of the physician work pre-service time.
- Room, CT (EL007)** [Highly technical equipment formula]

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).

[Empty box for itemized list of changes]

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 77012

SPECIALTY SOCIETY(IES): ACR, SIR

PRESENTER(S): Lauren

Nicola, MD; Andrew Moriarity, MD; Minhaj Khaja, MD; Robert Kennedy, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**



A	B	C	D	E	F	I	K
1	RUC Practice Expense Spreadsheet					CURRENT	RECOMMENDED
2						77012	77012
3	RUC Collaboration Website						
4	Clinical Activity Code Meeting Date: September 2023 Revision Date (if applicable): Tab: 14 Specialty: ACR, SIR	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (April 2017)	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (September 2023)
5	LOCATION					Non Fac	Non Fac
6	GLOBAL PERIOD					XXX	XXX
7	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ -	\$ -
8	TOTAL CLINICAL STAFF TIME		L041B			36.0	
9			L046A				35.0
10	TOTAL PRE-SERVICE CLINICAL STAFF TIME		L041B			3.0	
11			L046A				2.0
12			L037D			1.0	1.0
13	TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L041B			32.0	
14			L046A				32.0
15	TOTAL POST-SERVICE CLINICAL STAFF TIME		L041B			0.0	
16	TOTAL POST-SERVICE CLINICAL STAFF TIME		L046A				0.0
17	TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE					\$ -	\$ -
18	PRE-SERVICE PERIOD						
19	Start: Following visit when decision for surgery/procedure made						
20	CA001						
21	CA002						
22	CA003						
23	CA004						
24	CA005						
25	CA006		L041B			3	
26	CA006		L046A				2
27	CA007						
28	CA008						
29							
32	Other activity: please include short clinical description here and type						
35	End: When patient enters office/facility for surgery/procedure						
36	SERVICE PERIOD						
37	Start: When patient enters office/facility for surgery/procedure:						
38	Pre-Service (of service period)						
39	CA009						
40	CA010						
41	CA011		L037D			1	1
42	CA012						
43	CA013		L041B			3	
44	CA013		L046A				3
45	CA014						
46	CA015						
47	CA016		L041B			2	
48	CA016		L046A				2
49	CA017						
50							
53	Other activity: please include short clinical description here and type						
56	Intra-service (of service period)						
57	CA018		L041B				
58	CA018		L046A				
59	CA019						
60	CA020						
61	CA021		L041B			18	
64	CA021		L046A				18
65							
66	Other activity: please include short clinical description here and type						
69	Post-Service (of service period)						
70	CA022						
71	CA023						
72	CA024		L041B			3	
73	CA024		L046A				3
74	CA025						
75	CA026						
76	CA027						
77	CA028						
78	CA029						
79	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041B			3	
80	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A				3
81	CA031		L041B			2	
82	CA031		L046A				2
83	CA032		L041B			1	
84	CA032		L046A				1
85	CA033						
86	CA034						
87	CA035						
88	CA036					n/a	n/a
89							
92	Other activity: please include short clinical description here and type						
95	End: Patient leaves office/facility						
96	POST-SERVICE PERIOD						
113	End: with last office visit before end of global period						

	A	B	C	D	E	F	I	K
1	RUC Practice	Expense Spreadsheet					CURRENT	RECOMMENDED
2							77012	77012
3		<i>RUC Collaboration Website</i>						
4	Clinical Activity Code	Meeting Date: September 2023 Revision Date (if applicable): Tab: 14 Specialty: ACR, SIR	Standards/Guidelines	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (April 2017)	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation (September 2023)
5		LOCATION					Non Fac	Non Fac
6		GLOBAL PERIOD					XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ -	\$ -
8		TOTAL CLINICAL STAFF TIME		L041B			36.0	
9				L046A				35.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME		L041B			3.0	
11				L046A				2.0
12				L037D			1.0	1.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME		L041B			32.0	
14				L046A				32.0
15		TOTAL POST-SERVICE CLINICAL STAFF TIME		L041B			0.0	
114	Supply Code	MEDICAL SUPPLIES		PRICE	UNIT			
115		TOTAL COST OF SUPPLY QUANTITY x PRICE					\$ -	\$ -
116	SB008						1	1
117	SM013						1	1
124	Equipment Code	EQUIPMENT		Purchase Price	Equipment Formula	Cost Per Minute		
125		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE					\$ -	\$ -
126	EL007				Highly Technical		9	26
127	ED053				Other Formula		43	43
128	ED050				PACS		33	33

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

September 2023

Annual Alcohol Screening – Tab 15

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 who 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 (AWV) (codes G0438 or G0439) and/or an office visit service 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, 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 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 random survey sample to other sections of their membership that are more likely to perform these services. As a result, the specialty societies continued to collect survey responses for the September 2023 RUC meeting and worked with the Research Subcommittee to identify a targeted survey sample in addition to an expanded random sample. The specialties were successful in exceeding the minimum number of survey responses for each code for the September 2023 RUC meeting.

Compelling Evidence

The current value for CPT code G0443 is a CMS/Other source, which reflects a value CMS independently assigned from CPT code 97803 *Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes* (work RVU= 0.45, intra-service time of 15 minutes, total time of 17 minutes). CPT code 97803 is performed by registered dietitians/nutrition professionals 100% of the time and is a time-based code that can be reported multiple times (2021 Medicare claims had a median of 2 units for this code). CPT code G0443 has never been reviewed by the RUC and the direct crosswalk code is not performed by physicians. Thus, the specialty societies indicated, and the RUC agreed, that there is compelling evidence that CPT code G0443 is currently based on flawed methodology.

G0442 Annual alcohol misuse screening, 5 to 15 minutes

The RUC reviewed the survey results from 74 family medicine physicians, internal medicine physicians, and nurse practitioners and determined that the survey 25th percentile and current work RVU of 0.18 appropriately accounts for the typical physician work involved in this service. The CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

RUC recommends 5 minutes of intra-service and total time. As described above, G0442 is only covered once per year and is typically billed with an AWW or office visit. 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, and make an assessment based on the information collected. As G0442 is typically performed with an E/M service, the RUC ensured that the time and work valuation is separate and distinct from same-day E/M services. Therefore, the RUC does not recommend any pre-service or post-service time for this code.

To justify a work RVU of 0.18, the RUC referenced the second top key 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* (work RVU= 0.18, total time of 7 minutes) and noted that although the reference code has two more minutes of physician time, 99211 does not require the presence of a physician or other qualified healthcare professional and is a less intense service.

The RUC also compared the surveyed code to CPT code 70250 *Radiologic examination, skull; less than 4 views* (work RVU= 0.18, intra-service time of 3 minutes, total time of 5 minutes) and noted that although the reference code typically involves two minutes less of intra-service time, both services typically involve the same amount of total time and should have a similar valuation. The RUC concluded that CPT code G0442 should be valued at the 25th percentile and current work RVU as supported by the survey and comparison codes. **The RUC recommends a work RVU of 0.18 for CPT code G0442.**

G0443 *Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes*

The RUC reviewed the survey results from 59 family medicine physicians, internal medicine physicians and nurse practitioners and determined that the survey 25th percentile work RVU of 0.60 appropriately accounts for the typical physician work involved in this service. The RUC recommends 10 minutes of intra-service time and 4 minutes of post-service time.

For patients who screen positive (G0442), 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. As G0443 is typically performed with an E/M service, the RUC ensured that the time and work valuation are separate and distinct from same-day E/M services and therefore is not recommending any pre-service time. The distinct work includes discussing the frequency of alcohol use, negative health and social consequences, and overall severity. Clinically appropriate goals are developed and follow-up is discussed.

To justify a work RVU of 0.60, the RUC referenced top key reference 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, total time of 16 minutes) and noted that 99212 typically involves 2 more minutes of total time, and therefore it is appropriate to assign a slightly lower valuation to the survey code as both services involve a similar intensity of physician or other qualified healthcare professional work.

The RUC also compared the surveyed code to CPT code 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* CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team. (work RVU= 0.61, intra-service and total time of 15 minutes) and noted that although the reference code involves somewhat more intra-service time, it is a less intense service as the physician or other qualified healthcare professional is directing clinical staff for the reference code instead of performing the service themselves. The reference code involves only one more minute of total time. The RUC concluded that CPT code G0443 should be valued at the 25th percentile as supported by the survey and comparison codes. **The RUC recommends a work RVU of 0.60 for CPT code G0443.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed and affirmed the direct practice inputs from April 2023 without modification. At the April 2023 meeting, 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 a 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 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 affirmed by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0442	Annual alcohol misuse screening, 5 to 15 minutes	XXX	0.18 (No Change)
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	XXX	0.60

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code: G0442 Tracking Number Original Specialty Recommended RVU: **0.18**
Global Period: XXX Current Work RVU: **0.18** Presented Recommended 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: 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: The physician/QHP reviews the responses to the screening instrument with the patient. The physician/QHP validates responses to the screening instrument and probes any issues with the patient as needed. The physician/QHP assesses the responses to determine if counseling, a referral, or treatment is needed.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Brad Fox, MD Charlie Hamori, MD Len Lichtenfeld, MD				
Specialty Society(ies):	American Academy of Family Physicians (AAFP) American College of Physicians (ACP) American Nurses Association (ANA)				
CPT Code:	G0442				
Sample Size:	24390	Resp N:	74		
Description of Sample:	A random sample of AAFP, ACP, and ANA members plus a Research Subcommittee-approved targeted survey sample of AAFP and ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners – by Provider and Service data set.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	14.00	90.00	300.00	2000.00
Survey RVW:	0.03	0.18	0.25	0.70	9.00
Pre-Service Evaluation Time:			2.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	4.00	5.00	10.00	25.00
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:	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:		5.00		
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99211	XXX	18.00	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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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: 25 % of respondents: 33.7 %

Number of respondents who choose 2nd Key Reference Code: 22 % of respondents: 29.7 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> <u>G0442</u>	<u>Top Key Reference CPT Code:</u> <u>99212</u>	<u>2nd Key Reference CPT Code:</u> <u>99211</u>
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	5.00	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	5.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	8%	40%	44%	8%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

12%

40%

48%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

20%

44%

36%

Physical effort required

28%

56%

16%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

12%

52%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

4%

14%

50%

27%

5%

Mental Effort and Judgment**Less****Identical****More**

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

18%

50%

32%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

41%

55%

4%

Physical effort required

36%

59%

5%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

19%

36%

45%

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The 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 (AWV) (G0439). The RUC database indicates that in 2021 G0442 was reported 815,675 times. 74.9% of the time, it was billed with G0439.

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 (AAFP, ANA, and ACP) submitted an action plan for the September 2022 RUC meeting. Following the action plan review, the RUC recommended that the code be surveyed. The three societies surveyed the code for the April 2023 RUC meeting. Despite sending the survey out to 8,500 members across the three societies, the societies failed to meet the minimum response rate for the survey.

At the April 2023 RUC meeting, the RUC directed the societies to keep the survey open, continue the survey and expand our sample size, hoping that we would achieve enough responses to meet the RUC response threshold. We subsequently secured Research Subcommittee approval to add a targeted survey sample of AAFP and ACP members who are identified as reporting this code in the Medicare Physician & Other Practitioners – by Provider and Service data set. In the end, between the surveys sent in April and September, the survey was sent to 24,390 AAFP, ANA, and ACP members. The specialties were able to meet the survey minimum for the September 2023 meeting.

Note that the data presented in this SOR referred to as the September survey, represents the combined data from the April 2023 and September 2023 surveys.

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 24,390 individuals. A total of 74 responses were received.

The societies recommend maintaining the existing work RVU of 0.18. The societies recommend 9 minutes total time with 2 minutes pre-time, 5 minutes intra-time, and 2 minutes post-time for code G0442.

Survey Results

Survey results from the 74 responses received are summarized below.

Work RVU

Min	25 th	Median	75 th	High
0.03	0.18	0.25	0.70	9.00

Time (median values)

Pre-Time	Intra-Time	Post-Time	Total Time
2	5	2	9

Time

When CMS created code G0442, it set the time as 15 minutes, based solely on the code descriptor at the time, and made all the time intra-service time. There was no survey underlying this time construct, which is why the time is labeled “CMS/Other” in the RUC Database.

Respondents to our survey have indicated that there is time in the pre-, intra-, and post-service periods. This time and work are distinct from those of the AWV at the same encounter:

- In the pre-service period, the physician/QHP reviews the responses and other patient records specific to prior screening and treatment for alcohol use disorders. Survey respondents said it typically takes them 2 minutes to review these responses. This screening instrument is not part of the AWV, so the time and work to review the responses to the instrument are not a part of the AWV either.
- In the intra-service period, the physician/QHP reviews the responses to the screening instrument with the patient, validates those responses, and probes any issues with the patient, as needed. The physician/QHP also assesses the responses to determine if counseling, a referral, or treatment is needed. Survey respondents said it typically takes them 5 minutes to go through this process with the patient. Since this screening is not part of the AWV, the time and work to go through this process is over and above that involved in the AWV.
- In the post-service period, the physician/QHP documents clarification of the patient’s response and referral or treatment plan in the patient’s record. Survey respondents said it typically takes them 2 minutes to perform this documentation. Again, since this screening is not part of the AWV, documentation of it is in addition to the documentation associated with the AWV itself.

To further test the robustness of the recommendation relative to the times from the survey, the specialties conducted a time analysis of RUC surveyed codes valued at 0.18 work RVUs. 22 RUC surveyed codes with a global period of XXX and a work RVU value of 0.18 were identified.

Total Time: RUC Surveyed, Global Period of XXX, Work RVU = 0.18

Min	25 th	Median	75 th	High
3.2	5	6	9	13

(Note 22 codes were identified using the RUC Database v2023)

Analyzing the total time for these 22 codes, the specialties found that the total time for G0442, of 9 minutes, fell into the 75th percentile. Put another way, three fourths of the RUC surveyed XXX codes with a work RVU of 0.18 have total time **less than** the 9 minutes recommended for G0442. Advisors concluded that this provided further support for their recommendation.

Comparators

The Advisors considered several comparators to support further their recommendation of 0.18 work RVUs. When the 0.18 work RVU recommendation is compared to compared to the following codes, the valuation seems appropriate and maintains rank order:

Code#	Descriptor	Work RVU	Total Time	Pre-Time	Intra-Time	Post Time
<i>Recommendation</i>						
G0442	Annual alcohol misuse screening, 5 to 15 minutes	0.18	9	2	5	2

Comparators

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)	0.18	8	1	5	2
70250	Radiologic examination, skull; less than 4 views	0.18	5	1	3	1

96374 (MPC code)	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	0.18	9	2	5	2
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	0.18	9	1	7	1
99211 (MPC code)	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	7	0	5	2

The Advisors concluded that these comparators provided further support of their recommendation.

Conclusion

AAFP, ACP, and ANA recommend:

- Work RVU: 0.18 work RVUs
- Time: 2 minutes pre-time, 5 minutes intra-time, 2 minutes post-time for a total time of 9 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.	G0439	XXX	1.92	7	30	10
4.	G0442	XXX	0.18	2	5	2
5.	TOTAL		2.10	9	35	12

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? 815,675

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 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

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: 0.60
Global Period: XXX	Current Work RVU: 0.45	Presented Recommended RVU: 0.60
		RUC Recommended RVU: 0.60

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: 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: N/A

Description of Intra-Service Work: The physician/QHP performs an intervention that 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, and occupational consequences that have occurred; and the overall severity of the problem. Feedback is accompanied by advice customized to the patient's unique medical and social situation about clinically appropriate behavioral change goals. The physician/QHP engages the patient in a joint decision-making process regarding alcohol use (most physicians/QHP use motivational interviewing techniques). 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. If medications such as naltrexone are prescribed, additional time discussing potential adverse reactions will be required.

Description of Post-Service Work: The physician/QHP documents clarification of the patient's response and referral or treatment plan in the patient's record. The physician/QHP reviews the responses and other patient records. Additional work might include discussing medications with pharmacy and obtaining prior authorizations.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023					
Presenter(s):	Brad Fox, MD Charlie Hamori, MD Len Lichtenfeld, MD					
Specialty Society(ies):	merican Academy of Family Physicians (AAFP) American College of Physicians (ACP) American Nurses Association (ANA)					
CPT Code:	G0443					
Sample Size:	24390	Resp N:	59			
Description of Sample:	A random sample of AAFP, ACP, and ANA members plus a Research Subcommittee-approved targeted survey sample of AAFP and ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners – by Provider and Service data set.					
		Low	25th pctl	Median*	75th pctl	High
Service Performance Rate		0.00	1.00	10.00	32.00	2000.00
Survey RVW:		0.05	0.60	0.74	0.90	10.00
Pre-Service Evaluation Time:				3.00		
Pre-Service Positioning Time:				0.00		
Pre-Service Scrub, Dress, Wait Time:				0.00		
Intra-Service Time:		0.00	7.00	10.00	15.00	30.00
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:	G0443	Recommended Physician Work RVU: 0.60		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		0.00	0.00	0.00
Pre-Service Positioning Time:		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 <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time

Immediate Post Service-Time:	4.00	4.00	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74220	XXX	0.60	RUC Time	101,875

CPT Descriptor 1 Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
95251	XXX	0.70	RUC Time	440,819

CPT Descriptor 2 CAmbulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
76700	XXX	0.81	RUC Time

CPT Descriptor Ultrasound, abdominal, real time with image documentation; complete

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 41 % of respondents: 69.4 %

Number of respondents who choose 2nd Key Reference Code: 4 % of respondents: 6.7 %

TIME ESTIMATES (Median)

	CPT Code: <u>G0443</u>	Top Key Reference CPT Code: <u>99212</u>	2nd Key Reference CPT Code: <u>99422</u>
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	10.00	11.00	15.00
Median Immediate Post-service Time	4.00	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	14.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	3%	29%	46%	22%

Mental Effort and Judgment

	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> • 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%	20%	75%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	17%	29%	54%
Physical effort required	17%	54%	29%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	15%	80%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	25%	75%	0%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> The number of possible diagnosis and/or the number of management options that must be considered The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed Urgency of medical decision making 	25%	25%	50%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	25%	50%	25%
Physical effort required	50%	25%	25%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	15%	80%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Compelling Evidence

The societies are requesting an increase in the valuation of the work RVU and, as such, are required to submit compelling evidence. Code G0443 has never been RUC surveyed, and the RUC database assigns “CMS/Other” as the time source for this code. Lacking a RUC survey, G0443 meets the following criteria for compelling evidence:

- Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as a flawed mechanism or methodology used in the previous valuation by either the RUC or CMS, for example, evidence that no pediatricians were consulted in assigning pediatric values or CMS/Other source codes; and/or

CMS established the value of G0443 based on a crosswalk to 97803 (Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes). That service (97803) is performed and reported almost entirely by registered dietitians and nutrition professionals (99%) and rarely by physicians (<1%). Meanwhile, G0443 is performed predominantly by physicians. This suggests a flawed assumption on the part of CMS regarding who would be providing this service and the nature of the work involved.

The societies appreciate the RUC’s consideration of our recommendation that this code meets the criteria for compelling evidence.

Background

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 plan for the September 2022 RUC meeting. Following a 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. Despite sending the survey out to 8,500 members across the three societies, the societies failed to meet the minimum response rate for the survey.

At the April 2023 RUC meeting, the RUC directed the societies to keep the survey open, continue the survey and expand our sample size, hoping that we would achieve enough responses to meet the RUC response threshold. We subsequently secured Research Subcommittee approval to add a targeted survey sample of AAFP and ACP members who are identified as reporting this code in the Medicare Physician & Other Practitioners – by Provider and Service data set. In the end, between the surveys sent in April and September, the survey was sent to 24,390 AAFP, ANA, and ACP members. The specialties were able to meet the survey minimum for the September 2023 meeting.

Note that the data presented in this SOR referred to as the September survey, represents the combined data from the April 2023 and September 2023 surveys.

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 24,390 individuals. A total of 59 responses were received.

The societies recommend the survey 25th percentile of 0.60 work RVU. The societies recommend 17 minutes total time with 3 minutes pre-time, 10 minutes intra-time, and 4 minutes post-time for code G0443.

Survey Results

Survey results from the 59 responses received are summarized below.

Work RVU

Min	25 th	Median	75 th	High
0.05	0.60	0.74	0.90	10.00

Time (median values)

Pre-Time	Intra-Time	Post-Time	Total Time
3	10	4	17

Time

When CMS created code G0443, it set the time as 15 minutes, based solely on the code descriptor at the time, and made all the time intra-service time. There was no survey underlying this time construct, which is why the time is labeled “CMS/Other” in the RUC Database.

Respondents to our survey have indicated that there is time in the pre-, intra-, and post-service periods.

- In the pre-service period, the physician/QHP reviews the patient’s record prior to the visit specific to alcohol use disorders. Survey respondents indicated this typically takes 2 minutes.
- In intra-service period, the physician/QHP performs an intervention that 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, and occupational consequences that have occurred; and the overall severity of the problem. Feedback is accompanied by advice customized to the patient's unique medical and social situation about clinically appropriate behavioral change goals. The physician/QHP engages the patient in a joint decision-making process regarding alcohol use (most physicians/QHP use motivational interviewing techniques). 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. If medications such as naltrexone are prescribed, additional time discussing potential adverse reactions will be required. Survey respondents indicated this behavioral counseling typically takes 10 minutes.
- In the post-service period, the physician/QHP documents clarification of the patient’s response and referral or treatment plan in the patient’s record. The physician/QHP reviews the responses and other patient records. Additional work might include discussing medications with pharmacy and obtaining prior authorizations. Survey respondents indicated work typically takes 4 minutes.

Increase in Valuation

G0443 is reported for a subset of G0442 patients who have been diagnosed with alcohol misuse. Over the years, the data reviewed and analyzed for these patients has increased in volume and complexity. Patients are often reluctant to engage and try to obfuscate. These can be complicated and intense interactions that may require the physician or nurse practitioner to probe and press the patient for a response.

With this in mind, advisors discussed the appropriateness of recommending the survey’s 25th percentile, which represented an increase in valuation from the current value. The advisors noted that it was a robust survey of 59 responses and that the total time of 17 minutes is greater than that of comparably valued services (discussed below). Advisors also observed that when comparing the various iterations of the survey, the 25th percentile ranged from 0.56-0.68, with 0.60 being in the middle.

25th Percentile Work RVU G0443: Various Survey Iterations

April 2023 -Only	September 2023-Only	April 2023 + September 2023
------------------	---------------------	-----------------------------

(15 responses)	(44 responses)	(59 responses)
0.56	0.68	0.60

For these reasons, the advisors felt data supported this recommendation.

Comparators

The Advisors considered several comparators to further support their recommendation of 0.60 work RVUs. When the 0.60 work RVU recommendation is compared to the codes below, the valuation seems appropriate and maintains rank order:

Code#	Descriptor	Work RVU	Total Time	Pre-Time	Intra-Time	Post Time
<i>Recommendation</i>						
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	0.60	17	3	10	4

Comparators

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	15	3	10	2
74220 (MPC code)	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	0.60	16	3	10	3
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral	0.60	15	3	10	2
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	0.61	15		15	

The Advisors concluded that these comparators provided further support for their recommendation.

Conclusion

AAFP, ACP and ANA recommend:

- Work RVU: 0.60 work RVUs
- Time: 3 minutes pre-time, 10 minutes intra-time, 4 minutes post-time for 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: 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.

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: 15																												
3																													
4																													
5	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
6									MIN	25th	MED	75th	MAX		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	25	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	22	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	April 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	September SVY	G0442	Annual alcohol misuse screening, 5 to 15 minutes	XXX	Sep-23	57	0.037	0.031	0.03	0.18	0.25	0.70	9.00	8	1			0	4	5	8	15	2	0	24	100	313	2000	
11	Apr+Sep SVY	G0442	Annual alcohol misuse screening, 5 to 15 minutes	XXX	Apr+Sep-23	74	0.032	0.028	0.03	0.18	0.25	0.70	9.00	9	2			0	4	5	10	25	2	0	14	90	300	2000	
12	Sept. Target	G0442	Annual alcohol misuse screening, 5 to 15 minutes	XXX	Sep-23	42	0.03056	0.028	0.03	0.17	0.22	0.70	9.00	8	1			1	4	5	5	15	2	3	50	125	400	2000	
13	Random	G0442	Annual alcohol misuse screening, 5 to 15 minutes	XXX	Sep-23	32	0.040	0.033	0.03	0.20	0.43	0.70	2.10	13	2			0	3	8	11	25	3	0	3	20	100	500	
14	REC	G0442	Annual alcohol misuse screening, 5 to 15 minutes	XXX			0.036	0.036			0.18			5	0					5		0							
15																													
16																													
17																													
18	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE					
19									MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
19	1st REF	99212	Office or other outpatient visit for the evaluation and management of an established patient,	XXX	2019	41	0.044	0.044			0.70			16	2						11		3						
20	2nd REF	99422	Online digital evaluation and management service, for an established patient, for up to 7	XXX	2019	4	0.033	0.033			0.50			15							15								
21	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								
22	April 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	
23	September SVY	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	XXX	Sep-23	44	0.056	0.044	0.05	0.68	0.75	0.90	10.00	17	3			0	7	11	15	20	3	0	2	10	50	2000	
24	Apr+Sep SVY	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	XXX	Apr+Sep-23	59	0.058	0.044	0.05	0.60	0.74	0.90	10.00	17	3			0	7	10	15	30	4	0	1	10	32	2000	
25	Sept. Target	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	XXX	Sep-23	33	0.062	0.047	0.05	0.50	0.75	0.90	10.00	16	3			5	7	10	15	17	3	0	5	14	100	2000	
26	Random	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	XXX	Sep-23	26	0.047	0.037	0.05	0.62	0.70	0.84	1.00	19	3			0	7	11	15	30	5	0	0	5	20	200	
27	REC	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	XXX			0.051	0.043			0.60			14	0					10		4							

August 29, 2023

Scott Manaker, MD, PhD
Chair, Practice Expense Subcommittee
Relative Value Scale Update Committee (RUC)
American Medical Association
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Manaker,

The American Academy of Family Physicians, American College of Physicians, and American Nurses Association presented the practice expenses for Tab 15 (*Annual Alcohol Screening (G0442, G0443)*), Tab 16 (*Annual Depression Screening (G0444)*), and Tab 17 (*Behavioral Counseling/Therapy (G0445, G0446, G0447)*) at the April 2023 RUC meeting. At that meeting, the specialties, the Practice Expense Subcommittee, and the RUC agreed upon a set of direct practice expense inputs for each of the codes in these three tabs.

At the April 2023 RUC meeting, the RUC directed us to continue the survey of work for each of these codes due to an insufficient number of survey responses. We did that and will be presenting recommendations related to work and physician/qualified healthcare professional time at this meeting. However, we do not believe any of those recommendations will impact the direct practice expense inputs agreed upon in April. Accordingly, we request that the Practice Expense Subcommittee affirm its April 2023 recommendations regarding the inputs for each of these codes at its September 2023 meeting.

Thank you for your time and consideration. If there are any questions or needs from the Practice Expense Subcommittee in advance of the meeting, please let us know.

Sincerely,

Brad Fox, MD
American Academy of Family Physicians

Charles Hamori, MD
American College of Physicians

Korinne Van Keuren, DNP
American Nurses Association

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)Meeting Date: 04/2023 and 09/2023

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.

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)

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)**

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.

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

(Not applicable)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 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)

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)**

[Empty box]

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)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- a. If yes, please explain how the computer is used for this service(s).
 - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
 - c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 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
See notes at end of SOR.

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)

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).

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))

April Recommendation:

The equipment time for EF023 *table, exam* was reduced from 15 minutes to 13 minutes which is equal to the revised 5 minutes of clinical staff time plus 8 minutes of physician/QHP time and reflects the median from survey.

September Recommendation:

The equipment time for EF023 *table, exam* was reduced from 13 minutes to 10 minutes which is equal to the 5 minutes of clinical staff time plus 5 minutes of physician/QHP time and reflects the median from the recent 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							RECOMMENDED - Affirmation of April 2023 Recommendations		RECOMMENDED - Affirmation of April 2023 Recommendations			
2						CURRENT				CURRENT			
3		RUC Collaboration Website				G0442		G0442		G0443		G0443	
4	Clinical Activity Code	Meeting Date: 04/2023, 09/2023 Revision Date (if applicable): April 14, 2023 Tab: 10, 15 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	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 minutes	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
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		<i>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.</i>											
110	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute								
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
112	EF023			Other Formula		15		10		15		10	
113													
114													
115													
116													
117													
118		<i>Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.</i>											

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

September 2023

Annual Depression Screening – Tab 16

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 or 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 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*, 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. In September 2022, the RUC recommended that this service be surveyed for April 2023 after CMS publishes revised code descriptions in the Final Rule for 2023.

The specialty societies surveyed depression screening code G0444 for the April 2023 RUC meeting but did not obtain the required number of survey responses. 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 G0444 and match them with societies to survey those individuals. The specialty societies were also encouraged to expand their random survey sample to other sections of their membership that are more likely to perform this service. As a result, the specialty societies continued to collect survey responses for the September 2023 RUC meeting and worked with the Research Subcommittee to identify a targeted survey sample in addition to an expanded random sample. The specialties were successful in exceeding the minimum number of survey responses for the code for the September 2023 RUC meeting.

G0444 *Annual depression screening, 5 to 15 minutes*

The RUC reviewed the survey results from 94 physicians and recommends a work RVU of 0.18 based on the current work RVU that is supported by other similar services in the MFS. The RUC recommends 5 minutes intra-service and total time. As G0444 is typically performed with an E/M service, the RUC removed all pre- and post-service time to ensure that the time and work valuation is separate and distinct from same-day E/M services.

For this screening, the physician or qualified healthcare professional (QHP) reviews the responses to the completed screening instrument with the patient. The physician or QHP validates responses to the screening instrument and probes any issues with the patient as needed. The physician or QHP assesses the responses to determine if counseling, a referral, or treatment is needed. The physician or QHP documents clarification of the patient's response and referral or treatment plan.

To support the recommended work RVU, the RUC compared the surveyed code to second key 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* (work RVU = 0.18 and 7 minutes total time) and top key reference 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). The key reference services appropriately bracket the surveyed code. The second key reference service, 99211, has an identical work RVU, although slightly lower times and the first key reference service, 99212, has overall higher times and an appropriately higher work RVU.

For additional support, the RUC compared the surveyed code to MPC code 96374 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug* (work RVU = 0.18, 5 minutes intra-service, 9 minutes total time) and noted that the work value recommendation for the surveyed code is identical to the comparator code given the identical intra-service time and similar total time. **The RUC recommends a work RVU of 0.18 for code G0444.**

Practice Expense

The Practice (PE) Subcommittee reviewed and affirmed the direct practice inputs from April 2023 without modification. At the April 2023 meeting, the 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 affirmed by the Practice Expense Subcommittee.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0444	Annual depression screening, 5 to 15 minutes	XXX	0.18 (No Change)

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:G0444	Tracking Number N/A	Original Specialty Recommended RVU: 0.18
Global Period: XXX	Current Work RVU: 0.18	Presented Recommended RVU: 0.18
		RUC Recommended 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: 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: N/A

Description of Intra-Service Work: The physician/QHP reviews the responses to the screening instrument with the patient. The physician/QHP validates responses to the screening instrument and probes any issues with the patient as needed. The physician/QHP assesses the responses to determine if counseling, a referral, or treatment is needed.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Brad Fox, MD Charlie Hamori, MD Len Lichtenfeld, MD				
Specialty Society(ies):	American Academy of Family Physicians (AAFP) American College of Physicians (ACP) American Nurses Association (ANA)				
CPT Code:	G0444				
Sample Size:	24390	Resp N:	94		
Description of Sample:	A random sample of AAFP, ACP, and ANA members plus a Research Subcommittee-approved targeted survey sample of AAFP and ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners – by Provider and Service data set.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	33.00	100.00	367.00	3600.00
Survey RVW:	0.03	0.20	0.48	0.70	10.00
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	4.00	5.00	10.00	30.00
Immediate Post Service-Time:	3.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00
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	2.00	-2.00
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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
		Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time

Immediate Post Service-Time:	0.00	3.00	-3.00
------------------------------	------	------	-------

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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 Mucocoele, 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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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: 35 % of respondents: 37.2 %

Number of respondents who choose 2nd Key Reference Code: 23 % of respondents: 24.4 %

TIME ESTIMATES (Median)

	<u>CPT Code:</u> <u>G0444</u>	<u>Top Key Reference CPT Code:</u> <u>99212</u>	<u>2nd Key Reference CPT Code:</u> <u>99211</u>
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	5.00	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	5.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	6%	37%	37%	20%

Mental Effort and Judgment

Less Identical More

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

6%	34%	60%
----	-----	-----

Technical Skill/Physical Effort

Less Identical More

Technical skill required

15%	46%	39%
-----	-----	-----

Physical effort required

20%	51%	29%
-----	-----	-----

Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

6%	31%	63%
----	-----	-----

Survey Code Compared to 2nd Key Reference Code

Much Less Somewhat Less Identical Somewhat More Much More

Overall intensity/complexity

4%	9%	48%	35%	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

17%	43%	40%
-----	-----	-----

Technical Skill/Physical Effort

Less Identical More

Technical skill required

30%	52%	18%
-----	-----	-----

Physical effort required

35%	57%	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

13%	30%	57%
-----	-----	-----

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The 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 (AWV) (G0439). The RUC database indicates that in 2021 G0444 was reported 2,142,759 times. 79% of the time G0444 was billed with G0439.

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 plan for the September 2022 RUC meeting. Following the action plan review, the RUC recommended that the code be surveyed. The societies surveyed the code for the April 2023 RUC meeting. Despite sending the survey out to 8,500 members across the three societies, the societies failed to meet the minimum response rate for the survey.

At the April 2023 RUC meeting, the RUC directed the societies to keep the survey open, continue the survey and expand our sample size, hoping that we would achieve enough responses to meet the RUC response threshold. We subsequently secured Research Subcommittee approval to add a targeted survey sample of AAFP and ACP members who are identified as reporting this code in the Medicare Physician & Other Practitioners – by Provider and Service data set. In the end, between the surveys sent in April and September, the survey was sent to 24,390 AAFP, ANA, and ACP members. The specialties were able to meet the survey minimum for the September 2023 meeting.

Note that the data presented in this SOR referred to as the September survey, represents the combined data from the April 2023 and September 2023 surveys.

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 24,390 individuals. A total of 94 responses were received.

The societies recommend maintaining the existing work RVU of 0.18. The societies recommend 10 minutes total time with 2 minutes pre-time, 5 minutes intra-time, and 3 minutes post-time for code G0444.

Survey Results

Survey results from the 94 responses received are summarized below.

Work RVU

Min	25 th	Median	75 th	High
0.03	0.20	0.48	0.70	10.00

Time (median values)

Pre-Time	Intra-Time	Post-Time	Total Time
2	5	3	10

Time

When CMS created code G0444, it set the time as 15 minutes, based solely on the code descriptor at the time, and made all the time intra-service time. There was no survey underlying this time construct, which is why the time is labeled “CMS/Other” in the RUC Database.

Respondents to our survey have indicated that there is time in the pre-, intra-, and post-service periods. This time and work are distinct from those of the AWV at the same encounter:

- In the pre-service period, the physician/QHP reviews the responses to the screening instrument and the medical record specific to prior psychiatric diagnoses and medications. Survey respondents said it typically takes them 2 minutes to review these responses. This screening instrument is not part of the AWV, so the time and work to do this review are not a part of the AWV either.
- In the intra-service period, the physician/QHP reviews the responses to the screening instrument with the patient, validates those responses, and probes any issues with the patient, as needed. The physician/QHP also assesses the responses to determine if counseling, a referral, or treatment is needed. Survey respondents said it typically takes them 5 minutes to go through this process with the patient. Since this screening is not part of the AWV, the time and work to go through this process is over and above that involved in the AWV.
- In the post-service period, the physician/QHP documents clarification of the patient’s response and referral or treatment plan in the patient’s record. Survey respondents said it typically takes them 3 minutes to perform this documentation. Again, since this screening is not part of the AWV, documentation of it is in addition to the documentation associated with the AWV itself.

To further test the robustness of the recommendation relative to the times from the survey, the specialties conducted a time analysis of RUC surveyed codes valued at 0.18 work RVUs. 22 RUC surveyed codes with a global period of XXX and a work RVU value of 0.18 were identified.

Total Time: RUC Surveyed, Global Period of XXX, Work RVU = 0.18

Min	25 th	Median	75 th	High
3.2	5	6	9	13

(Note 22 codes were identified using the RUC Database v2023)

Analyzing total time of the 22 codes, the specialties found that the total time for G0444, of 10 minutes, fell very close to the 75th percentile. Put another way, three fourths of the RUC surveyed XXX codes with a work RVU of 0.18 have total time **less than** the 10 minutes recommended for G0444. Advisors concluded that this provided further support for their recommendation.

Comparators

The Advisors considered several comparators to support further their recommendation of 0.18 work RVUs. When the recommended value of 0.18 is compared to these services, it seems appropriate and maintains rank order.

Code#	Descriptor	Work RVU	Total Time	Pre-Time	Intra-Time	Post Time
<i>Recommendation</i>						
G0444	Annual depression screening, 5 to 15 minutes	0.18	10	2	5	3

Comparators

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)	0.18	8	1	5	2
70250	Radiologic examination, skull; less than 4 views	0.18	5	1	3	1
96374 (MPC)	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	0.18	9	2	5	2

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 separately 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

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: 16																											
3																												
4	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
5									MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
6	1st REF	99212	Office or other outpatient visit for the evaluation and management of an	XXX	2019	35	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	23	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	April 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
10	September SVY	G0444	Annual depression screening, 5 to 15 minutes	XXX	Sep-23	72	0.054	0.038	0.03	0.20	0.38	0.70	10.00	10	2			1	4	5	10	22	3	0	65	200	500	3600
11	Apr+Sep SVY	G0444	Annual depression screening, 5 to 15 minutes	XXX	Apr+Sep-23	94	0.074	0.048	0.03	0.20	0.48	0.70	10.00	10	2			1	4	5	10	30	3	0	33	100	367	3600
12	Sept. Target	G0444	Annual depression screening, 5 to 15 minutes	XXX	Sep-23	54	0.048	0.035	0.03	0.20	0.35	0.70	10.00	10	2			1	4	5	10	22	3	0	100	200	500	3600
13	Random	G0444	Annual depression screening, 5 to 15 minutes	XXX	Sep-23	40	0.043	0.033	0.03	0.22	0.50	0.80	2.10	15	2			1	4	8	11	30	5	0	11	48	200	1452
14	REC	G0444	Annual depression screening, 5 to 15 minutes	XXX			0.036	0.036			0.18			5	0					5			0					

August 29, 2023

Scott Manaker, MD, PhD
Chair, Practice Expense Subcommittee
Relative Value Scale Update Committee (RUC)
American Medical Association
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Manaker,

The American Academy of Family Physicians, American College of Physicians, and American Nurses Association presented the practice expenses for Tab 15 (*Annual Alcohol Screening (G0442, G0443)*), Tab 16 (*Annual Depression Screening (G0444)*), and Tab 17 (*Behavioral Counseling/Therapy (G0445, G0446, G0447)*) at the April 2023 RUC meeting. At that meeting, the specialties, the Practice Expense Subcommittee, and the RUC agreed upon a set of direct practice expense inputs for each of the codes in these three tabs.

At the April 2023 RUC meeting, the RUC directed us to continue the survey of work for each of these codes due to an insufficient number of survey responses. We did that and will be presenting recommendations related to work and physician/qualified healthcare professional time at this meeting. However, we do not believe any of those recommendations will impact the direct practice expense inputs agreed upon in April. Accordingly, we request that the Practice Expense Subcommittee affirm its April 2023 recommendations regarding the inputs for each of these codes at its September 2023 meeting.

Thank you for your time and consideration. If there are any questions or needs from the Practice Expense Subcommittee in advance of the meeting, please let us know.

Sincerely,

Brad Fox, MD
American Academy of Family Physicians

Charles Hamori, MD
American College of Physicians

Korinne Van Keuren, DNP
American Nurses Association

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
 PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 04/2023 and 09/2023

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.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): G0444
SPECIALTY SOCIETY(IES): AAFP, ACP, ANA
PRESENTER(S): Brad Fox,
MD, Charlie Hamori, MD

**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 than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

(Not applicable)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 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:

(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 Latitude D600), ED038?
 - a. If yes, please explain how the computer is used for this service(s).
 - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
 - c. Does the computer include code specific software that is typically used to provide the service(s)?

No

- 23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 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
See notes at end of SOR.

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).

**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))

April Recommendation:

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.

September Recommendation:

The equipment time for EF023 *table, exam* was reduced from 13 minutes to 10 minutes which is equal to 5 minutes of clinical staff time plus 5 minutes of physician/QHP time and reflects the median from the recent survey.

	A	B	D	E	F	I	J	K	L
1		RUC Practice Expense Spreadsheet				CURRENT		RECOMMENDED - Affirmation of April 2023 Recommendations	
2						G0444		G0444	
3		<u>RUC Collaboration Website</u>							
4	Clinical Activity Code	Meeting Date: 04/2023, 09/2023 Revision Date (if applicable): April 14, 2023 Tab: 11, 16 Specialty: AAFP, ACP, ANA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Annual depression screening, 5 to 15 minutes		Annual depression screening, 5 to 15 minutes	
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 - Affirmation of April 2023 Recommendations	
2						G0444		G0444	
3		<u>RUC Collaboration Website</u>				Annual depression screening, 5 to 15 minutes		Annual depression screening, 5 to 15 minutes	
4	Clinical Activity Code	Meeting Date: 04/2023, 09/2023 Revision Date (if applicable): April 14, 2023 Tab: 11, 16 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		<i>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.</i>							
110	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ -	\$ -	\$ -	\$ -
112	EF023			Other Formula		15		10	
113									
114									
115									
116									
117									
118		<i>Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.</i>							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

September 2023

Behavioral Counseling/Therapy – Tab 17

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.

The specialty societies surveyed behavioral counseling codes G0445-G0447 for the April 2023 RUC meeting but did not obtain the required number of survey responses. The RUC recommended that 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 G0445-G0447 and match them with societies to survey those individuals. The specialty societies were also encouraged to expand their random survey sample to other sections of their membership that are more likely to perform these services. As a result, the specialty societies continued to collect survey responses for the September 2023 RUC meeting and worked with the Research Subcommittee to identify a targeted survey sample in addition to an expanded random sample. The specialty societies were again unable to achieve the required minimum number of survey responses for any of the codes in this family for the September 2023 RUC meeting.

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

The RUC reviewed the survey results from 22 family medicine and internal medicine physicians and noted that the required minimum number of survey responses, 30, was not achieved. Also, the RUC noted that G0445 is a CMS-created time-based code with 30 minutes of time assigned in the code's long descriptor. The RUC acknowledged that this low-volume service is assigned the same value currently as G0446 and G0447 though twice the amount of physician time. **Given the constraints of an insufficient number of survey responses and this being a CMS-created time-based code, the RUC determined it would be most appropriate to maintain the current times and values at this time.** The RUC would also flag this service for review in 3 years and for the service to not be used as a comparison code.

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.

To justify maintaining a work value of 0.45, the RUC compared the surveyed code to top key reference 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, 16 minutes of total time) and noted that this reference code supports maintaining the current value for the surveyed code and would not overvalue the service. **The RUC recommends a work RVU of 0.45 for CPT code G0445.**

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G0446 Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes

The RUC reviewed the survey results from 26 family medicine and internal medicine physicians and noted that the required minimum number of survey responses was not achieved (at least 50 survey responses for a service with Medicare volume between 100,000 and 1 million claims). The RUC recommends 15 minutes intra-service and total time. **Given the constraints of an insufficient number of survey responses and this being a CMS-created time-based code, the RUC determined it would be most appropriate to maintain the current times and values at this time.** The RUC would also flag this service for review in 3 years and for the service to not be used as a comparison code.

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.

To justify maintaining a work value of 0.45, the RUC compared the survey code to top key reference 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, 16 minutes of total time) and noted that this reference code supports that maintaining the current value for the survey code would not overvalue the service. The RUC also compared the surveyed code to MPC code 99407 *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes* (work RVU=0.50, intra-service and total time of 15 minutes).

As G0446 is typically performed with an E/M service, the RUC ensured that maintaining the current value would assign a valuation that did not include duplicative work from a same-day E/M service. **The RUC recommends a work RVU of 0.45 for CPT code G0446.**

G0447 Face-to-face behavioral counseling for obesity, 15 minutes

The RUC reviewed the survey results from 35 family medicine and internal medicine physicians and noted that the required minimum number of survey responses was not achieved (at least 50 survey responses for a service with Medicare volume between 100,000 and 1 million claims). The RUC recommends 15 minutes of intra-service and total time. **Given the constraints of an insufficient number of survey responses and this being a CMS-created time-based code, the RUC determined it would be most appropriate to maintain the current times and values at this time.** The RUC would also flag this service for review in 3 years and for the service to not be used as a comparison code.

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.

To justify maintaining a work value of 0.45, the RUC compared the surveyed code to top key reference 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, 16 minutes of total time) and noted that this reference code supports that maintaining the current value for the

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surveyed code would not overvalue the service. The RUC also compared the surveyed code to MPC code 99407 *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes* (work RVU=0.50, intra-service and total time of 15 minutes).

As G0447 is typically performed with an E/M service, the RUC ensured that maintaining the current value would assign a valuation that did not include duplicative work from a same-day E/M service. **The RUC recommends a work RVU of 0.45 for CPT code G0447.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed and affirmed the direct practice inputs from April 2023 without modification. At the April 2023 meeting, 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. **The RUC recommends the direct practice expense inputs as affirmed by the Practice Expense Subcommittee.**

Relativity Assessment Workgroup Review

The RUC recommends that the Relativity Assessment Workgroup review CPT codes G0445, G0446 and G0447 in three years as these services did not achieve the required minimum number of survey responses. Also, as G0445 and G0446 did not achieve 30 responses, specialty societies will be asked in three years to submit an action plan indicating whether these services should be resurveyed, referred to CPT to create a Category I code or referred to CMS for deletion or revision.

RUC Database Flag

CMS HCPCS codes G0445, G0446 and G0447 did not achieve the required number of survey responses and therefore would not be appropriate comparators for other services. The RUC notes that they will be flagged as “**Do not use to validate for physician work.**”

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	0.45 (No Change)

G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	XXX	0.45 (No Change)
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	XXX	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: 63%

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)	09/2023				
Presenter(s):	Brad Fox, MD, Charlie Hamori, MD, FACP				
Specialty Society(ies):	American Academy of Family Physicians, American College of Physicians				
CPT Code:	G0445				
Sample Size:	17244	Resp N:	22		
Description of Sample:	Random sample of AAFP and ACP members plus a Research Subcommittee-approved targeted survey sample of AAFP and ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners – by Provider and Service data set				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	10.00	43.00	500.00
Survey RVW:	0.25	0.66	0.83	1.00	3.00
Pre-Service Evaluation Time:			4.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	3.00	13.00	15.00	20.00	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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99231	XXX	1.00	RUC Time

CPT Descriptor 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. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99407	XXX	0.50	RUC Time	64,547

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 12 % of respondents: 54.5 %

Number of respondents who choose 2nd Key Reference Code: 3 % of respondents: 13.6 %

TIME ESTIMATES (Median)

	CPT Code: <u>G0445</u>	Top Key Reference CPT Code: <u>99212</u>	2nd Key Reference CPT Code: <u>99231</u>
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	30.00	11.00	25.00
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	30.00	16.00	25.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	33%	58%	8%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	50%	50%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	8%	75%	17%
Physical effort required	8%	58%	33%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%	42%	58%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	33%	33%	0%	33%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> The number of possible diagnosis and/or the number of management options that must be considered The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed Urgency of medical decision making 	33%	33%	33%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	33%	33%	33%
Physical effort required	0%	100%	0%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> 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%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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 initially randomly surveyed 7,500 members for the April 2023 RUC meeting. 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. At the April 2023 RUC meeting, the RUC directed us to continue the survey and expand our sample size in hopes that we would achieve enough responses to meet the RUC response threshold. We subsequently secured Research Subcommittee approval to add a targeted survey sample of AAFP and ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners – by Provider and Service data set. In the end, the survey was sent to 17,244 AAFP and ACP members and still only achieved 22 responses, less than the 30 needed for a code with this one’s volume of services.

Accordingly, the specialties recommend that the RUC accept the current value and time as set by CMS and flag the code for resurvey in two years. 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 counseling 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.

3. Code Global Work RVU Pre Intra Post

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: 76%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: (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)	09/2023				
Presenter(s):	Brad Fox, MD, Charlie Hamori, MD, FACP				
Specialty Society(ies):	American Academy of Family Physicians, American College of Physicians				
CPT Code:	G0446				
Sample Size:	17244	Resp N:	26		
Description of Sample:	Random sample of AAFP and ACP members plus a Research Subcommittee-approved targeted survey sample of AAFP and ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners – by Provider and Service data set				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	30.00	100.00	1200.00
Survey RVW:	0.17	0.70	0.80	1.00	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	6.00	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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99407	XXX	0.50	RUC Time	64,547

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 14 % of respondents: 53.8 %

Number of respondents who choose 2nd Key Reference Code: 3 % of respondents: 11.5 %

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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	36%	36%	29%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	36%	64%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	7%	50%	43%

Physical effort required	7%	43%	50%
--------------------------	----	-----	-----

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	50%	50%
----	-----	-----

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More**

Overall intensity/complexity	0%	0%	67%	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

0%	67%	33%
----	-----	-----

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	0%	67%	33%
--------------------------	----	-----	-----

Physical effort required	0%	33%	67%
--------------------------	----	-----	-----

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

0%	33%	67%
----	-----	-----

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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 for the April 2023 RUC meeting. 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. At the April 2023 RUC meeting, the RUC directed us to continue the survey and expand our sample size in hopes that we would achieve enough responses to meet the RUC response threshold. We subsequently secured Research Subcommittee approval to add a targeted survey sample of AAFP and ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners – by Provider and Service data set. In the end, the survey was sent to 17,244 AAFP and ACP members and still only achieved 26 responses, less than the 50 needed for a code with this one’s volume of services.

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

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

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: 80%

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)	09/2023				
Presenter(s):	Brad Fox, MD, Charlie Hamori, MD, FACP				
Specialty Society(ies):	American Academy of Family Physicians, American College of Physicians				
CPT Code:	G0447				
Sample Size:	17244	Resp N:	35		
Description of Sample:	Random				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	50.00	130.00	500.00
Survey RVW:	0.17	0.70	0.80	1.00	35.00
Pre-Service Evaluation Time:			4.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	3.00	9.00	15.00	16.00	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:	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 <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99423	XXX	0.80	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; 21 or more 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99407	XXX	0.50	RUC Time	64,547

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 19 % of respondents: 54.2 %

Number of respondents who choose 2nd Key Reference Code: 4 % of respondents: 11.4 %

TIME ESTIMATES (Median)

	CPT Code: <u>G0447</u>	Top Key Reference CPT Code: <u>99212</u>	2nd Key Reference CPT Code: <u>99423</u>
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	15.00	11.00	25.00
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	25.00
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	37%	37%	26%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	37%	63%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	32%	26%	42%
Physical effort required	21%	37%	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

11%	37%	53%
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Survey Code Compared to 2nd Key Reference Code

Much Less Somewhat Less Identical Somewhat More Much More

Overall intensity/complexity	0%	25%	75%	0%	0%
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Mental Effort and Judgment

Less Identical More

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

50%	50%	0%
-----	-----	----

Technical Skill/Physical Effort

Less Identical More

Technical skill required	25%	50%	25%
--------------------------	-----	-----	-----

Physical effort required	25%	75%	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%	75%	25%
----	-----	-----

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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 for the April 2023 RUC meeting. 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. At the April 2023 RUC meeting, the RUC directed us to continue the survey and expand our sample size in hopes that we would achieve enough responses to meet the RUC response threshold. We subsequently secured Research Subcommittee approval to add a targeted survey sample of AAFP and ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners – by Provider and Service data set. In the end, the survey was sent to 17,244 AAFP and ACP members and still only achieved 35 responses, less than the 50 needed for a code with this one’s volume of services..

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

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.

August 29, 2023

Scott Manaker, MD, PhD
Chair, Practice Expense Subcommittee
Relative Value Scale Update Committee (RUC)
American Medical Association
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Dear Dr. Manaker,

The American Academy of Family Physicians, American College of Physicians, and American Nurses Association presented the practice expenses for Tab 15 (*Annual Alcohol Screening (G0442, G0443)*), Tab 16 (*Annual Depression Screening (G0444)*), and Tab 17 (*Behavioral Counseling/Therapy (G0445, G0446, G0447)*) at the April 2023 RUC meeting. At that meeting, the specialties, the Practice Expense Subcommittee, and the RUC agreed upon a set of direct practice expense inputs for each of the codes in these three tabs.

At the April 2023 RUC meeting, the RUC directed us to continue the survey of work for each of these codes due to an insufficient number of survey responses. We did that and will be presenting recommendations related to work and physician/qualified healthcare professional time at this meeting. However, we do not believe any of those recommendations will impact the direct practice expense inputs agreed upon in April. Accordingly, we request that the Practice Expense Subcommittee affirm its April 2023 recommendations regarding the inputs for each of these codes at its September 2023 meeting.

Thank you for your time and consideration. If there are any questions or needs from the Practice Expense Subcommittee in advance of the meeting, please let us know.

Sincerely,

Brad Fox, MD
American Academy of Family Physicians

Charles Hamori, MD
American College of Physicians

Korinne Van Keuren, DNP
American Nurses Association

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 and 09/2023

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

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)**

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.

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)

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)**

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)

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

(Not applicable)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 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.

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)**

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:

(Not applicable)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?

a. If yes, please explain how the computer is used for this service(s).

b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?

c. Does the computer include code specific software that is typically used to provide the service(s)?

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

See notes at end of SOR.

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)

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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. 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

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)

September Recommendation G0447:

The equipment time for EF023 *table, exam* was increased from 15 minutes to 17 minutes which is equal to 2 minutes of clinical staff time plus 15 minutes of physician/QHP time *and reflects the median from the recent survey.*

	A	B	D	E	F	I	J	K	L	M	N
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED - Affirmation of April 2023 Recommendations		CURRENT	
2						G0445		G0445		G0446	
3		<u>RUC Collaboration Website</u>									
4	Clinical Activity Code	Meeting Date: 04/2023, 09/2023 Revision Date (if applicable): April 14, 2023 Tab: 12, 17 Specialty: AAFP, ACP	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	High intensity behavioral counseling to prevent sexually transmitted		High intensity behavioral counseling to prevent sexually transmitted		Annual, face-to-face intensive behavioral therapy for cardiovascular	
5		LOCATION				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
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D			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
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D			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	
103	SK057							10			
104											
105											
106											
107											
108		<i>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.</i>									
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	
113	EP016			Other Formula		45		0		0	
114	EF023			Other Formula		20		17		15	
115											
116											
117											
118		<i>Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.</i>									

	A	B	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet		RECOMMENDED - Affirmation of April 2023 Recommendations		CURRENT		RECOMMENDED - Affirmation of April 2023 Recommendations	
2			G0446		G0447		G0447	
3		<u>RUC Collaboration Website</u>						
4	Clinical Activity Code	Meeting Date: 04/2023, 09/2023 Revision Date (if applicable): April 14, 2023 Tab: 12, 17 Specialty: AAFP, ACP	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
6		GLOBAL PERIOD						
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8		TOTAL CLINICAL STAFF TIME	2.0	0.0	2.0	0.0	2.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	2.0	0.0	2.0	0.0	2.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	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							
16	CA002							
17	CA003							
18	CA004							
19	CA005							
20	CA006							
21	CA007							
22	CA008							
23								
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	CA009							
34	CA010							
35	CA011							
36	CA012							
37	CA013							
38	CA014							
39	CA015							
40	CA016							
41	CA017							
42								
45		Other activity: please include short clinical description here and type						
48		Intra-service (of service period)						
49	CA018							
50	CA019							
51	CA020							
52	CA021		0		2		0	
55								
56		Other activity: please include short clinical description here and type						
59		Post-Service (of service period)						
60	CA022							
61	CA023							
62	CA024							
63	CA025							
64	CA026							
65	CA027							
66	CA028							
67	CA029							
68	CA030							
69	CA031							
70	CA032							
71	CA033							
72	CA034							
73	CA035		2				2	
74	CA036		n/a		n/a		n/a	
75								
78		Other activity: please include short clinical description here and type						
81		End: Patient leaves office/facility						
82		POST-SERVICE PERIOD						
83		Start: Patient leaves office/facility						
84	CA037							
85	CA038							
86		Office visits: List Number and Level of Office Visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes						
88		99212 27 minutes						
89		99213 36 minutes						
90		99214 53 minutes						
91		99215 63 minutes						
92	CA039		0.0	0.0	0.0	0.0	0.0	0.0
93								
96		Other activity: please include short clinical description here and type						
99		End: with last office visit before end of global period						

	A	B	O	P	Q	R	S	T
1	RUC Practice Expense Spreadsheet		RECOMMENDED - Affirmation of April 2023 Recommendations		CURRENT		RECOMMENDED - Affirmation of April 2023 Recommendations	
2			G0446		G0447		G0447	
3		<u>RUC Collaboration Website</u>						
4	Clinical Activity Code	Meeting Date: 04/2023, 09/2023 Revision Date (if applicable): April 14, 2023 Tab: 12, 17 Specialty: AAFP, ACP	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
6		GLOBAL PERIOD						
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8		TOTAL CLINICAL STAFF TIME	2.0	0.0	2.0	0.0	2.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	2.0	0.0	2.0	0.0	2.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES						
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
102	SK062		0.0		0.5		0.0	
103	SK057		10				10	
104								
105								
106								
107								
108		<i>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.</i>						
110	Equipment Code	EQUIPMENT						
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
112	EP086		0		0		0	
113	EP016		0		0		0	
114	EF023		12		15		17	
115								
116								
117								
118		<i>Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.</i>						

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2023

SARS-CoV-2-Immunization Administration – Tab 18

On August 14, 2023, new CPT codes were created to consolidate over 50 previously implemented codes and streamline the reporting of immunizations for the novel coronavirus (SARS-CoV-2, also known as COVID-19). The CPT Editorial Panel approved the addition of new product codes 91318-91322 to identify monovalent vaccine product for immunization against COVID-19 (Pfizer, Moderna); retained existing Novavax Product Code 91304 for currently authorized vaccine product available for use in the U.S. and the updated (XBB.1.5) vaccine; deleted and/or revised all other existing COVID codes (product and administration with associated guidelines and parenthetical note deletions/revisions); and added a single administration code (90480) for administration of new (i.e., 91318-91322) and existing (i.e., 91304) COVID-19 vaccine products.

All existing CPT codes that describe COVID-19 vaccine products and associated administration codes that end in “A” for products that are no longer covered under an existing Emergency Use Authorization (EUA) or Biologics License Application (BLA) from the US Food and Drug Administration (FDA) will be deleted effective November 1, 2023.

In August 2023, the specialty societies conducted an expedited survey to value the consolidated single COVID-19 immunization administration code, CPT code 90480. The RUC reviewed the specialty societies’ recommendation at the September 2023 RUC meeting.

90480 Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

The RUC reviewed the survey results from 171 pediatricians and obstetricians/gynecologists and determined that the survey median work RVU of 0.25 appropriately accounts for the work required to perform this service. The RUC recommends 7 minutes of intra-service/total time. The RUC noted that this service is typically performed on the same day as an Evaluation and Management (E/M) office visit and the recommended work and time is not duplicative from that which is included in the E/M visit.

The RUC compared the surveyed code with the top key reference service 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* (work RVU = 0.24 and 7 minutes intra-service/total time). The RUC noted that 70% of the respondents who chose CPT code 90460 as the key reference service indicated the surveyed code is overall slightly more intense and complex to perform. This is supported by the additional complexity of the intra-service work as compared to 90460 based on the need to address ongoing vaccine hesitancy associated with COVID-19. Analysis from the [CDC’s State of Vaccine Confidence Insights Report](#), [KFF COVID-19 Vaccine Monitor](#), [American Academy of Family Physicians](#), [American College Health Association](#), [American Academy of Pediatrics](#), and [Journal of Community](#) have shown that the

COVID-19 pandemic has had a profound effect on vaccine confidence, with a significant overall increase in vaccine hesitancy. Notably, COVID-19 vaccines have experienced the highest level of hesitancy compared to other vaccines. Therefore, the RUC determined that the physician or QHP work is slightly more for code 90480 compared to 90460.

The RUC compared the surveyed code to the second top key reference service 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17 and 7 minutes intra-service/total time). The RUC noted that while both services require the same amount of time, offering CPT code 90471 (such as for seasonal influenza), which entails less physician work and is less intense/complex. CPT code 90741 is valued appropriately lower, as there is slightly less patient education and discussion about vaccination hesitancy when compared to the COVID related patient education and vaccine protection that is required for CPT code 90480.

For additional support, the RUC referenced MPC codes 99406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes* (work RVU = 0.24 and 7 minutes intra-service/total time) and 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVU = 0.32, 7 minutes intra-service time and 9 minutes total time), which places the surveyed code in the proper rank order based on the intensity, complexity, and time required to perform this service. **The RUC recommends a work RVU of 0.25 for CPT code 90480.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications. The specialty societies recommended identical inputs as recently reviewed and approved for immunization administration code 90460. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

New Technology/New Services

The RUC recommends that CPT code 90480 be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Modifier -51 Exempt

The RUC acknowledges that vaccines and immunizations are inherently precluded from the modifier -51 application and note that the revisions to the CPT guidelines are already in place, which includes COVID immunizations.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p>Category I Evaluation and Management Preventive Medicine Services</p> <p>Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, 90480-0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A. For vaccine/toxoid products, see 90476-90759, <u>91304, 91318, 91319, 91320, 91321, 91322, 91300-91317</u>.</p> <p>Medicine Immunization Administration for Vaccines/Toxoids</p> <p>Report vaccine immunization administration codes (90460, 90461, 90471-90474, 90480-0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A) in addition to the vaccine and toxoid code(s) (90476-90759, <u>91304, 91318, 91319, 91320, 91321, 91322, 91300-91317</u>).</p> <p><i>Report codes 90460 and 90461 only when the physician or other qualified health care professional provides face-to-face counseling of the patient/family during the administration of a vaccine other than when performed for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccines. For immunization administration of any vaccine, other than SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines, that is not accompanied by face-to-face physician or other qualified health care professional counseling to the patient/family/guardian or for administration of vaccines to patients over 18 years of age, report 90471-90474. (See also Instructions for Use of the CPT Codebook for definition of reporting qualifications.)</i></p> <p>Report 90480-0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A for immunization administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines only. <u>This code is used for administration and counseling that involves the use of COVID-19 vaccines for immunization against contracting the disease. This includes administration of COVID-19 vaccine for all age populations. Each administration code is specific to each individual vaccine product (eg, 91300-91317), the dosage schedule (eg, first dose, second dose), and counseling, when performed. The appropriate administration code is chosen based on the type of vaccine and the specific dose number the patient receives in the schedule. For example, 0012A is reported for the second dose of vaccine 91301. Do not report</u></p>				

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p>90460-90474 for the administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines. Codes related to SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine administration are listed in Appendix Q, with their associated vaccine code descriptors, vaccine administration codes, patient age, vaccine manufacturer, vaccine name(s), National Drug Code (NDC) Labeler Product ID, and interval between doses. In order to report these codes, the vaccine must fulfill the code descriptor and must be the vaccine represented by the manufacturer and vaccine name listed in Appendix Q.</p> <p><i>If a significant separately identifiable Evaluation and Management service (eg, new or established patient office or other outpatient services [99202-99215], office or other outpatient consultations [99241-99245], emergency department services [99281-99285], preventive medicine services [99381-99429]) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.</i></p> <p><i>A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (90460 and 90461). Multi-valent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.</i></p> <p><u>For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374.</u></p> <p><i>(For allergy testing, see 95004 et seq)</i></p> <p><i>(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)</i></p> <p><i>(For therapeutic or diagnostic injections, see 96372-96379)</i></p> <p>▲90460 <i>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</i></p> <p>▲+90461 <i>each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)</i></p> <p><i>(Use 90460 for each vaccine administered. For vaccines with multiple components [combination vaccines], report 90460 in conjunction with 90461 for each additional component in a given vaccine)</i></p> <p><i>(Do not report 90460, 90461 in conjunction with 91304, 91318, 91319, 91320, 91321, 91322 91300-91317, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)</i></p>				

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲90471		<p><i>Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)</i></p> <p><i>(Do not report 90471 in conjunction with 90473)</i></p>		
▲+90472		<p><i>each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</i></p> <p><i>(Use 90472 in conjunction with 90460, 90471, 90473)</i></p> <p><i>(Do not report 90471, 90472 in conjunction with 91318, 91319, 91320, 91321, 91322-91300-91317, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)</i></p> <p><i>(For immune globulins, see 90281-90399. For administration of immune globulins, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96374)</i></p> <p><i>(For intravesical administration of BCG vaccine, see 51720, 90586)</i></p>		
▲90473		<p><i>Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)</i></p> <p><i>(Do not report 90473 in conjunction with 90471)</i></p>		
▲+90474		<p><i>each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</i></p> <p><i>(Use 90474 in conjunction with 90460, 90471, 90473)</i></p> <p><i>(Do not report 90473, 90474 in conjunction with 91318, 91319, 91320, 91321, 91322-91300-91317, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)</i></p>		
D0001A		<p><i>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</i></p>		
D0002A		<p><i>second dose</i></p>		
D0003A		<p><i>third dose</i></p>		
D0004A		<p><i>booster dose</i></p>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		<i>(Report 0001A, 0002A, 0003A, 0004A for the administration of vaccine 91300)</i>		
		<i>(Do not report 0001A, 0002A, 0003A, 0004A in conjunction with 91305, 91307, 91308, 91312, 91315)</i>		
D0051A		<i>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</i>		
D0052A		<i>second dose</i>		
D0053A		<i>third dose</i>		
D0054A		<i>booster dose</i>		
		<i>(Report 0051A, 0052A, 0053A, 0054A for the administration of vaccine 91305)</i>		
		<i>(Do not report 0051A, 0052A, 0053A, 0054A in conjunction with 91300, 91307, 91308, 91312, 91315, 91317)</i>		
D0121A		<i>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; single dose</i>		
D0124A		<i>additional dose</i>		
		<i>(Report 0121A, 0124A for the administration of vaccine 91312)</i>		
		<i>(Do not report 0121A, 0124A in conjunction with 91300, 91305, 91307, 91308, 91315, 91317)</i>		
D0071A		<i>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</i>		
D0072A		<i>second dose</i>		
D0073A		<i>third dose</i>		
D0074A		<i>booster dose</i>		
		<i>(Report 0071A, 0072A, 0073A, 0074A for the administration of vaccine 91307)</i>		
		<i>(Do not report 0071A, 0072A, 0073A, 0074A in conjunction with 91300, 91305, 91308, 91312, 91315, 91317)</i>		
D0151A		<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)</i>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		<i>(coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose</i>		
D0154A		<i>additional dose</i>		
		<i>(Report 0151A, 0154A for the administration of vaccine 91315)</i>		
		<i>(Do not report 0151A, 0154A in conjunction with 91300, 91305, 91307, 91308, 91312, 91317)</i>		
D0081A		<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-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</i>		
D0082A		<i>second dose</i>		
D0083A		<i>third dose</i>		
		<i>(Report 0081A, 0082A, 0083A for the administration of vaccine 91308)</i>		
		<i>(Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 91312, 91315)</i>		
D0171A		<i>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; first dose</i>		
D0172A		<i>second dose</i>		
D0173A		<i>third dose</i>		
D0174A		<i>additional dose</i>		
		<i>(Report 0171A, 0172A, 0173A, 0174A for the administration of vaccine 91317)</i>		
		<i>(Use 0174A in conjunction with 91317 when used as a additional dose administration of primary series for 91308, [ie, following administration of 0081A, 0082A, 0083A])</i>		
		<i>(Do not report 0171A, 0172A, 0173A, 0174A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315)</i>		
D0011A		<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; first dose</i>		
D0012A		<i>second dose</i>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D0013A		<i>third dose</i> <i>(Report 0011A, 0012A, 0013A for the administration of vaccine 91301)</i> <i>(Do not report 0011A, 0012A, 0013A in conjunction with 91306, 91309, 91311, 91313, 91314, 91316)</i>		
D0064A		<i>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose</i> <i>(Report 0064A for the administration of vaccine 91306)</i> <i>(Do not report 0064A in conjunction with 91301, 91309, 91311, 91313, 91314, 91316)</i>		
D0134A		<i>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, additional dose</i> <i>(Report 0134A for the administration of vaccine 91313)</i> <i>(Do not report 0134A in conjunction with 91301, 91306, 91309, 91311, 91314, 91316)</i>		
D0141A		<i>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, 25 mcg/0.25 mL dosage, first dose</i>		
DX142A		<i>second dose</i>		
D0144A		<i>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, 25 mcg/0.25 mL dosage, additional dose</i> <i>(Report 0141A, 0142A, 0144A for the administration of vaccine 91314)</i> <i>(Do not report 0141A, 0142A, 0144A in conjunction with 91301, 91306, 91311, 91309, 91313, 91316)</i>		
D0091A		<i>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</i>		
D0092A		<i>second dose, when administered to individuals 6 through 11 years</i>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D0093A		third dose, when administered to individuals 6 through 11 years		
D0094A		additional dose, when administered to individuals 18 years and over (Report 0091A, 0092A, 0093A, 0094A for the administration of vaccine 91309) (Do not report 0091A, 0092A, 0093A, 0094A in conjunction with 91301, 91306, 91311, 91313, 91314, 91316)		
D0021A		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		
D0022A		second dose (Report 0021A, 0022A for the administration of vaccine 91302)		
D0031A		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		
D0034A		booster dose (Report 0031A, 0034A for the administration of vaccine 91303)		
D0041A		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		
D0042A		second dose		
D0044A		booster dose (Report 0041A, 0042A, 0044A for the administration of vaccine 91304)		
D0104A		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03-emulsion, booster dose (Report 0104A for the administration of vaccine 91310)		

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
D0111A		<p>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</p> <p>D0112A ————— second dose</p> <p>D0113A ————— third dose</p> <p>(Report 0111A, 0112A, 0113A for the administration of vaccine 91311)</p> <p>(Do not report 0111A, 0112A, 0113A in conjunction with 91301, 91306, 91309, 91313, 91314, 91316)</p>		
D0164A		<p>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, additional dose</p> <p>(Report 0164A for the administration of vaccine 91316)</p> <p>(Do not report 0164A in conjunction with 91301, 91306, 91309, 91311, 91313, 91314)</p> <p>(0001A, 0002A, 0003A, 0004A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0051A, 0052A, 0053A, 0054A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0121A, 0124A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0071A, 0072A, 0073A, 0074A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0151A, 0154A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0081A, 0082A, 0083A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0171A, 0172A, 0173A, 0174A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0011A, 0012A, 0013A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0064A has been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0134A has been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0141A, 0142A, 0144A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0091A, 0092A, 0093A, 0094A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p> <p>(0021A, 0022A have been deleted. To report administration of COVID-19 vaccine, use 90480)</p>		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><u>(0031A, 0034A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0041A, 0042A, 0044A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0104A has been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0111A, 0112A, 0113A have been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p> <p><u>(0164A has been deleted. To report administration of COVID-19 vaccine, use 90480)</u></p>				
● 90480	DD1	<p>Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose</p> <p>(Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322)</p> <p>(Do not report 90480 in conjunction with 90476-90759)</p>	XXX	0.25
<p>Vaccines, Toxoids</p> <p><i>To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website, which features updates of CPT Editorial Panel actions regarding these products. Once approved by the CPT Editorial Panel, these codes will be made available for release on a semiannual (twice a year: July 1 and January 1) basis. As part of the electronic distribution, there is a six-month implementation period from the initial release date (ie, codes released on January 1 are eligible for use on July 1 and codes released on July 1 are eligible for use January 1).</i></p> <p><i>The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ✎ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the ✎ symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the ✎ symbol.</i></p> <p>Codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322, 91300-91317, identify the vaccine product only. To report the administration of a vaccine/toxoid other than SARS-CoV-2 (coronavirus disease [COVID-19]), the vaccine/toxoid product codes (90476-90759) must be used in addition to an immunization administration code(s) (90460, 90461, 90471, 90472, 90473, 90474). To report the administration of a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine, the vaccine/toxoid product codes <u>91304, 91318, 91319, 91320, 91321, 91322</u> (91300-91317) should be reported with the corresponding immunization administration code (904800001A, 0002A, 0003A, 0004A, 0011A, 0012A,</p>				

0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A). All SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine codes in this section are listed in Appendix Q with their associated vaccine code descriptors, vaccine administration codes, patient age, vaccine manufacturer, vaccine name(s), NDC Labeler Product ID, and interval between doses. In order to report these codes, the vaccine must fulfill the code descriptor and must be the vaccine represented by the manufacturer and vaccine name listed in Appendix Q.

Do not report 90476-90759 in conjunction with the SARS-CoV-2 (coronavirus disease [COVID-19]) immunization administration codes ~~904800001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~ unless both a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter.

Modifier 51 should not be reported with vaccine/toxoid codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322~~91300-91317~~, when reported in conjunction with administration codes 90460, 90461, 90471, 90472, 90473, 90474, ~~904800001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~.

If a significantly separately identifiable Evaluation and Management (E/M) service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

To meet the reporting requirements of immunization registries, vaccine distribution programs, and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported. Multiple codes for a particular vaccine are provided in the CPT codebook when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

The “when administered to” age descriptions included in CPT vaccine codes are not intended to identify a product’s licensed age indication. The term “preservative free” includes use for vaccines that contain no preservative and vaccines that contain trace amounts of preservative agents that are not present in a sufficient concentration for the purpose of preserving the final vaccine formulation. The absence of a designation regarding a preservative does not necessarily indicate the presence or absence of preservative in the vaccine. Refer to the product’s prescribing information (PI) for the licensed age indication before administering vaccine to a patient.

Separate codes are available for combination vaccines (eg, Hib-HepB, DTap-IPV/Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

The vaccine/toxoid abbreviations listed in codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322,~~91300-91317~~, reflect the most recent US vaccine abbreviation references used in the Advisory Committee on Immunization Practices (ACIP) recommendations at the time of CPT code set publication. Interim updates to vaccine code descriptors will be made following abbreviation approval by the ACIP on a timely

basis via the AMA CPT website (www.ama-assn.org/go/cpt-vaccine). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.

For the purposes of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccinations, codes 0003A, 0013A, 0053A, 0073A, 0083A, 0093A, 0113A, and 0173A represent the administration of a third dose in the primary series (eg, patient with immunocompromising condition or patient age 6 months through 4 years). In contrast, the booster or additional dose codes 0004A, 0034A, 0044A, 0054A, 0064A, 0074A, 0094A, 0104A, 0124A, 0134A, 0144A, 0154A, 0164A and 0174A represent the administration of a dose of vaccine when the initial immune response to a primary vaccine series was sufficient, but has likely waned over time.

(For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365-96375)

~~D91300~~ — Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 meg/0.3 mL dosage, diluent reconstituted, for intramuscular use

(Report 91300 with administration codes 0001A, 0002A, 0003A, 0004A)

(Do not report 91300 in conjunction with administration codes 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)

~~D91305~~ — Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 meg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)

(Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)

~~D91312~~ — Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 meg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

(Report 91312 with administration code 0121A, 0124A)

(Do not report 91312 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)

~~D91307~~ — Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 meg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use

(Report 91307 with administration codes 0071A, 0072A, 0073A, 0074A)

(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A, 0083A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)

- D91315** — 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, for intramuscular use
(Report 91315 with administration code 0151A, 0154A)
(Do not report 91315 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0121A, 0124A, 0171A, 0172A, 0173A, 0174A)
- D91308** — 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, for intramuscular use
(Report 91308 with administration codes 0081A, 0082A, 0083A)
(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)
- D91317** — 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, for intramuscular use
(Report 91317 with administration codes 0171A, 0172A, 0173A, 0174A)
(Use 91317 as the third dose in the primary series, with the first two doses reported using 91308, 0081A, 0082A)
(Use 91317 as the additional dose in the primary series, with the first three doses reported using 91308, 0081A, 0082A, 0083A)
(Do not report 91317 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0121A, 0124A, 0151A, 0154A)
- D91301** — 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, for intramuscular use
(Report 91301 with administration codes 0011A, 0012A, 0013A)
(Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)
- D91306** — 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, for intramuscular use
(Report 91306 with administration code 0064A)
(Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)

- D91313** — Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 meg/0.5 mL dosage, for intramuscular use
(Report 91313 with administration code 0134A)
(Do not report 91313 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0141A, 0142A, 0144A, 0164A)
- D91314** — Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 meg/0.25 mL dosage, for intramuscular use
(Report 91314 with administration code 0141A, 0142A, 0144A)
(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0164A)
- D91311** — Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 meg/0.25 mL dosage, for intramuscular use
(Report 91311 with administration codes 0111A, 0112A, 0113A)
(Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0134A, 0141A, 0142A, 0144A, 0164A)
- D91316** — Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 meg/0.2 mL dosage, for intramuscular use
(Report 91316 with administration code 0164A)
(Do not report 91316 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A)
- D91309** — Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 meg/0.5 mL dosage, for intramuscular use
(Report 91309 with administration code 0091A, 0092A, 0093A, 0094A)
(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)
- D91302** — 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, 5×10^{10} viral particles/0.5 mL dosage, for intramuscular use
(Report 91302 with administration codes 0021A, 0022A)

~~D91303~~ *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, for intramuscular use (Report 91303 with administration code 0031A, 0034A)*

(91300 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91305 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91312 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91307 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91315 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91308 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91317 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91301 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91306 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91313 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91314 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91311 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91316 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91309 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91302 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91303 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

▲91304 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, for intramuscular use
(Report 91304 with administration codes 904800041A, 0042A, 0044A)

(91310 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

~~**D**91310 *Severe acute respiratory syndrome coronavirus 2 (SARSCoV 2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use
(Report 91310 with administration code 0104A)*~~

~~✓~~ ● 91318 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
(Report 91318 with administration code 90480)

~~✓~~ ● 91319 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
(Report 91319 with administration code 90480)

~~✓~~ ● 91320 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
(Report 91320 with administration code 90480)

~~✓~~ ● 91321 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use
(Report 91321 with administration code 90480)

~~✓~~ ● 91322 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use

(Report 91322 with administration code 90480)

90476 *Adenovirus vaccine, type 4, live, for oral use*

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

▲96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*

(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, ~~90480~~0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A)

Appendix Q

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines

The crosswalk of COVID-19 vaccine code descriptors, administration codes, patient age, and vaccine manufacturer, vaccine name(s), NDC Labeler Product ID, and interval between doses instructions (formerly Appendix Q) have been removed from the have been removed from the CPT code set. For information or guidance on reporting for COVID-19 immunization services, refer to the E/M and Medicine section guidelines.

*This table links the individual severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine product codes (91300-91317) to their associated immunization administration codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A), patient age, manufacturer name, vaccine name(s), 10- and 11-digit National Drug Code (NDC) Labeler Product ID, and interval between doses. These codes are also located in the **Medicine** section of the CPT code set.*

*Additional introductory and instructional information for codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A and 91300-91317 can be found in the **Immunization Administration for Vaccines/Toxoids and Vaccines, Toxoids** guidelines in the **Medicine** section of the CPT code set.*

Appendix Q

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines

Vaccine Code	Vaccine Administration Code(s)	Patient Age	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Dosing Interval
#91300 — 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, for intramuscular use	0001A (1st Dose) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	12 yrs of age and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine / Comirnaty	59267-1000-1 59267-1000-01	All Dosing: Refer to FDA/CDC Guidance
#91305 — 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, for intramuscular use	0051A (1st Dose) 0052A (2nd Dose) 0053A (3rd Dose) 0054A (Booster)	12 yrs of age and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1025-1 59267-1025-01 00069-2025-1 00069-2025-01	All Dosing: Refer to FDA/CDC Guidance
#91312 — 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, for intramuscular use	0121A (Single Dose) 0124A (Additional Dose)	12 years and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0304-1 59267-0304-01 59267-1404-1 59267-1404-01	All Dosing: Refer to FDA/CDC Guidance
#91307 — 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, for intramuscular use	0071A (1st Dose) 0072A (2nd Dose) 0073A (3rd Dose) 0074A (Booster)	5 yrs through 11 yrs	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	All Dosing: Refer to FDA/CDC Guidance

#91315	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, for intramuscular use	0151A (1st Dose) 0154A (Additional Dose)	5 years through 11 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0565-1 59267-0565-01	All Dosing: Refer to FDA/CDC Guidance
#91308	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, for intramuscular use	0081A (1st Dose) 0082A (2nd Dose) 0083A (3rd Dose)	6 mo through 4 yrs	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-0078-1 59267-0078-01 59267-0078-4 59267-0078-04	All Dosing: Refer to FDA/CDC Guidance
91317	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, for intramuscular use	0171A (1st Dose) 0172A (2nd Dose) 0173A (3rd Dose) 0174A (Additional Dose)	6 months through 4 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0609-1 59267-0609-01	All Dosing: Refer to FDA/CDC Guidance
#91301	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, for intramuscular use	0011A (1st Dose) 0012A (2nd Dose) 0013A (3rd Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine/Spikevax	80777-273-10 80777-0273-10 80777-100-11 80777-0100-11	All Dosing: Refer to FDA/CDC Guidance
#91306	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, for intramuscular use	0064A (Booster)	18 yrs of age and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	All Dosing: Refer to FDA/CDC Guidance

#●91313	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, for intramuscular use	0134A (Additional Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-282-05 80777-0282-05	Additional Dose: Refer to FDA/CDC Guidance
#●91314	Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) (coronavirus disease COVID-19) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	0141A (1st Dose) 0142A (2nd Dose) 0144A (Additional Dose)	6 months through 11 years	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-282-05 80777-0282-05	All Dosing: Refer to FDA/CDC Guidance
# ● 91311	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, for intramuscular use	0111A (1st Dose) 0112A (2nd Dose) 0113A (3rd Dose)	6 mo through 5 yrs	Moderna, Inc	Moderna COVID-19 Vaccine	80777-279-05 80777-0279-05	All Dosing: Refer to FDA/CDC Guidance
# ● 91316	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, for intramuscular use	0164A (Additional Dose)	6 months through 5 years	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-283-02 80777-0283-02	Additional Dose: Refer to FDA/CDC Guidance
#●91309	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, for intramuscular use	0091A (1st Dose) 0092A (2nd Dose) 0093A (3rd Dose)	6 years through 11 years	Moderna, Inc	Moderna COVID-19 Vaccine	80777-275-05 80777-0275-05	All Dosing: Refer to FDA/CDC Guidance
		0094A (Additional Dose)	18 years and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-275-05 80777-0275-05	All Dosing: Refer to FDA/CDC Guidance
# ● 91302	Severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	18 yrs of age and older	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days

#91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	18 yrs of age and older	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Booster: Refer to FDA/CDC Guidance
#91304	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, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	12 yrs of age and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days
		0044A (Booster)	18 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	Booster: Refer to FDA/CDC Guidance
#91310	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, for intramuscular use	0104A (Booster)	18 yrs of age and older	Sanofi Pasteur	Sanofi Pasteur COVID-19 Vaccine, (Adjuvanted For Booster Immunization)	49281-618-20 49281-0618-20	Booster: Refer to FDA/CDC Guidance

SARS-CoV-2-Immunization Administration – Coding Changes (Clean Copy)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p>Category I Evaluation and Management Preventive Medicine Services</p> <p>Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, <u>90480</u>. For vaccine/toxoid products, see 90476-90759, <u>91304, 91318, 91319, 91320, 91321, 91322</u>.</p> <p>Medicine Immunization Administration for Vaccines/Toxoids</p> <p>Report vaccine immunization administration codes (90460, 90461, 90471-90474, <u>90480</u>) in addition to the vaccine and toxoid code(s) (90476-90759, <u>91304, 91318, 91319, 91320, 91321, 91322</u>).</p> <p><i>Report codes 90460 and 90461 only when the physician or other qualified health care professional provides face-to-face counseling of the patient/family during the administration of a vaccine other than when performed for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccines. For immunization administration of any vaccine, other than SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines, that is not accompanied by face-to-face physician or other qualified health care professional counseling to the patient/family/guardian or for administration of vaccines to patients over 18 years of age, report 90471-90474. (See also Instructions for Use of the CPT Codebook for definition of reporting qualifications.)</i></p> <p>Report <u>90480</u> for immunization administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines only. <u>This code is used for administration and counseling that involves the use of COVID-19 vaccines for immunization against contracting the disease. This includes administration of COVID-19 vaccine for all age populations.</u></p> <p><i>If a significant separately identifiable Evaluation and Management service (eg, new or established patient office or other outpatient services [99202-99215], office or other outpatient consultations [99241-99245], emergency department services [99281-99285], preventive medicine services [99381-99429]) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.</i></p> <p><i>A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (90460 and 90461). Multi-valent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.</i></p>				

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p><u>For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374.</u></p>				
<p><i>(For allergy testing, see 95004 et seq)</i></p>				
<p><i>(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)</i></p>				
<p><i>(For therapeutic or diagnostic injections, see 96372-96379)</i></p>				
▲90460		<p><i>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</i></p>		
▲+90461		<p><i>each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)</i></p>		
<p><i>(Use 90460 for each vaccine administered. For vaccines with multiple components [combination vaccines], report 90460 in conjunction with 90461 for each additional component in a given vaccine)</i></p>				
<p><i>(Do not report 90460, 90461 in conjunction with 91304, 91318, 91319, 91320, 91321, 91322 unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)</i></p>				
▲90471		<p><i>Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)</i></p>		
<p><i>(Do not report 90471 in conjunction with 90473)</i></p>				
▲+90472		<p><i>each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</i></p>		
<p><i>(Use 90472 in conjunction with 90460, 90471, 90473)</i></p>				
<p><i>(Do not report 90471, 90472 in conjunction with 91318, 91319, 91320, 91321, 91322 unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)</i></p>				
<p><i>(For intravesical administration of BCG vaccine, see 51720, 90586)</i></p>				
▲90473		<p><i>Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)</i></p>		
<p><i>(Do not report 90473 in conjunction with 90471)</i></p>				

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲ +90474		<p><i>each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)</i></p> <p><i>(Use 90474 in conjunction with 90460, 90471, 90473)</i></p> <p><i>(Do not report 90473, 90474 in conjunction with 91318, 91319, 91320, 91321, 91322 unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)</i></p> <p><u><i>(0001A, 0002A, 0003A, 0004A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0051A, 0052A, 0053A, 0054A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0121A, 0124A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0071A, 0072A, 0073A, 0074A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0151A, 0154A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0081A, 0082A, 0083A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0171A, 0172A, 0173A, 0174A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0011A, 0012A, 0013A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0064A has been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0134A has been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0141A, 0142A, 0144A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0091A, 0092A, 0093A, 0094A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0021A, 0022A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0031A, 0034A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0041A, 0042A, 0044A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0104A has been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0111A, 0112A, 0113A have been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p> <p><u><i>(0164A has been deleted. To report administration of COVID-19 vaccine, use 90480)</i></u></p>		

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● 90480	DD1	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose (Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322) (Do not report 90480 in conjunction with 90476-90759)	XXX	0.25

Vaccines, Toxoids

To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website, which features updates of CPT Editorial Panel actions regarding these products. Once approved by the CPT Editorial Panel, these codes will be made available for release on a semiannual (twice a year: July 1 and January 1) basis. As part of the electronic distribution, there is a six-month implementation period from the initial release date (ie, codes released on January 1 are eligible for use on July 1 and codes released on July 1 are eligible for use January 1).

The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ✎ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the ✎ symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the ✎ symbol.

Codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322 identify the vaccine product **only**. To report the administration of a vaccine/toxoid other than SARS-CoV-2 (coronavirus disease [COVID-19]), the vaccine/toxoid product codes (90476-90759) must be used in addition to an immunization administration code(s) (90460, 90461, 90471, 90472, 90473, 90474). To report the administration of a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine, the vaccine/toxoid product codes 91304, 91318, 91319, 91320, 91321, 91322 should be reported with the corresponding immunization administration code (90480).

Do not report 90476-90759 in conjunction with the SARS-CoV-2 (coronavirus disease [COVID-19]) immunization administration code 90480 unless both a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter.

Modifier 51 should not be reported with vaccine/toxoid codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322 when reported in conjunction with administration codes 90460, 90461, 90471, 90472, 90473, 90474, 90480.

If a significantly separately identifiable Evaluation and Management (E/M) service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

To meet the reporting requirements of immunization registries, vaccine distribution programs, and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported. Multiple codes for a particular vaccine are provided in the CPT codebook when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

The “when administered to” age descriptions included in CPT vaccine codes are not intended to identify a product’s licensed age indication. The term “preservative free” includes use for vaccines that contain no preservative and vaccines that contain trace amounts of preservative agents that are not present in a sufficient concentration for the purpose of preserving the final vaccine formulation. The absence of a designation regarding a preservative does not necessarily indicate the presence or absence of preservative in the vaccine. Refer to the product’s prescribing information (PI) for the licensed age indication before administering vaccine to a patient.

Separate codes are available for combination vaccines (eg, Hib-HepB, DTap-IPV/Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

The vaccine/toxoid abbreviations listed in codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322 reflect the most recent US vaccine abbreviation references used in the Advisory Committee on Immunization Practices (ACIP) recommendations at the time of CPT code set publication. Interim updates to vaccine code descriptors will be made following abbreviation approval by the ACIP on a timely basis via the AMA CPT website (www.ama-assn.org/go/cpt-vaccine). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.

(For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365-96375)

(91300 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91305 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91312 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91307 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91315 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91308 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91317 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91301 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91306 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91313 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91314 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91311 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91316 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91309 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91302 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91303 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

▲91304 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, for intramuscular use
(Report 91304 with administration code ~~904800041A, 0042A, 0044A~~)

(91310 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

#/●91318 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
(Report 91318 with administration code 90480)

#/●91319 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
(Report 91319 with administration code 90480)

- #/● 91320 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
(Report 91320 with administration code 90480)
- #/● 91321 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use
(Report 91321 with administration code 90480)
- #/● 91322 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use
(Report 91322 with administration code 90480)

90476 *Adenovirus vaccine, type 4, live, for oral use*

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

▲96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*
(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, 90480)

Appendix Q

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines

The crosswalk of COVID-19 vaccine code descriptors, administration codes, patient age, and vaccine manufacturer, vaccine name(s), NDC Labeler Product ID, and interval between doses instructions (formerly Appendix Q) have been removed from the have been removed from the CPT code set. For information or guidance on reporting for COVID-19 immunization services, refer to the E/M and Medicine section guidelines.



September 25, 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 18 (SARS-CoV-2-Immunization Administration – Revised Code Set) of the September 2023 RUC agenda. Although the AAFP did not participate in the survey for this tab, many family physicians provide this service as part of their practices. These comments are based on our review of the recommendations.

Upon review, we support the specialties' recommendation of 0.25 work relative value units (RVUs) for new code 90480. As noted in the corresponding summary of recommendation (SOR) form, this value is supported by a time and intensity comparison with the key reference service, 90460, and fits nicely with the established work RVUs for other codes with similar time, which are also noted in the SOR.

We likewise support the recommended direct practice expense inputs for code 90480. We note they are the same inputs currently assigned to code 90460, which the RUC recently reviewed in 2021.

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

STRONG MEDICINE FOR AMERICA

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:90480	Tracking Number DD1	Original Specialty Recommended RVU: 0.25
		Presented Recommended RVU: 0.25
Global Period: XXX	Current Work RVU: N/A	RUC Recommended RVU: 0.25

CPT Descriptor: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A female patient presents for possible immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. After counseling, she is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

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 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other QHP reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. Counsel the patient, parent or guardian on the benefits and risks of vaccination to decrease the risk of COVID-19 and obtain consent. Administer the dose of the COVID-19 vaccine by intramuscular injection. Monitor the patient for any adverse reaction. Update the patient's immunization record (and registry when applicable) to reflect the vaccine administered.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Steven Krug, MD (AAP); Suzanne Berman, MD (AAP); Jon Hathaway, MD (ACOG); Eilaen Attwood, MD (ACOG)				
Specialty Society(ies):	American Academy of Pediatrics, American College of Obstetricians and Gynecologists				
CPT Code:	90480				
Sample Size:	24500	Resp N:	171		
Description of Sample:	Random (ACOG); Random Sample of Applicable Subsets (AAP)				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	20.00	100.00	3600.00
Survey RVW:	0.10	0.22	0.25	0.35	5.00
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	5.00	7.00	10.00	25.00
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)

XXX Global Code

CPT Code:	90480	Recommended Physician Work RVU: 0.25		
		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:		7.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90460	XXX	0.24	RUC Time

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90471	XXX	0.17	RUC Time

CPT Descriptor Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	319,663

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
71111	XXX	0.32	RUC Time	10,672

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 86 % of respondents: 50.2 %

Number of respondents who choose 2nd Key Reference Code: 47 % of respondents: 27.4 %

TIME ESTIMATES (Median)

	CPT Code: <u>90480</u>	Top Key Reference CPT Code: <u>90460</u>	2nd Key Reference CPT Code: <u>90471</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	7.00	7.00	7.00
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	7.00	7.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	2%	1%	27%	62%	8%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
3%	35%	62%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	8%	75%	16%
Physical effort required	6%	78%	16%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

3%

27%

70%

Survey Code Compared to 2nd Key Reference Code**Much Less****Somewhat Less****Identical****Somewhat More****Much More****Overall intensity/complexity**

2%

13%

25%

55%

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

8%

34%

58%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

11%

83%

6%

Physical effort required

19%

68%

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

13%

32%

55%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In response to the needs of the public health emergency (PHE), in 2020 through 2023 the CPT Editorial Panel approved over 50 new CPT codes for the new vaccine products developed for protection against the novel coronavirus (SARS-CoV-2, also known as COVID-19) and their associated administration. These codes were developed based on extensive collaboration with CMS and the CDC to support tracking, reporting and analysis for data-driven planning and allocation to meet the needs of the new pandemic and are unique to each corresponding vaccine, dose and patient age range.

Due to the existing pandemic and public health need for rapid deployment of COVID-19 vaccines, the RUC convened special meetings to expedite approval of recommendations for work relative values and direct practice expense inputs for the 47 codes that described immunization administration (IA) by intramuscular injection of COVID-19 vaccines. The American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), American Academy of Pediatrics (AAP), and American Nurses Association (ANA) received approval by the Research Subcommittee to develop work RVU and intra-service time recommendations using a crosswalk methodology. For the initial four IA codes, the RUC approved a work RVU and intra-service time based on a crosswalk to the 2009 RUC recommendations for CPT code 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) as proposed by the societies. RUC recommendations for all subsequent COVID-19 IA codes were based on either a similar crosswalk to 90460 or a crosswalk to previously approved values for COVID-19 IA codes. This work occurred in the same time period that CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services in general, as critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. Prior to this point, CMS has not accepted RUC survey-based recommendations for IA codes with the one exception of the value for CPT code 90470 -- immunization administration for the pandemic H1N1 vaccine in 2009. Similar to the COVID-19 IA codes, the value for CPT code 90470 was a crosswalk to the RUC-approved value for CPT code 90460 at the same RUC meeting because the timing of the H1N1 vaccine need did not allow for a separate survey. The CPT code 90470 was viewed as temporary for the pandemic and has since been retired.

Beginning August 14, 2023, new CPT codes were created to consolidate over 50 previous codes and greatly streamline the reporting of immunizations for the novel coronavirus (SARS-CoV-2, also known as COVID-19). The CPT Editorial Panel approved the addition of new product codes 91318-91322 to identify monovalent vaccine product for immunization against COVID-19 (Pfizer, Moderna); retained existing Novavax Product Code 91304 for currently authorized vaccine product available for use in the U.S. and the updated (XBB.1.5) vaccine; deleted and/or revised all other existing COVID codes (product and administration with associated guidelines and parenthetical note deletions/revisions); and added a single administration code (90480) for administration of new (i.e., 91318-91322) and existing (i.e., 91304) COVID-19 vaccine product.

All existing CPT codes that describe COVID-19 vaccine products and associated administration codes that end in "A" for products that are no longer covered under an existing Emergency Use Authorization (EUA) or Biologics License Application (BLA) from the US Food and Drug Administration (FDA) will be deleted effective Nov. 1, 2023.

Survey Process

In August 2023, ACOG and AAP conducted an expedited survey to value the consolidated single COVID-19 IA code, CPT code 90480, with a total of 171 survey respondents. ACOG used a random sample of their members; AAP used a random sample of applicable subsets of their members. AAP pulled a random sample of US membership from the following practice sections, excluding RUC members, alternate RUC members, students, post-graduate trainees and retirees: Administration and Practice Management, Community Pediatrics, Children with Disabilities, Early Career Physicians, Early Childhood, Immigrant Child and Family Health, and Adolescent Health. AAP determined that these members would most likely be familiar with or have experience administering COVID-19 vaccines. AAP pulled an equal size random sample from each subsection based on expert opinion of the estimated demographics of the providers performing the service.

The societies established an expert panel to review the survey results. The vignette of the typical patient used for the survey was provided by the CPT Editorial Panel. 82% of respondents found the vignette to be typical.

The following recommendations represent the first time standard RUC survey methodology is being used to develop proposed work RVU and intra-service time values for this service.

The RUC reviewed all non-COVID related immunization CPT codes, including 90460, at the April 2021 RUC meeting.

Recommendations

Based on the review of the survey data, the specialties recommend the survey median of 0.25 work RVUs and the survey median of 7 minutes intra-service time, which also serves as the total time. The survey yielded a strong response rate by individuals experienced with the service and indicated tight alignment in their RVU valuations. The median RVUs of 0.25 is supported by the intensity/complexity measures, where 70% of survey respondents indicated the service overall was more intense/complex than the top key reference service code, 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*, which has an RVW of 0.24. The IWPOT of 0.036 supports the additional complexity of the intra-service work as compared to 90460 based on the need to address ongoing vaccine hesitancy associated with COVID-19. Surveys on the impact of the COVID-19 pandemic on vaccine confidence indicate vaccine hesitancy overall has increased, and the COVID-19 vaccines may have the greatest hesitancy ([CDC's State of Vaccine Confidence Insights Report](#), [KFF COVID-19 Vaccine Monitor](#), [American Academy of Family Physicians](#), [American College Health Association](#), [Pediatrics](#), [Journal of Community](#)).

The recommended time is supported by the primary key reference service, 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*, which has an intra-service time of 7 minutes. It is also supported by MPC code 99406, *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes*, which also has an intra-service time of 7 minutes.

There are multiple other RUC-reviewed services with an XXX global period that have comparable times and work RVUs:

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
88311	Decalcification procedure	XXX	0.24	0	5	2	7
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	XXX	0.24	0	7	0	7
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	XXX	0.24	0	7	0	7
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus	XXX	0.25	0	7	0	7

	disease [COVID-19] vaccine, single dose						
77073	Bone length studies (orthoroentgenogram, scanogram)	XXX	0.26	1	5	1	7
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral)	XXX	0.26	1	5	1	7
70260	Radiologic examination, skull; complete, minimum of 4 views	XXX	0.28	1	4	1	6

These examples illustrate that the recommended value and time for code 90480 are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

Conclusion

For code 90480, *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose*, the societies recommend an RVU of 0.25 and intra-service time of 7 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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) Code 90480 is typically reported in addition to an office visit E/M

- 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-Time | Intra-Time | Post-Time |
|-----------|--------|----------|----------|------------|-----------|
| 99213 XXX | | 1.30 | 5 | 20 | 5 |
| 90480 XXX | | 0.25 | 0 | 7 | 0 |
| Total | | 1.55 | 5 | 27 | 5 |

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) One of 47 COVID-19 IA codes

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 AAP How often? Commonly

Specialty ACOG How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 269868876

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. CDC COVID Vaccine Data Tracker; CDC VaxView 2023 data on intent to vaccinate; 2020 US Census Data

Specialty AAP Frequency 14962400 Percentage 5.54 %

Specialty ACOG Frequency 2922458 Percentage 1.08 %

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?

7,105,693 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 utilization in RUC database for 0004A Booster dose NF

Specialty AAP Frequency 71056 Percentage 0.99 %

Specialty ACOG Frequency 7106 Percentage 0.10 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Other

BETOS Sub-classification:

Immunizations/Vaccinations

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

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. 90460

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Meeting Date: September 2023

CPT Code	Long Descriptor	Global Period
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine, single dose	XXX

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
90480	A female patient presents for possible immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. After counseling, she is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

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 specialty societies convened multispecialty consensus panel including RUC advisors and providers of immunizations in the NF setting. The panel developed the direct practice expense recommendations for CPT Code 90480 based on best practices and current AMA RUC/PE guidelines.
--

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

CPT Code 90460 <i>Immunization administration through 18 years of age via any route of administration, with counseling by physician or other QHP; first or only component of each vaccine or toxoid administered</i> was selected as a comparison on the PE spreadsheet. Code 90460 is a recently PE reviewed IA service.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn* at rebecca.gierhahn@ama-assn.org 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?

Code 90480 is typically reported with an E/M service. Code 90480 is typically reported with an E/M service in the NF setting.

See the *Billed Together* tab in the RUC Database.

4. What specialty is the dominant provider *in the nonfacility*? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

The dominant provider for new CPT Code 90480 in the facility and non facility is not known at this time.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

- 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.

- 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

- If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Pre Service

CA007 Review patient clinical extant information and questionnaire
Used for imaging service. 1 minute standard.

Specialties are recommending 1 minute to account for the clinical staff time to review the patient immunization questionnaire.

CA008

Perform regulatory mandated quality assurance activity (pre-service)
Standard is 0 for XXX services.

Specialties are recommending 1 minute to account for the clinical staff time to ensure the vaccine stock is viable.

Service

CA014 Confirm order, protocol exam
Used for imaging service. 1 minute standard.

Specialties are recommending 2 minutes to account for the clinical staff time to ensure the correct sequencing and vaccination.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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:

CA007: Confirming vaccine order/checking appropriateness for patient

CA008: Checking historical and current temperatures for vaccine refrigerator; recording temperatures; reporting temperatures; vaccine inventorying; ordering vaccines; completing required Vaccines for Children (VFC) paperwork; receiving vaccines; inspecting/logging vaccines and putting them in the vaccine refrigerator; creating lot numbers in EHR

b. Service period (includes pre, intra and post):

CA011: Giving Vaccine Information Sheet (VIS) to patient/family; getting informed consent and signature if applicable

CA014: Going to laboratory and taking vaccine vials out of vaccine refrigerator; drawing up vaccine into syringe; going back to patient room and preparing patient/parent, confirming that this is correct patient-correct vaccine

CA021: Actual administration of vaccine; bandage application

CA022: Watching patient after vaccine is administered

CA024: Disposal of vaccine-specific medical waste

CA034: Charting administered immunizations in the patient chart and EMR; preparing patient record/immunization card

c. Post-service period:

CA037: Contacting patient/parent to follow up on immunization administration

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*:

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

CA021: RN/LPN/MTA prepares the vaccine, instructs the patient (or parent) on proper positioning, selects and prepares the injection site, administers the vaccine, and applies a bandage to the injection site. The patient is then monitored for potential anaphylaxis response to the vaccine.

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 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? **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? 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?

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

CPT CODE(S):90480

SPECIALTY SOCIETY(IES): AAP & ACOG

PRESENTER(S): Steven Krug, MD, Jonathan Hathaway, MD, PhD

**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

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- 22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038? a. If yes, please explain how the computer is used for this service(s). b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code? c. Does the computer include code specific software that is typically used to provide the service(s)?

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 specialty societies included the following equipment items: EF049 refrigerator, vaccine medical grade, 2-data logger sngl glass door ED043 refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates The specialties used the 'default' equipment formula for both EF049 and ED043.

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:

Equipment ED043: While its description begins with "refrigerator, vaccine," it is the temperature monitor with alarm for the vaccine medical grade refrigerator. The specialties do not have two vaccine refrigerators included as part of the recommendations.

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

NONFACILITY DIRECT PE INPUTS

CPT CODE(S):90480

SPECIALTY SOCIETY(IES): AAP & ACOG

PRESENTER(S): Steven Krug, MD, Jonathan Hathaway, MD, PhD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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).



October 3, 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: Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration Recommendations

Dear Administrator Brooks-LaSure,

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) appreciates the opportunity to submit the enclosed recommendation for work relative values and direct practice expense inputs to the Centers for Medicare & Medicaid Services (CMS). This recommendation relates to new codes 96380 and 96381, which describe passive administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, with and without counseling. These codes will be effective October 6, 2023.

The RUC reviewed and approved physician work relative values and direct practice costs presented by the American Academy of Pediatrics at a September 28-30, 2023, meeting. The RUC agreed that the resource costs are similar to those required to provide other immunization administrative services (i.e., CPT codes 90460 and 90471).

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 or (312) 464-5604.

Sincerely,



Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee

Enclosures

cc: RUC Participants
Perry Alexion, MD
Larry Chan
Arkaprava Deb, MD
Mitali Dayal
Edith Hambrick, MD
Ryan Howe
Michael Soracoe
Gift Tee

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2023

Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration – Tab 19

At the September 21-23, 2023, CPT meeting, the CPT Editorial Panel created two codes to report passive administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, with and without counseling. CPT codes 96380 and 96381 were reviewed the following week at the September 28-30, 2023, RUC meeting. These two administration codes were created to be reported with Nirsevimab product codes to protect against severe disease caused by RSV, which is common throughout the fall and winter season, highly contagious and sometimes deadly for infants. CPT codes 96380 and 96381 will be effective October 6, 2023, for immediate use.

96380 Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional

The RUC recommends a work RVU of 0.24 based on a direct crosswalk to CPT code 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* (work RVU = 0.24 and 7 minutes intra-service and total time), which maintains relativity within the Medicare Physician Payment Schedule. The RUC recommends 7 minutes intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an Evaluation and Management (E/M) office visit.

For additional support, the RUC compared code 96380 to MPC code 99406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes* (work RVU = 0.24 and 7 minutes intra-service time and total time), code 88311 *Decalcification procedure (List separately in addition to code for surgical pathology examination)* (work RVU = 0.24, 5 minutes intra-service time and 7 minutes total time), 77073 *Bone length studies (orthoroentgenogram, scanogram)* (work RVU = 0.26, 5 minutes intra-service time and 7 minutes total time) and 92202 *Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral* (work RVU = 0.26, 5 minutes intra-service time and 7 minutes total time). The RUC determined that an interim work value of 0.24 appropriately places 96380 relative to other services based on time, work, intensity and complexity. **Therefore, the RUC recommends an interim work RVU of 0.24 for code 96380 and the specialty societies will survey this service for the April 2024 RUC meeting after more widespread use has occurred.**

96381 Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

The RUC recommends a work RVU of 0.17 based on a direct crosswalk to CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17, 7 minutes intra-service and total time), which maintains relativity within Medicare Physician Payment Schedule. The RUC recommends 7 minutes intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an Evaluation and Management (E/M) office visit.

For additional support, the RUC compared code 96381 to MPC 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* (work RVU = 0.18 and 5 minutes intra-service time and 7 minutes total time) and code 90970 *End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older* (work RVU = 0.18, 3.2 minutes intra-service and total time). The RUC determined that an interim work value of 0.17 appropriately places 96381 relative to other services based on time, work, intensity and complexity. **Therefore, the RUC recommends a work RVU of 0.17 for code 96381 and the specialty societies will survey this service for the April 2024 RUC meeting after more widespread use has occurred.**

Practice Expense

The Practice Expense Subcommittee reviewed and accepted the practice expense inputs as submitted by the specialty society. The direct practice expense inputs are a direct crosswalk to 90460 and 90471, respectively. One additional minute of clinical staff time was added to complete vaccine pre-check eligibility process (see attachment Nirsevimab Visual Guide). **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
<p>Category I Evaluation and Management Services Preventive Medicine Services</p> <p><i>The following codes are used to report the preventive medicine evaluation and management of infants, children, adolescents, and adults.</i></p> <p><i>The extent and focus of the services will largely depend on the age of the patient.</i></p> <p><u>Immunization/vaccine/toxoid products</u>, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine <u>immunization</u> risk/benefit counseling, see 90460, 90461, 90471-90474, 90480, 96380, 96381, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A. For <u>immunization/vaccine/toxoid products</u>, see <u>91304, 91318, 91319, 91320, 91321, 91322, 90380, 90381, 90476-90759, 91300-91317</u>.</p> <p>Medicine Immune Globulins, Serum or Recombinant Products</p> <p><i>Codes 90281-90399 identify the serum globulins . . .</i></p>				

In recognition of public health interest in immune globulin products, the CPT Editorial Panel has chosen to publish new immune globulin product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ✎ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approved, the ✎ symbol will be removed. CPT code users should refer to the AMA CPT website (ama-assn.org/cpt-cat-i-immunization-codes) for the most up-to-date information on codes with the ✎ symbol.

90378 *Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each*

90380 *Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use*

90381 *1 mL dosage, for intramuscular use*

(Do not report 90380, 90381 in conjunction with 96372)

(For administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, see 96380, 96381)

90384 *Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use*

Immunization Administration for Vaccines/Toxoids

Report vaccine immunization . . .

. . .

A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (90460 and 90461). Multi-valent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.

For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374, 96380, 96381.

(For allergy testing, see 95004 et seq)

(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)

(For therapeutic or diagnostic injections, see 96372- 96379)

Vaccines, Toxoids

To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website (ama-assn.org/cpt-cat-i-immunization-codes), which features updates of CPT Editorial Panel actions regarding these products. See the Introduction section of the CPT code set for a complete list of the dates of release and implementation.

The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ✎ symbol and will be tracked by the

AMA to monitor FDA approval status. Once the FDA status changes to approval, the *✓* symbol will be removed. CPT users should refer to the AMA CPT website (ama-assn.org/cpt-cat-i-immunization-codes) for the most up-to-date information on codes with the *✓* symbol.

[...]

Separate codes are available for combination vaccines (eg, Hib-HepB, DTap-IPV/Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

The immunization/vaccine/toxoid abbreviations listed in codes 90380, 90381, 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322, 91300-91317 reflect the most recent US vaccine abbreviation references used in the Advisory Committee on Immunization Practices (ACIP) recommendations at the time of CPT code set publication. Interim updates to vaccine code descriptors will be made following abbreviation approval by the ACIP on a timely basis via the AMA CPT website (ama-assn.org/cpt-cat-i-immunization-codes). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.

For the purposes of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccinations, codes 0003A, 0013A, 0053A, 0073A, 0083A, 0093A, 0113A, and 0173A represent the administration of a third dose in the primary series (eg, patient with immunocompromising condition or patient age 6 months through 4 years). In contrast, the booster or additional dose codes 0004A, 0034A, 0044A, 0054A, 0064A, 0074A, 0094A, 0104A, 0124A, 0134A, 0144A, 0154A, 0164A, and 0174A represent the administration of a dose of vaccine when the initial immune response to a primary vaccine series was sufficient, but has likely waned over time.

(For immune globulins and monoclonal antibodies immunizations, see 90281-90399)

(For administration of immune globulins and monoclonal antibodies immunizations, with the exception of respiratory syncytial virus, monoclonal antibody, seasonal product, see 96365-96375)

(For administration of respiratory syncytial virus, monoclonal antibody, seasonal product, see 96380, 96381)

(91303 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

#91304 Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use

(Report 91304 with administration codes 90480)

90683 Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use

(For seasonal respiratory syncytial virus [RSV] monoclonal antibodies immunization codes, see 90380, 90381. For administration of seasonal RSV monoclonal antibodies immunizations, ~~use 96372~~ see 96380, 96381)

90680 Rotavirus vaccine, pentavalent

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

A therapeutic, prophylactic, or diagnostic IV infusion or injection (other than hydration) is for the administration of substances/drugs. When fluids are used to administer the drug(s), the administration of the fluid is considered incidental hydration and is not separately reportable. These services typically require direct supervision for any or all purposes of patient assessment, provision of consent, safety oversight, and intra-service supervision of staff. Typically, such infusions require special consideration to prepare, dose or dispose of, require practice training and competency for staff who administer the infusions, and require periodic patient assessment with vital sign monitoring during the infusion. These codes are not intended to be reported by the physician or other qualified health care professional in the facility setting.

Passive immunizations, such as an immune globulin or monoclonal antibody, provide long-term passive immunization to the patient.

See codes 96401-96549 for the administration of chemotherapy or other highly complex drug or highly complex biologic agent services. These highly complex services require advanced practice training and competency for staff who provide these services; special considerations for preparation, dosage or disposal; and commonly, these services entail significant patient risk and frequent monitoring. Examples are frequent changes in the infusion rate, prolonged presence of nurse administering the solution for patient monitoring and infusion adjustments, and frequent conferring with the physician or other qualified health care professional about these issues.

(Do not report 96365-96379 with codes for which IV push or infusion is an inherent part of the procedure [eg, administration of contrast material for a diagnostic imaging study])

(For mechanical scalp cooling, see 0662T, 0663T)

96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, 90473, 90474, 90480 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A)

(Report 96372 for non-antineoplastic hormonal therapy injections)

(Report 96401 for anti-neoplastic nonhormonal injection therapy)

(Report 96402 for anti-neoplastic hormonal injection therapy)

(For intradermal cancer immunotherapy injection, see 0708T, 0709T)

(Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211. Hospitals may report 96372 when the physician or other qualified health care professional is not present)

(96372 does not include injections for allergen immunotherapy. For allergen immunotherapy injections, see 95115-95117)

96377 Application of on-body injector (includes cannula insertion) for timed subcutaneous injection

●96380	EE1	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional (Report 96380 for administration of respiratory syncytial virus, monoclonal antibody, seasonal dose [90380, 90381])	XXX	0.24 (Interim Recommendation Survey April 2024)
●96381	EE2	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection (Report 96381 for administration of respiratory syncytial virus, monoclonal antibody, seasonal dose [90380, 90381])	XXX	0.17 (Interim Recommendation Survey April 2024)
96379	<i>Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion</i>			

September 27, 2023

Ezequiel Silva III, MD
Chairperson, AMA/Specialty Society Relative Value Scale Update Committee
Relative Value Systems, American Medical Association
AMA Plaza - 330 N Wabash Ave, Suite 39300
Chicago, IL 60611

Re: Respiratory Syncytial Virus Monoclonal Antibody Administration Codes (96380, 96381)

Dear Dr. Silva:

The American Academy of Pediatrics (AAP) respectfully submits recommendations for the Respiratory Syncytial Virus Monoclonal Antibody Administration codes as follows:

96380 Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional

Recommendation:

- **Crosswalk to April 2021 RUC-recommended work relative value units (RVUs) and intraservice time (7 minutes) for CPT code 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)**
- **Utilize April 2021 RUC-recommended direct practice expense inputs for CPT code 90460 as a template with incremental direct practice expense inputs required for administering the RSV monoclonal antibody vaccine.**

96381 Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

Recommendation:

- **Crosswalk to April 2021 RUC-recommended work relative value units (RVUs) and intraservice time (7 minutes) for CPT code 90471 (Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**
- **Utilize April 2021 RUC-recommended direct practice expense inputs for CPT code 90471 as a template with incremental direct practice expense inputs required for administering the RSV monoclonal antibody vaccine.**

Background

New CPT codes for an immune globulin product protecting against respiratory syncytial virus for seasonal duration, Nirsevimab, were approved during the May 2023 CPT meeting. There was discussion surrounding the fact that the current administration code used for intramuscular injection of an immune globulin product, 96372, was not sufficient for this product, which will be administered to all infants prophylactically as a passive immunization. Subsequent to the May 2023 CPT meeting, the Food and Drug Administration (FDA) and the FDA's Pediatric Advisory Committee approved Nirsevimab via their Fast Track process and the CDC's Advisory Committee on Immunization Practices (ACIP) recommended single dose of Nirsevimab for all infants younger than 8 months born during or entering their first RSV season and infants and for children aged 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.

At the September 2023 meeting, the CPT Editorial Panel created two new CPT codes to report the passive immunization administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, with and without counseling. The new administration codes were developed for this product to support the increased physician and other qualified healthcare provider (QHP) work involved in parent/caretaker counseling regarding this novel vaccine-like product as well as address efforts that are commonly associated with the administration of an immunization (in this case, a passive immunization) in a preventive care setting and practice expenses associated with product storage and entry into the state immunization registry. These codes fell under the CPT Panel's Early Release Policy and will be effective October 2023 to protect against severe disease caused by RSV, which is common, highly contagious and sometimes deadly. RSV is one of the leading causes of death for otherwise healthy young infants and for young and older infants with underlying medical concerns, henceforth, the urgency to get this countermeasure approved.

Nirsevimab is currently available in the marketplace, creating an urgent need for the RUC to value these passive immunization administration codes and forward recommendations to CMS so children can begin to receive this life-saving intervention. This vaccine is a seasonal product, October 1 through March 31. For pediatricians to give it this year, the valuation needs to come out now to avoid an unacceptable public health delay. Last year's RSV peak was November.

While the situation was particularly dire during the last RSV season (the 'triple-demic'), which saw alignment in surges of three viral pathogens (RSV, influenza and COVID), the RSV season has had a longstanding impact on the care of all ill or injured children as it results in a substantial reduction of available pediatric inpatient and critical care bed capacity. While RSV can have an impact on all populations, it represents a true public health risk in pediatrics.

While the gold standard for determining work RVUs is survey methodology, the RUC set a precedent during the COVID-19 public health emergency of using crosswalk methodology when it was in the public's best interest to do so. The AAP believes the current situation to be of equal urgency and asks the RUC to approve interim work, time, and PE valuations based on our recommended crosswalks. In addition to the need for timely valuations, we are concerned that pediatricians and other primary care providers who will be administering this vaccine presently have no experience in doing so, which may ultimately create flawed methodology for any expedited survey conducted at this time. The AAP, along with other interested societies, will survey the codes for the April 2024 RUC meeting.

Rationale

- 1) The April 2021 RUC-recommended wRVU and intraservice time for CPT code 90460 are the appropriate crosswalks for new CPT code 96380. The April 2021 RUC-recommended direct practice expense inputs for CPT code 90460 form the appropriate template for this RSV monoclonal antibody administration code.**

CPT code 90460 and 96380 both describe immunization administration services that include parent/caretaker benefit and risk counseling by the physician or QHP. While this new code was created partially based on the idea that this immunization service involved more work than CPT code 90460, this expert panel believes crosswalking the wRVU and intraservice time for 96380 to the RUC recommended work for CPT code 90460 is an appropriate interim valuation. CPT code 90460 has a recent RUC valuation (April 2021), has high utilization in the non-facility pediatric setting, and is on the RUC MPC list. The expert panel also looked at other RUC-reviewed services with an XXX global period that have

comparable times and work RVUs. The expert panel feels an interim work RVU of 0.24 and intra-service time of 7 minutes are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
88311	Decalcification procedure	XXX	0.24	0	5	2	7
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	XXX	0.24	0	7	0	7
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	XXX	0.24	0	7	0	7
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	XXX	0.24	0	7	0	7
77073	Bone length studies (orthoroentgenogram, scanogram)	XXX	0.26	1	5	1	7
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral)	XXX	0.26	1	5	1	7

70260	Radiologic examination, skull; complete, minimum of 4 views	XXX	0.28	1	4	1	6
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This expert panel reviewed each PE input for CPT code 90460 and believes the RUC-recommended direct PE inputs for code 90460 should be utilized as the template for 96380, adding the incremental direct practice expense inputs required for administering the RSV monoclonal antibody vaccine.

2) The April 2021 RUC-recommended wRVU and intraservice time for CPT code 90471 are the appropriate crosswalks for new CPT code 96381. The April 2021 RUC-recommended direct PE inputs for CPT code 90471 form the appropriate template for this RSV monoclonal antibody administration code.

CPT code 90471 and 96381 both describe immunization administration services that do not include parent/caretake benefit and risk counseling by the physician or QHP. This expert panel believes the physician work for 96381 is the same as the RUC recommended work for CPT code 90471. CPT code 90471 has a recent RUC valuation (April 2021) and has high utilization in the non-facility pediatric setting. The expert panel also looked at other RUC-reviewed services with an XXX global period that have comparable times and work RVUs. The expert panel feels an interim work RVU of 0.17 and intraservice time of 7 minutes are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
94781	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes	ZZZ	0.17	0	5	0	5
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	XXX	0.17	0	7	0	7

96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	XXX	0.17	0	7	0	7
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	XXX	0.18	0	3.2	0	3.2
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. Usually, the presenting problem(s) are minimal.	XXX	0.18	0	5	2	7
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	XXX	0.20	2	5	2	9

This expert panel reviewed each PE input for CPT code 90471 and believes the RUC-recommended direct PE inputs for code 90471 should be utilized as the template for 96381, adding the incremental direct practice expense inputs required for administering the RSV monoclonal antibody vaccine.

We thank both CPT and RUC teams for their timely attention to this matter.

Sincerely,

Steven Krug, MD

RUC Advisor

American Academy of Pediatrics

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:96380	Tracking Number EE1	Original Specialty Recommended RVU: 0.24
Global Period: XXX	Current Work RVU:	Presented Recommended RVU: 0.24
		RUC Recommended RVU: 0.24

CPT Descriptor: Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 6-month-old female presents during the fall season. The physician or other qualified healthcare professional provides benefit and risk counseling on immunization for the seasonal respiratory syncytial virus to the parents and answers all their questions. The parent agrees to have their child receive the product.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

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 physician or qualified health care professional recommends passive immunization with the respiratory syncytial virus (RSV) immune globulin seasonal product for protection against RSV during the infant's vulnerable first year. The physician or QHP provides benefit and risk counseling to the parents and answers all their questions. Consent is obtained from the parent or guardian. Following the administration of the injection the patient is monitored for any adverse reaction. The physician or QHP then discusses the care plan for the child in the days to follow specific to the anticipated or possible side effects (eg, soreness and pain at the injection site, fever) and reviews the signs or symptoms that warrant a call back.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Steven Krug, MD (AAP); Suzanne Berman, MD (AAP)				
Specialty Society(ies):	American Academy of Pediatrics				
CPT Code:	96380				
Sample Size:	Resp N:	0			
Description of Sample:					
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00				
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)

XXX Global Code

CPT Code:	96380	Recommended Physician Work RVU: 0.24		
		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:		7.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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

<u>Post-Operative Visits</u>	<u>Total Min**</u>	<u>CPT Code and Number of Visits</u>			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90460	XXX	0.24	RUC Time

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90471	XXX	0.17	RUC Time

CPT Descriptor Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	319,663

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
71111	XXX	0.32	RUC Time	10,672

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 % of respondents: %

Number of respondents who choose 2nd Key Reference Code: 0 % of respondents: %

TIME ESTIMATES (Median)

	CPT Code: <u>96380</u>	Top Key Reference CPT Code: <u>90460</u>	2nd Key Reference CPT Code: <u>90471</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	7.00	7.00	7.00
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	7.00	7.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity					

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
<ul style="list-style-type: none"> The number of possible diagnosis and/or the number of management options that must be considered The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed Urgency of medical decision making 			

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required			
Physical effort required			

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

--	--	--

**Survey Code Compared to
2nd Key Reference Code**

Much Less Somewhat Less Identical Somewhat More Much More

Overall intensity/complexity

--	--	--	--	--	--

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

--	--	--

Technical Skill/Physical Effort

Less Identical More

Technical skill required

--	--	--

Physical effort required

--	--	--

Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
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--	--	--

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

New CPT codes for an immune globulin product protecting against respiratory syncytial virus for seasonal duration, Nirsevimab, were approved during the May 2023 CPT meeting. There was discussion surrounding the fact that the current administration code used for intramuscular injection of an immune globulin product, 96372, was not sufficient for this product, which will be administered to all infants prophylactically as a passive immunization. Subsequent to the

May 2023 CPT meeting, the Food and Drug Administration (FDA) and the FDA's Pediatric Advisory Committee approved Nirsevimab via their Fast Track process and the CDC's Advisory Committee on Immunization Practices (ACIP) recommended single dose of Nirsevimab for all infants younger than 8 months born during or entering their first RSV season and infants and for children aged 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.

At the September 2023 meeting, the CPT Editorial Panel created two new CPT codes to report the passive immunization administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, with and without counseling. The new administration codes were developed for this product to support the increased physician and other qualified healthcare provider (QHP) work involved in parent/caretaker counseling regarding this novel vaccine-like product as well as address efforts that are commonly associated with the administration of an immunization (in this case, a passive immunization) in a preventive care setting and practice expenses associated with product storage and entry into the state immunization registry. These codes fell under the CPT Panel's Early Release Policy and will be effective October 2023 to protect against severe disease caused by RSV, which is common, highly contagious and sometimes deadly. RSV is one of the leading causes of death for otherwise healthy young infants and for young and older infants with underlying medical concerns, henceforth, the urgency to get this countermeasure approved.

Nirsevimab is currently available in the marketplace, creating an urgent need for the RUC to value these passive immunization administration codes and forward recommendations to CMS so children can begin to receive this life-saving intervention. This vaccine is a seasonal product, October 1 through March 31. For pediatricians to give it this year, the valuation needs to come out now to avoid an unacceptable public health delay. Last year's RSV peak was November.

While the gold standard for determining work RVUs is survey methodology, the RUC set a precedent during the COVID-19 public health emergency of using crosswalk methodology when it was in the public's best interest to do so. The AAP believes the current situation to be of equal urgency and was granted approval use crosswalk methodology to recommend interim work and time valuations for these new CPT codes.

Rationale

CPT code 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*, which has an RVW of 0.24 and intraservice time of 7 minutes, and 96380 both describe immunization administration services that include parent/caretaker benefit and risk counseling by the physician or QHP. While this new code was created partially based on the idea that this immunization service involved more work than CPT code 90460, this expert panel believes crosswalking the wRVU and intraservice time for 96380 to the RUC recommended work for CPT code 90460 is an appropriate interim valuation. CPT code 90460 has a recent RUC valuation (April 2021), has high utilization in the non-facility pediatric setting, and is on the RUC MPC list. The expert panel also looked at other RUC-reviewed services with an XXX global period that have comparable times and work RVUs:

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
88311	Decalcification procedure	XXX	0.24	0	5	2	7
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	XXX	0.24	0	7	0	7
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care	XXX	0.24	0	7	0	7

	professional; first or only component of each vaccine or toxoid administered						
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	XXX	0.24	0	7	0	7
77073	Bone length studies (orthoroentgenogram, scanogram)	XXX	0.26	1	5	1	7
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral)	XXX	0.26	1	5	1	7
70260	Radiologic examination, skull; complete, minimum of 4 views	XXX	0.28	1	4	1	6

These examples illustrate that the recommended value and time for code 96380 are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

Conclusion

For code 96380, *Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional*, the societies recommend an RVU of 0.24 and intra-service 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) Code 96380 is typically reported in addition to an office visit E/M

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

	Code	Global	Work RVU	Pre-Time	Intra-Time	Post-Time
3.	99213	XXX	1.30	5	20	5
4.	96380	XXX	0.24	0	7	0
5.	Total		1.54	5	27	5

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A This is a new service

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.

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.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

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:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

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

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. 90460

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION**

CPT Code:96381 Tracking Number EE2 Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.17**

CPT Descriptor: Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 6-month-old female seeks immunization against seasonal respiratory syncytial virus. The parent is offered and accepts an intramuscular injection of the RSV monoclonal antibody for their child.

Percentage of Survey Respondents who found Vignette to be Typical: 0%

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 physician or qualified health care professional recommends passive immunization with the respiratory syncytial virus (RSV) immune globulin seasonal product for protection against RSV during the infant's vulnerable first year. Consent is obtained from the parent or guardian. Following the administration of the injection the patient is monitored for any adverse reaction.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023				
Presenter(s):	Steven Krug, MD (AAP); Suzanne Berman, MD (AAP)				
Specialty Society(ies):	American Academy of Pediatrics				
CPT Code:	96381				
Sample Size:	Resp N:	0			
Description of Sample:					
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate					
Survey RVW:					
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00				
Immediate Post Service-Time:	<u>0.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

**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:	96381	Recommended Physician Work RVU: 0.17		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		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:		7.00		
Please, pick the <u>post</u>-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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? Yes

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
90471	XXX	0.17	RUC Time

CPT Descriptor Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>

CPT Descriptor**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99211	XXX	0.18	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. Usually, the presenting problem(s) are minimal.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99406	XXX	0.24	RUC Time	387,921

CPT Descriptor 2 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:**

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 0 % of respondents: %

Number of respondents who choose 2nd Key Reference Code: 0 % of respondents: %

TIME ESTIMATES (Median)

	CPT Code: 96381	Top Key Reference CPT Code: 90471	2nd Key Reference CPT Code: _____
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	7.00	7.00	7.00
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	7.00	7.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity					

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required			
Physical effort required			

Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
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--	--	--

**Survey Code Compared to
2nd Key Reference Code**

Much Less Somewhat Less Identical Somewhat More Much More

Overall intensity/complexity

--	--	--	--	--	--

Mental Effort and Judgment

Less Identical More

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--	--	--

Technical Skill/Physical Effort

Less Identical More

Technical skill required

--	--	--

Physical effort required

--	--	--

Psychological Stress

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Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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While the gold standard for determining work RVUs is survey methodology, the RUC set a precedent during the COVID-19 public health emergency of using crosswalk methodology when it was in the public's best interest to do so. The AAP believes the current situation to be of equal urgency and was granted approval use crosswalk methodology to recommend interim work and time valuations for these new CPT codes.

Rationale

CPT code 90471, *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)*, which has a RVU of 0.17 and an intraservice time of 7 minutes, and 96381 both describe immunization administration services that do not include parent/caretake benefit and risk counseling by the physician or QHP. This expert panel believes the physician work for 96381 is the same as the RUC recommended work for CPT code 90471. CPT code 90471 has a recent RUC valuation (April 2021) and has high utilization in the non-facility pediatric setting. The expert panel also looked at other RUC-reviewed services with an XXX global period that have comparable times and work RVUs:

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
94781	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes	ZZZ	0.17	0	5	0	5
90471	Immunization administration (includes percutaneous, intradermal,	XXX	0.17	0	7	0	7

	subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)						
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	XXX	0.17	0	7	0	7
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	XXX	0.18	0	3.2	0	3.2
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. Usually, the presenting problem(s) are minimal.	XXX	0.18	0	5	2	7
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	XXX	0.20	2	5	2	9

These examples illustrate that the recommended value and time for code 96381 are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

Conclusion

For code 96381 *Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection*, the societies recommend an RVU of 0.17 and intra-service time of 7 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- 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) Code 96381 is typically reported in addition to an office visit E/M

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-Time	Intra-Time	Post-Time
3.	99213	XXX	1.30	5	20	5
4.	96381	XXX	0.17	0	7	0
5.	Total		1.47	5	27	5

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A This is a new service

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.

- 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.

- Specialty Frequency 0 Percentage 0.00 %
- Specialty Frequency 0 Percentage 0.00 %
- 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:
 Other

BETOS Sub-classification:
 Immunizations/Vaccinations

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

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. 90471

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
1	ISSUE: Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration																						
2	TAB: 19																						
3																							
4					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD
5	Source	CPT	DESC	Global					MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST
6	XWALK	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	XXX	2021		0.034	0.034			0.24				7						7		
7	REC	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional				0.034	0.034			0.24				7						7		
8	XWALK	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	XXX	2021		0.024	0.024			0.17				7						7		
9	REC	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection				0.024	0.024			0.17				7						7		

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2023

CPT Code	Long Descriptor	Global Period
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	XXX
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	XXX

Vignette(s) (vignette required even if PE only code(s)):

CPT Code	Vignette
96380	A 6-month-old female presents during the fall season. The physician or other qualified healthcare professional provides benefit and risk counseling on immunization for the seasonal respiratory syncytial virus to the parents and answers all their questions. The parent agrees to have their child receive the product.
96381	A 6-month-old female seeks immunization against seasonal respiratory syncytial virus. The parent is offered and accepts an intramuscular injection of the RSV monoclonal antibody for their child.

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:

RUC Advisors from AAP and several AAP members from large pediatric practices with expertise in immunization administration acted as an expert panel and communicated via email to develop the recommended PE inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

We are utilizing CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other QHP; first or only component of each vaccine or toxoid administered* as our base reference code for 96380 due to the inherent similarity between the service described by 90460 and this new service. Code 90460 is a recently PE reviewed IA service. To the base of 90460 direct PE inputs, we are recommending incremental direct PE inputs as established by manufacturers and the CDC Advisory Committee on Immunization Practices for administering the Nirsevemab vaccine.

We are utilizing CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* as our based reference code for 96381 due to the inherent similarity between the service described by 90471 and this new service. Code 90471 is a recently PE reviewed IA service. To the base of 90460 direct PE inputs, we are recommending incremental direct PE inputs as established by manufacturers and the CDC Advisory Committee on Immunization Practices for administering the Nirsevemab vaccine.

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 96380-96381

SPECIALTY SOCIETY(IES): AAP

PRESENTER(S): Steven Krug, MD, Suzanne Berman, MD

**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?

Code 96380 and 96381 are typically reported with an E/M service. Codes 96380 and 96381 are typically reported with an E/M service in the NF setting.

See the *Billed Together* tab in the RUC Database.

- 4. What specialty is the dominant provider *in the nonfacility*? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the “typical” physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

The dominant provider for new CPT Codes 96380 and 96381 in the facility and non facility is not known at this time.

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:

Pre Service
CA007 Review patient clinical extant information and questionnaire
Used for imaging service. 1 minute standard.
Specialties are recommending 2 minutes to account for the clinical staff time to review the patient immunization questionnaire and complete the required pre-check eligibility process (see attachment

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Nirsevemab Visual Guide)
CA008
Perform regulatory mandated quality assurance activity (pre-service)
Standard is 0 for XXX services.
Specialties are recommending 1 minute to account for the clinical staff time to ensure the vaccine stock is viable.

Service
CA014 Confirm order, protocol exam
Used for imaging service. 1 minute standard.
Specialties are recommending 2 minutes to account for the clinical staff time to compute the correct dose based on patient’s age and weight. Additional calculation complexity based on the “If baby is under X kg or over age Y” component of formula.

- 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:

CA007: Confirming vaccine order/checking appropriateness for patient. Complete vaccine pre-check eligibility process (see attachment Nirsevemab Visual Guide).

CA008: Checking historical and current temperatures for vaccine refrigerator; recording temperatures; reporting temperatures; vaccine inventorying; ordering vaccines; completing required Vaccines for Children (VFC) paperwork; receiving vaccines; inspecting/logging vaccines and putting them in the vaccine refrigerator; creating lot numbers in EHR

- b. Service period (includes pre, intra and post):

CA011: Giving Vaccine Information Sheet (VIS) to patient/family; getting informed consent and signature if applicable

CA014: Going to laboratory and taking vaccine vials out of vaccine refrigerator; computing dose based on patient’s age and weight; drawing up vaccine into syringe; going back to patient room and preparing patient/parent, confirming that this is correct patient-correct vaccine

CA021: Actual administration of vaccine; bandage application

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 96380-
96381

SPECIALTY SOCIETY(IES): AAP

PRESENTER(S): Steven Krug, MD, Suzanne Berman, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

CA022: Watching patient after vaccine is administered

CA024: Disposal of vaccine-specific medical waste

CA034: Charting administered immunizations in the patient chart and EMR; preparing patient record/immunization card

c. Post-service period:

CA037: Contacting patient/parent to follow up on immunization administration

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*:

CA021: RN/LPN/MTA prepares the vaccine, instructs the patient (or parent) on proper positioning, selects and prepares the injection site, administers the vaccine, and applies a bandage to the injection site. The patient is then monitored for potential anaphylaxis response to the vaccine.

12. If you have used a percentage of the physician intra-service work time other than 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 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? **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**

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 96380-
96381

SPECIALTY SOCIETY(IES): AAP

PRESENTER(S): Steven Krug, MD, Suzanne Berman, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 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?

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

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 Latitude D600), ED038?
- a. If yes, please explain how the computer is used for this service(s).
 - b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
 - c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen (*please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas*). If you have selected “other formula” for any of the equipment, please explain here:

The specialty societies included the following equipment items:

EF049 refrigerator, vaccine medical grade, 2-data logger sngl glass door
ED043 refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates

The specialties used the ‘default’ equipment formula for both EF049 and ED043.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE-ONLY CODES ADDITIONAL INFORMATION

- 24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
- (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

- 25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

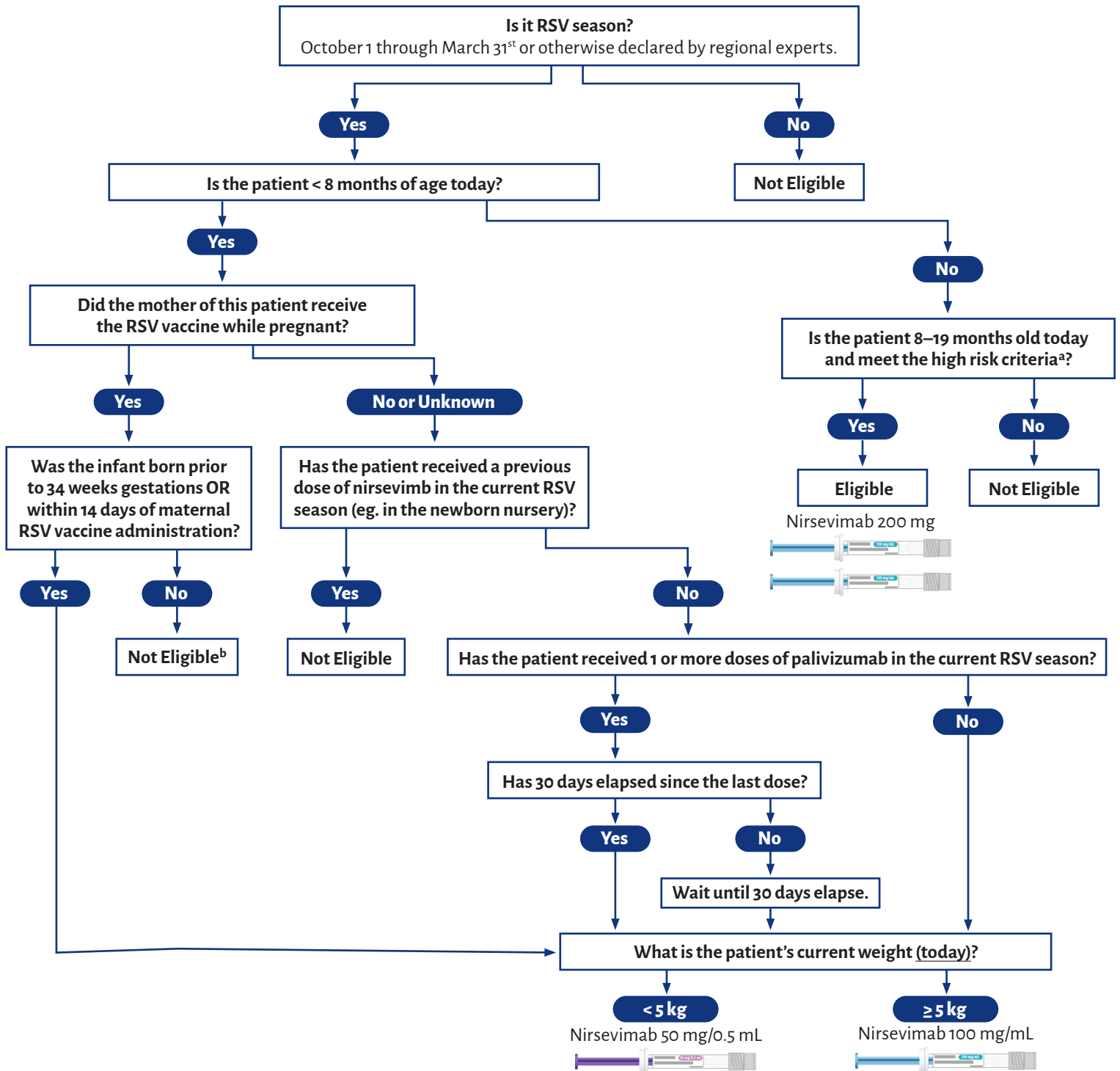
- 26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Equipment
 ED043: While its description begins with “refrigerator, vaccine,” it is the temperature monitor with alarm for the vaccine medical grade refrigerator. The specialties do not have two vaccine refrigerators included as part of the recommendations.

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).

Nirsevimab Administration Visual Guide



- a. Children 8 through 19 months of age who are recommended to receive nirsevimab when entering their second RSV season because of increased risk of severe disease.
- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season.
 - Children who are severely immunocompromised.
 - Children with cystic fibrosis who have manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) or have weight-for-length that is <10th percentile.
 - American Indian and Alaska Native children (note that this is a new group for whom second-season prophylaxis is recommended in contrast to the current palivizumab recommendations).
- b. Nirsevimab can be considered in rare circumstances when, per the clinical judgment of the healthcare provider, the potential incremental benefit of administration is warranted:
- Infants born to pregnant people who may not mount an adequate immune response to vaccination or have conditions associated with reduced transplacental antibody transfer
 - Infants who have undergone cardiopulmonary bypass, leading to loss of maternal antibodies
 - Infants with substantial increased risk for severe RSV disease (eg, hemodynamically significant congenital heart disease, intensive care admission, and requiring oxygen at discharge).

Nirsevimab Administration Visual Guide (continued)

At the time of administration, affirm the 7 rights to reduce errors:

1. Right patient
2. Right time (age, in RSV season)
3. Right immunization (correct medication)
4. The right dosage (based on weight)
5. The right route, needle length, and technique
6. [Right site](#)

Intramuscular (IM) injection		
Use a 22–25 gauge needle. Choose the injection site and needle length that is appropriate to the person's age and body mass.		
Age	Needle length	Injection site
Newborns (1 st 28 days)	$\frac{5}{8}$ " ^c	Anterolateral thigh muscle
Infants (1–12 months)	1"	Anterolateral thigh muscle
Toddlers (1–2 years)	1–1 $\frac{1}{4}$ "	Anterolateral thigh muscle ^e
	$\frac{3}{8}$ " ^d –1"	Deltoid muscle of arm

7. The right documentation

c. If skin is stretched tightly and subcutaneous tissues are not bunched.

d. Alternate needle lengths may be used if the skin is stretched tightly and subcutaneous tissues are not bunched, as follows: a) a $\frac{3}{8}$ " needle in toddlers, children, and patients weighing less than 130 lbs (less than 60 kg) for IM injection in the deltoid muscle only, or b) a 1" needle for administration in the thigh muscle for adults of any weight.

e. Preferred site

NOTE: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well. Access the ACIP recommendations at www.immunize.org/acip.

**RUC Practice Expense Subcommittee
Packs Workgroup
June 2023**

Workgroup Report

Workgroup Members Present: Donald Selzer, MD (Chair), Michael Booker, MD, Dheeraj Mahajan, MD, Richard Rausch, DPT, MBA, Edward Vates, MD

At the April 2023 meeting, the PE Subcommittee formed a workgroup to review the content of the packs to assess if they are still typical and revise as necessary. This was a result of discrepancies found with the packs pricing at the January 2023 RUC meeting.

The purpose of the packs is to simplify the process of identifying and recommending PE supply direct inputs. One would expect the pack price to be identical to the total cost of its individual contents. The price of the individual components should be consistent across the supply packs and match the standalone prices of supplies. However, the RUC noted a discrepancy with the SA051 *pack, pelvic exam* while reviewing CPT code 9X036 *Pelvic exam (List separately in addition to code for primary procedure)*. The SA051 pack is priced at \$20.16 while the four individual items therein total \$2.81 according to the 2023 CMS Direct PE Inputs Medical Supplies Listing.

AMA Staff prepared a document with the 23 deconstructed packs for consideration by the PE Subcommittee at its April 2023 meeting. Review of the pack pricing uncovered numerous discrepancies between the aggregated cost of a pack and the individual item components. Prior to the meeting, staff reached out to inquire about this issue to the Centers for Medicare & Medicaid Services (CMS) and received the following response:

“We agree that this is an issue that should be fixed, as the price of the individual components should be consistent across the supply packs and match the standalone prices of supplies (like gloves and sterile gauze and such). However, it needs to be tackled in comprehensive fashion to ensure consistency across the dozens of supply packs which will be a sizable undertaking. Resolving these pricing discrepancies in the supply packs is something that we will consider addressing in future rulemaking.”

The RUC shared the deconstructed packs document and volume analysis with CMS as part of its May 2023 RUC recommendations stating, **“The RUC strongly recommends that CMS resolve these pricing discrepancies in the supply packs during CY2024 rulemaking.”**

The Packs Workgroup convened a Teams meeting on June 28, 2023, and completed the following tasks to be included with the RUC comments on the CY2024 Proposed Rule:

I. Incomplete Packs Review

When the 23 supply packs were deconstructed, four packs stood out as containing items that did not have assigned supply codes and were no longer included on the CMS Direct PE Inputs Medical Supplies Listing. The pricing of these packs was clearly incorrect because the individual components could not be properly accounted for or summed. The Workgroup reviewed the contents of these four incomplete packs (SA045, SA046, SA049 and SA082) to ensure they are complete for submission to CMS with the RUC comment letter in August 2023.

AMA Staff searched the RUC database for the codes that used each of the four incomplete supply packs and contacted the specialties who are the dominant providers for one or more of these services. The specialties involved were requested to review the contents of the respective packs to ensure they are correct and to provide invoices for any missing supply items. The attached spreadsheet accounts for all

the packs and details the recommended modifications for the packs as explained below. Invoices are also attached for new supply items.

SA045 – All the items listed in SA045 *pack, drapes, cystoscopy* were no longer available in the current CMS Direct PE Inputs Medical Supplies Listing, thus the specialties rebuilt the pack to include two new supply items:

- *drape, surgical, legging*
- *drape, surgical, split, impervious, absorbent.*

The specialty clarified that two leggings are typical, one for each leg. They explained that there are three components to the pack, a legging on each leg and the drape in the center. A one piece drape is considerably more expensive and not typical. The Workgroup carefully reviewed the invoices and clarified that the leggings invoice is for a single legging drape (2 cases of 20), thus a quantity of two is appropriate.

SA046 – The specialties examined the codes which include SA046 *pack, drapes, laparotomy (chest-abdomen)* and recommended alternative supply items to replace the pack as detailed in the attached spreadsheet.

The Workgroup agreed that pack SA046 should be removed for the six CPT codes 19020, 19101, 19110, 19112, 20102, 20101 and replaced with supply item SB011 *drape, sterile, fenestrated 16in x 29in* as recommended by the surgical specialties. The specialties explained that a laparotomy drape-pack is not a typical supply in a surgeon's office. In addition, SA046 duplicates a few items that are separately identified for these codes (eg, SB012 drape, sterile, for Mayo stand). For these 6 procedures, it would be more typical to use a fenestrated drape which is an item commonly stocked in a surgeon's office and not included in the current PE details.

For CPT codes 19000, 60300, 22510, 22511, 22513, 22514, the Workgroup did not immediately accept the recommendation to substitute existing supply items SB014 *drape, sterile, three-quarter sheet* and SB019 *drape, towel, sterile 18in x 26in* for a longer drape but instead requested a brief rationale of what is typically used for the procedures and why, whether it be the existing supplies or a new supply item.

For CPT codes 22510, 22511, 22513, 22514, the specialties submitted a revised recommendation and invoice for a new supply item, *Abdominal Drape Laparotomy Drape Sterile (100 in x 72 in x 124 in)*, along with existing supply item SB019. They explained that “A laparotomy drape-pack is not a typical supply in a surgeon’s office and that SA046 also includes several items which are unnecessary (e.g., fan-folded drape sheets, Mayo stand cover, suture bag) for these procedures. For these four procedures, it would be more typical to use sterile drape towels (4) and a fenestrated drape, which is an item commonly stocked in a surgeon’s office but not included in the current CMS list of PE supply inputs.”

The specialties submitted a revised recommendation for CPT code 19000 with rationale to recommend replacing pack SA046 with existing supply items SB014 and SB019. They explained that “A laparotomy drape-pack is not a typical supply item for this procedure and contains duplicate items. It would be more typical to use a three-quarter sheet drape to cover the patient’s lower chest and abdomen, and two sterile towels folded into triangles to create a sterile field surrounding the targeted area on the breast for puncture. These supply items are currently on the CMS list of PE supply inputs.”

Finally, the specialties submitted a revised recommendation for CPT code 60300 also with rationale to recommend replacing pack SA046 with existing supply items SB014 and SB019. They explained that “A laparotomy drape-pack is not a typical supply item for this procedure and contains duplicate items. It would be more typical to use a three-quarter sheet drape to cover the patient, and two sterile towels folded

into triangles to create a sterile field surrounding the targeted area for puncture on the neck. These supply items are currently on the CMS list of PE supply inputs.”

The Workgroup recommends that pack SA046 be eliminated and replaced with the supply items as specified in the attached spreadsheet.

SA049 – Several items in the existing SA049 pack, *ocular photodynamic therapy* were no longer included on the CMS Direct PE Inputs Medical Supplies Listing, thus the specialty submitted modifications to correct the pack. The Workgroup discussed the specialty recommendation for SA049 and modified it further to include only two items as detailed in the attached spreadsheet. The Workgroup thoroughly discussed the contents of the ocular photodynamic therapy (PDT) kit and noted that a significant portion of the supply items in the existing pack are included in the kit. The specialty confirmed that the kit is correct, and the only additional item needed is the Y-adapter cap. Invoices are attached and include a picture to identify the contents of the kit.

SA082 – For SA082 pack, *ophthalmology visit (w-dilation)*, the specialty recommended that all the items in the existing pack remain, except for one (rev-eyes 0.5% ophth). They submitted the missing invoice for post-mydriatic spectacles, and the Workgroup clarified that the invoice includes 25 spectacles per box for a total of \$0.328 per item as noted on the attached spreadsheet.

II. Review of One Supply Item in SA042 pack, *cleaning and disinfecting, endoscope*

The unit of measurement and price for SM018 *glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)* were highlighted for review by the Packs Workgroup. AMA Staff contacted CMS to inquire about what size bottle was used for pricing SM018. CMS did not have any information on the unit size (bottle or otherwise) which was used to price the SM018 supply during the last supply/equipment pricing update. Given that the old price was 17 cents per ounce and now it is \$3.44 per ounce, there may have been a unit quantity error that took place somewhere during the process.

According to the RUC database, there are 306 codes that utilize SA042 pack, *cleaning and disinfecting, endoscope* in the Non-Facility or the Facility setting. AMA Staff contacted the specialties who are the dominant providers for one or more of these services. The specialties involved were requested to provide invoices for SM018 to ensure that quantity and pricing of this supply item is accurate. Invoices shared by the specialties will be forwarded to CMS.

The specialties were further asked if there were any other discrepancies in the contents of SA042 including alternative scope disinfectants. The specialties determined, and the Workgroup agreed, that glutaraldehyde use is no longer typical. Thus, a non-glutaraldehyde disinfectant, ortho-phthalaldehyde 0.55% (eg, Cidex OPA), is recommended as a new supply item. A specialty explained that Cidex OPA is what is used in the office setting as a replacement to the old version of Cidex (glutaraldehyde). Cidex OPA replaced Cidex several years ago to respond to glutaraldehyde-resistant mycobacteria (eg, *M.chelonae*). Another specialty confirmed that glutaraldehyde has been replaced by safer less toxic alternatives in most centers. The Workgroup clarified the unit of measurement for the new supply item is ounces with the quantity for the pack equal to 32 oz. which is what was used previously with SM018.

In addition, an additional new supply item is recommended to replace SM019 *glutaraldehyde test strips (Cidex, Metrex)* in pack SA042. Invoices were requested for ortho-phthalaldehyde test strips to complete the pack and are shared in the attachments.

III. Supply Pack Affirmation – CMS Mathematical Correction Needed

There are 18 packs in the attached spreadsheet where all content is complete. **The Workgroup affirmed the contents of the complete packs for submission to CMS with the RUC request to ensure accurate packs pricing.** The Workgroup concurred that these packs should be rectified as soon as possible by CMS to ensure that the sum totals from the individual items.

The PE Subcommittee Packs Workgroup recommends that:

- 1. The RUC request that the Centers for Medicare & Medicaid Services (CMS) revise packs SA042, SA045, SA046, SA049 and SA082 according to the attached spreadsheet.**
- 2. The RUC request that the Centers for Medicare & Medicaid Services (CMS) immediately initiate correction of the packs pricing such that the sum of the individual components match the price of the corresponding pack.**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, basic injection		pack		10.45
cap, surgical	1.14	item	1	1.14
drape, sterile barrier 16in x 29in	0.51	item	1	0.51
drape, sterile, for Mayo stand	1.07	item	1	1.07
gloves, sterile	0.91	pair	2	1.82
gown, staff, impervious	1.186	item	1	1.186
gown, surgical, sterile	5.13	item	1	5.13
mask, surgical	0.43	item	1	0.43
underpad 2ft x 3ft (Chux)	0.32	item	1	0.32
needle, 18-27g	0.04	item	2	0.08
syringe 3ml	0.25	item	1	0.25
applicator, sponge-tipped	0.15	item	3	0.45
bandage, strip 0.75in x 3in (Bandaid)	0.41	item	1	0.41
gauze, sterile 4in x 4in	0.19	item	2	0.38
lidocaine 1%-2% inj (Xylocaine)	0.06	ml	5	0.3
povidone soln (Betadine)	0.38	ml	10	3.8
Deconstructed Pricing				17.28

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
alternate injection pack*, basic injection		pack		14.12
cap, surgical	1.14	item	1	1.14
drape, sterile barrier 16in x 29in	0.51	item	1	0.51
drape, sterile, for Mayo stand	1.07	item	1	1.07
gloves, sterile	0.91	pair	2	1.82
gown, staff, impervious	1.186	item	1	1.186
gown, surgical, sterile	5.13	item	1	5.13
mask, surgical	0.43	item	1	0.43
underpad 2ft x 3ft (Chux)	0.32	item	1	0.32
needle, 18-27g	0.04	item	2	0.08
syringe 3ml	0.25	item	1	0.25
bandage, strip 0.75in x 3in (Bandaid)	0.41	item	1	0.41
gauze, sterile 4in x 4in	0.19	item	2	0.38
lidocaine 1%-2% inj (Xylocaine)	0.06	ml	5	0.3
swab, patient prep, 1.5 ml (chloraprep)	1.09	item	1	1.09
Deconstructed Pricing				14.12

2023 Final Rule (CMS-1770-F) per RUC request May 2021.

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, cleaning and disinfecting, endoscope		pack		19.43
gloves, non-sterile	0.3	pair	4	

gown, staff, impervious	1.186	item	1
face shield, splash protection (<i>mask, surgical, with face shiel</i>	3.4	item	1
biohazard specimen transport bag	0.08	item	1
gauze, sterile 4in x 4in (10 pack uou)	1.2	item	1
alcohol isopropyl 70%	0.03	ml	60
cleaning brush, endoscope	3.15	item	1
glutaraldehyde 3.4% (<i>Cidex, Maxicide, Wavicide</i>)	3.44	oz	32
glutaraldehyde test strips (<i>Cidex, Metrex</i>)	0.84	item	4

Deconstructed Pricing

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, cleaning, surgical instruments		pack	1	12.61
gloves, non-sterile	0.3	pair	2	0.6
gown, staff, impervious	1.186	item	1	1.186
face shield, splash protection (<i>mask, surgical, with face shi</i>	3.4	item	1	3.4
autoclave bag	0.07	item	1	0.07
autoclave tape	0.05	yd	0.33	0.0165
cleaning brush, instruments	5.6	item	1	5.6
enzymatic detergent	0.22	oz	1	0.22
Deconstructed Pricing				11.09

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, moderate sedation		pack		18.55
kit, iv starter	1.07	kit	1	1.07
<i>latex-free tourniquet</i>				
<i>alcohol prep pad</i>				
<i>PVP swabstic</i>				
<i>gauze sponges</i>				
<i>surgical tape</i>				
pulse oximeter sensor probe wrap (cover, thermometer prol	0.22	item	1	0.22
gloves, sterile	0.91	pair	1	0.91
gown, surgical, sterile	5.13	item	1	5.13
angiocatheter 14g-24g	2.45	item	1	2.45
iv infusion set	1.27	item	1	1.27
stop cock, 3-way	1.04	item	1	1.04
syringe 1ml	0.26	item	1	0.26
syringe-needle 3ml 22-26g	0.05	item	2	0.1
catheter, suction	0.32	item	1	0.32
electrode, ECG (single)	0.06	item	3	0.18
electrode, ground	1.28	item	1	1.28
gas, oxygen	0.01	liter	200	2

oxygen mask (1) and tubing (7ft)	0.9	item	1	0.9
tourniquet, non-latex 1in x 18in	0.1	item	1	0.1
bandage, strip 0.75in x 3in	0.41	item	1	0.41
dressing, 4in x 4.75in (Tegaderm)	0.6	item	1	0.6
gauze, sterile 4in x 4in	0.19	item	4	0.76
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
swab-pad, alcohol	0.04	item	2	0.08
Deconstructed Pricing				19.20

DESCRIPTION	Unit price	Unit	Item Qty
pack, drapes, cystoscopy	17.33	pack	
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	Unit price	Unit	Item Qty
pack, drapes, laparotomy (chest-abdomen)	7.26	pack	
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 on surgical		item	1
Deconstructed Pricing			

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, e/m visit		pack		5.47
cover, thermometer probe	0.22	item	1	0.22
drape, non-sterile, sheet 40in x 60in	0.13	item	1	0.13
gloves, non-sterile	0.3	pair	2	0.6
gown, patient	0.59	item	1	0.59
paper, exam table	0.014	foot	7	0.098
pillow case	0.47	item	1	0.47
swab-pad, alcohol	0.04	item	2	0.08
tongue depressor	0.03	item	1	0.03
patient education booklet	2.8	item	1	2.8
specula tips, otoscope	0.45	item	1	0.45

Deconstructed Pricing

5.47

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, minimum multi-specialty visit		pack		5.02
cover, thermometer probe	0.22	item	1	0.22
gloves, non-sterile	0.3	pair	2	0.6
gown, patient	0.59	item	1	0.59
paper, exam table	0.014	foot	7	0.098
pillow case	0.47	item	1	0.47
Deconstructed Pricing				1.98

DESCRIPTION	Unit price	Unit	Item Qty
pack, ocular photodynamic therapy	16.35	kit	
syringe 10-12ml	0.21	item	3
needle, 18-27g	0.04	item	5
syringe 30 ml	0.95	item	1
dextrose 5% inj (250ml uou)	0	item	1
swab-pad, alcohol	0.04	item	6
iv safety catheter with Y adapter (Intima)	0	item	1
post-mydratic spectacles	0	pair	1
Infusion Line Diagram	no charge	item	1
Patient Guide to Visudyne	no charge	item	1
wristband, patient ID	0	item	1
iv PCA extension set	0	item	1
syringe filter, sterile 1.2micron (Acrodisc) (syringe filter)	1.87	item	1
Deconstructed Pricing			

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, ophthalmology visit (no-dilation)		pack		2.72
gloves, non-sterile	0.3	pair	2	0.6
paper, chinrest	0.008	item	1	0.008
applicator, cotton-tipped, non-sterile 6in	0.07	item	2	0.14
fluorescein strips	0.282	item	1	0.282
proparacaine 0.5% ophth (Ophthaine, Alcaine)	2.3533	ml	0.1	0.23533
swab-pad, alcohol	0.04	item	2	0.08
Deconstructed Pricing				1.35

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, pelvic exam		pack		20.16
specula, vaginal	1.36	item	1	1.36
lubricating jelly (K-Y) (5gm uou)	0.54	item	1	0.54
swab, procto 16in	0.27	item	2	0.54
pad, feminine mini	0.37	item	1	0.37
Deconstructed Pricing				2.81

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, post-op incision care (staple)		pack		4.80
kit, staple removal <i>disposable skin staple remover</i> <i>3" x 3" gauze sponge</i>	1.203	kit	1	1.203
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	2	0.38
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	10	3.8
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	1	0.33
Deconstructed Pricing				9.90

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, post-op incision care (suture & staple)		pack		5.47
kit, staple removal <i>disposable skin staple remover</i> <i>3" x 3" gauze sponge</i>	1.203	kit	1	1.203
kit, suture removal <i>disposable hook-tipped scissors</i> <i>disposable plastic forceps</i> <i>3" x 3" gauze sponge</i>	1.64	kit	1	1.64
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	2	0.38
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	10	3.8
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	1	0.33
Deconstructed Pricing				11.54

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, post-op incision care (suture)		pack		4.62
kit, suture removal <i>disposable hook-tipped scissors</i> <i>disposable plastic forceps</i> <i>3" x 3" gauze sponge</i>	1.64	kit	1	1.64
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	2	0.38
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	10	3.8
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	1	0.33
Deconstructed Pricing				10.34

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, post-op incision care, craniotomy		pack		7.30
kit, staple removal <i>disposable skin staple remover</i> <i>3" x 3" gauze sponge</i>	1.203	kit	1	1.203
kit, suture removal <i>disposable hook-tipped scissors</i> <i>disposable plastic forceps</i> <i>3" x 3" gauze sponge</i>	1.64	kit	1	1.64
povidone soln (Betadine)	0.38	ml	20	7.6
gauze, sterile 4in x 4in	0.19	item	4	0.76
gloves, sterile	0.91	pair	1	0.91
bandage, Kling, non-sterile 2in	1.65	item	1	1.65
steri-strip (6 strip uou)	1.54	item	2	3.08
swab-pad, alcohol	0.04	item	2	0.08
tape, surgical paper 1in (Micropore)	0.01	inch	60	0.6
tincture of benzoin, swab	0.33	item	2	0.66
Deconstructed Pricing				18.18

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, post-op incision care, neurosurgical		pack		6.20
kit, staple removal <i>disposable skin staple remover</i>	1.203	kit	1	1.203

3" x 3" gauze sponge				
kit, suture removal	1.64	kit	1	1.64
<i>disposable hook-tipped scissors</i>				
<i>disposable plastic forceps</i>				
3" x 3" gauze sponge				
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	4	0.76
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	20	7.6
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	2	0.66
Deconstructed Pricing				16.05

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, urology cystoscopy visit		pack		113.70
pack, drapes, cystoscopy	17.33	pack	1	17.33
gloves, non-sterile	0.3	pair	1	0.3
gloves, sterile	0.91	pair	1	0.91
tubing, irrigation (cysto)	3.54	item	1	3.54
lidocaine 2% jelly, topical (Xylocaine)	1.04	ml	10	10.4
sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item	1	3.34
povidone soln (Betadine)	0.38	ml	10	3.8
sanitizing cloth-wipe (patient)	0.07	item	5	0.35
Deconstructed Pricing				39.97

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, drape, ortho, large		pack		37.30
drape, sterile, for Mayo stand	1.07	item	1	1.07
drape, sterile, hand-upper extremity	8.38	item	1	8.38
drape, sterile, three-quarter sheet	3.46	item	1	3.46
drape, sterile, u-shape	6.39	item	1	6.39
bandage, Esmarch-Martin, sterile 3in x 9ft	6.08	item	1	6.08
Deconstructed Pricing				25.38

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, drape, ortho, small		pack		2.25

drape-towel, sterile 18in x 26in	0.47	item	4	1.88
Deconstructed Pricing				1.88

DESCRIPTION	Unit price	Unit	Item Qty	
pack, ophthalmology visit (w-dilation)	3.91	pack		
Cotton tipped applicators (applicator, cotton-tipped, non-ster	0.07	item	2	
fluorescein strips	0.282	item	1	
gloves, non-sterile	0.3	pair	2	
tetracaine or proparacaine (proparacaine 0.5% ophth (Ophth:	2.3533	ml	0.1	
tropicamide 1% ophth (Mydriacyl)	0.83	ml	0.1	
phenylephrine 2.5% ophth (Mydrfrin)	5.46	ml	0.1	
paper, chinrest	0.008	item	1	
swab-pad, alcohol	0.04	item	2	
post-mydriatic spectacles	0	Item	1	
rev-eyes 0.5% ophth	0	ml	0.1	
Deconstructed Pricing				

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, protective, ortho, large		pack		10.86
cap, surgical	1.14	item	1	1.14
gloves, non-sterile	0.3	pair	2	0.6
gloves, sterile	0.91	pair	4	3.64
gown, staff, impervious	1.186	item	2	2.372
mask, surgical, with face shield	3.4	item	2	6.8
shoe covers, surgical	0.1	pair	2	0.2
Deconstructed Pricing				14.75

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, protective, ortho, small		pack		5.99
cap, surgical	1.14	item	1	1.14
gloves, non-sterile	0.3	pair	2	0.6
gloves, sterile	0.91	pair	2	1.82
gown, staff, impervious	1.186	item	1	1.186
mask, surgical, with face shield	3.4	item	1	3.4
Deconstructed Pricing				8.15

