

TABLE 14: CY 2022 Direct PE Refinements

HCPCS code	HCPCS code description	Specialty Society Surveyed	Comment	Direct costs change (in dollars)	Specialty Agree/Disagree	(If Disagree) Specialty Comment
46020	Placement of seton	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-2.36	Disagree	See text for the specific code.
46020	Placement of seton	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day	-7.67	Disagree	See text for the specific code.
46020	Placement of seton	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-1.77	Disagree	See text for the specific code.
46020	Placement of seton	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-5.90	Disagree	See text for the specific code.
46020	Placement of seton	ACS, ASCRS (col)	G1: See preamble text	-1.77	Disagree	See text for the specific code.
46030	Removal of rectal marker	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-1.77	Disagree	See text for the specific code.
46030	Removal of rectal marker	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-2.95	Disagree	See text for the specific code.
46030	Removal of rectal marker	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-4.13	Disagree	See text for the specific code.
46030	Removal of rectal marker	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for	-1.18	Disagree	See text for the specific code.
46030	Removal of rectal marker	ACS, ASCRS (col)	G1: See preamble text	-1.77	Disagree	See text for the specific code.
46030	Removal of rectal marker	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-2.36	Disagree	See text for the specific code.
46030	Removal of rectal marker	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-4.13	Disagree	See text for the specific code.
46030	Removal of rectal marker	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-1.18	Disagree	See text for the specific code.
46030	Removal of rectal marker	ACS, ASCRS (col)	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-1.77	Disagree	See text for the specific code.
617X1	Litt icr 1 traj 1 smpl les	AANS, CNS	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-7.67	Disagree	See text for the specific code.
617X1	Litt icr 1 traj 1 smpl les	AANS, CNS	L8: Standard preservice clinical labor time for procedures with 0/10 day	-1.77	Disagree	See text for the specific code.

617X1	Litt icr 1 traj 1 smpl les	AANS, CNS	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-5.90	Disagree	See text for the specific code.
617X1	Litt icr 1 traj 1 smpl les	AANS, CNS	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-2.36	Disagree	See text for the specific code.
617X2	Litt icr mlt trj mlt/cplx ls	AANS, CNS	L8: Standard preservice clinical labor time for procedures with 0/10 day	-1.77	Disagree	See text for the specific code.
617X2	Litt icr mlt trj mlt/cplx ls	AANS, CNS	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-2.36	Disagree	See text for the specific code.
617X2	Litt icr mlt trj mlt/cplx ls	AANS, CNS	L8: Standard preservice clinical labor time for procedures with 0/10 day	-7.67	Disagree	See text for the specific code.
617X2	Litt icr mlt trj mlt/cplx ls	AANS, CNS	L8: Standard preservice clinical labor time for procedures with 0/10 day global periods	-5.90	Disagree	See text for the specific code.
68XXX	Insj rx elut implt lac canal	AAO, ASCRS (cat)	E1: Refined equipment time to conform to established policies for non-highly technical equipment	-0.55	Agree - AAO	
69714	Impltj oi implt skl perq esp	AAOHNS	L9: Refined clinical labor to align with number of post-operative visits	-5.31	Agree - AAOHNS	
69717	Revj/rplcmt oi implt prq esp	AAOHNS	L9: Refined clinical labor to align with number of post-operative visits	-5.31	Agree - AAOHNS	
80XX0	Path clin consltj sf 5-20	CAP	G1: See preamble text	-0.47	Disagree - CAP	When the pathologist is consulted on a patient case, as described in the physician work description on the RUC's summary of recommendation (SOR) form, the pathologist reviews all relevant information about the patient that is available. Typically, a physical component of the patient material contained within the pathologist's patient case review is the patient's specimen slides. The physician work descriptions in the SOR form contain the word "slides" within the sentence "All applicable diagnostic material, slides, primary analytical data are retrieved/unarchived for the pathologist's examination and review." These slides are typically reviewed on a high-grade professional microscope at the pathologist's workstation. During the service, the microscope itself is not available for other personnel to use on other patients, as the pathologist may review the slides multiple times during the service. The RUC understood that pathologists require a microscope to perform this and numerous other pathology related professional services. The retrieval of specimen slides for the pathologist to review is also mentioned in the RUC's NF practice expense summary of recommendation form: "Such data includes but is not limited to patient medical history records, retrieval of patient specimen slides, laboratory data, images, and printed/copied material. Electronic Health Records (EHR) and Laboratory Information Systems (LIS) are referenced as well." Specimen slide review on a compound microscope is typically performed and a key component of this pathology consultation. We urge the CMS to understand the need to accept and implement the RUC recommended 15, 30, 54, and 30 minutes of equipment time for EP024 (microscope, compound) for CPT codes 80XX0, 80XX1, 80XX2, and 80XX3.
80XX0	Path clin consltj sf 5-20	CAP	L2: Clinical labor task redundant with clinical labor task PA008	-2.48	Disagree - CAP	For these services, accessioning and entering information on the patient case is a preservice clinical labor task that is not duplicative with the post service work of filing specimen slides, filing reports and all relevant patient information retrieved for the pathologist to review. The preservice clinical labor work here involves the careful documentation of the connection between the requesting physician and the pathologist onto a worksheet or accession form. The form is used to transcribe the request for consult, the primary complaint, patient encounter, and other related information so that it becomes part of the patient's electronic health record. This is one of the first steps of the complete service. We urge the CMS to understand the need to accept and implement the RUC recommended time of 4 minutes for clinical labor activity PA001 for CPT codes 80XX0, 80XX1, 80XX2, and 80XX3.

80XX1	Path clin consltj mod 21-40	CAP	G1: See preamble text	-0.95	Disagree - CAP	When the pathologist is consulted on a patient case, as described in the physician work description on the RUC's summary of recommendation (SOR) form, the pathologist reviews all relevant information about the patient that is available. Typically, a physical component of the patient material contained within the pathologist's patient case review is the patient's specimen slides. The physician work descriptions in the SOR contain the word "slides" within the sentence "All applicable diagnostic material, slides, primary analytical data are retrieved/unarchived for the pathologist's examination and review." These slides are typically reviewed on a high-grade professional microscope at the pathologist's workstation. During the service, the microscope itself is not available for other personnel to use on other patients, as the pathologist may review the slides multiple times during the service. The RUC understood that pathologists require a microscope to perform this and numerous other pathology related professional services. The retrieval of specimen slides for the pathologist to review is also mentioned in the RUC's NF practice expense summary of recommendation form: "Such data includes but is not limited to patient medical history records, retrieval of patient specimen slides, laboratory data, images, and printed/copied material. Electronic Health Records (EHR) and Laboratory Information Systems (LIS) are referenced as well." Specimen slide review on a compound microscope is typically performed and a key component of this pathology consultation. We urge the CMS to understand the need to accept and implement the RUC recommended 15, 30, 54, and 30 minutes of equipment time for EP024 (microscope, compound) for CPT codes 80XX0, 80XX1, 80XX2, and 80XX3.
80XX1	Path clin consltj mod 21-40	CAP	L2: Clinical labor task redundant with clinical labor task PA008	-2.48	Disagree - CAP	For these services, accessioning and entering information on the patient case is a preservice clinical labor task that is not duplicative with the post service work of filing specimen slides, filing reports and all relevant patient information retrieved for the pathologist to review. The preservice clinical labor work here involves the careful documentation of the connection between the requesting physician and the pathologist onto a worksheet or accession form. The form is used to transcribe the request for consult, the primary complaint, patient encounter, and other related information so that it becomes part of the patient's electronic health record. This is one of the first steps of the complete service. We urge the CMS to understand the need to accept and implement the RUC recommended time of 4 minutes for clinical labor activity PA001 for CPT codes 80XX0, 80XX1, 80XX2, and 80XX3.
80XX2	Path clin consltj high 41-60	CAP	G1: See preamble text	-1.70	Disagree - CAP	When the pathologist is consulted on a patient case, as described in the physician work description on the RUC's summary of recommendation (SOR) form, the pathologist reviews all relevant information about the patient that is available. Typically, a physical component of the patient material contained within the pathologist's patient case review is the patient's specimen slides. The physician work descriptions in the SOR contain the word "slides" within the sentence "All applicable diagnostic material, slides, primary analytical data are retrieved/unarchived for the pathologist's examination and review." These slides are typically reviewed on a high-grade professional microscope at the pathologist's workstation. During the service, the microscope itself is not available for other personnel to use on other patients, as the pathologist may review the slides multiple times during the service. The RUC understood that pathologists require a microscope to perform this and numerous other pathology related professional services. The retrieval of specimen slides for the pathologist to review is also mentioned in the RUC's NF practice expense summary of recommendation form: "Such data includes but is not limited to patient medical history records, retrieval of patient specimen slides, laboratory data, images, and printed/copied material. Electronic Health Records (EHR) and Laboratory Information Systems (LIS) are referenced as well." Specimen slide review on a compound microscope is typically performed and a key component of this pathology consultation. We urge the CMS to understand the need to accept and implement the RUC recommended 15, 30, 54, and 30 minutes of equipment time for EP024 (microscope, compound) for CPT codes 80XX0, 80XX1, 80XX2, and 80XX3.
80XX2	Path clin consltj high 41-60	CAP	L2: Clinical labor task redundant with clinical labor task PA008	-2.48	Disagree - CAP	For these services, accessioning and entering information on the patient case is a preservice clinical labor task that is not duplicative with the post service work of filing specimen slides, filing reports and all relevant patient information retrieved for the pathologist to review. The preservice clinical labor work here involves the careful documentation of the connection between the requesting physician and the pathologist onto a worksheet or accession form. The form is used to transcribe the request for consult, the primary complaint, patient encounter, and other related information so that it becomes part of the patient's electronic health record. This is one of the first steps of the complete service. We urge the CMS to understand the need to accept and implement the RUC recommended time of 4 minutes for clinical labor activity PA001 for CPT codes 80XX0, 80XX1, 80XX2, and 80XX3.

80XX3	Path clin consltj prolng svc	CAP	G1: See preamble text	-0.95	Disagree - CAP	When the pathologist is consulted on a patient case, as described in the physician work description on the RUC's summary of recommendation (SOR) form, the pathologist reviews all relevant information about the patient that is available. Typically, a physical component of the patient material contained within the pathologist's patient case review is the patient's specimen slides. The physician work descriptions in the SOR contain the word "slides" within the sentence "All applicable diagnostic material, slides, primary analytical data are retrieved/unarchived for the pathologist's examination and review." These slides are typically reviewed on a high-grade professional microscope at the pathologist's workstation. During the service, the microscope itself is not available for other personnel to use on other patients, as the pathologist may review the slides multiple times during the service. The RUC understood that pathologists require a microscope to perform this and numerous other pathology related professional services. The retrieval of specimen slides for the pathologist to review is also mentioned in the RUC's NF practice expense summary of recommendation form: "Such data includes but is not limited to patient medical history records, retrieval of patient specimen slides, laboratory data, images, and printed/copied material. Electronic Health Records (EHR) and Laboratory Information Systems (LIS) are referenced as well." Specimen slide review on a compound microscope is typically performed and a key component of this pathology consultation. We urge the CMS to understand the need to accept and implement the RUC recommended 15, 30, 54, and 30 minutes of equipment time for EP024 (microscope, compound) for CPT codes 80XX0, 80XX1, 80XX2, and 80XX3.
91111	Esophageal capsule endoscopy	ACG, AGA, ASGE	L3: Refined clinical labor time to conform with identical labor activity in other codes in the family	-1.77	Disagree - AGA, ASGE, ACG	CMS proposes to refine the clinical labor time for CA016 <i>Prepare, set-up and start IV, initial positioning and monitoring of patient</i> from the RUC-recommended 9 minutes to 6 minutes for CPT code 91111. CMS does not agree that it would be typical for CPT code 91111 to require an additional 3 minutes for positioning as compared with the other codes in the family, particularly in light of the clinical similarities between these services. However, we provided a detailed account of time for clinical labor activities in the PE SOR form. Additionally, during the RUC meeting a member of the PE Subcommittee asked for additional information on patient positioning for 91111. We explained why positioning the patient for capsule endoscopy of the esophagus is different from other capsule endoscopy procedures in the code family. For capsule endoscopy of the esophagus, clinical staff position the patient on the bed with a pillow (6 cm or 2.5 inches high) under the head to facilitate drinking and ingestion. The patient is typically assisted from supine to the left side to delay capsule transit across the gastroesophageal junction and then into a sitting position after the capsule is swallowed. Capsule endoscopy of the gastrointestinal tract (91110) and colon (9111X) do not require these additional steps for positioning, as noted in the PE SOR. 91111 PE inputs EQ146 and EF023 CMS also proposed to refine the equipment time for EQ146 <i>capsule endoscopy recorder kit</i> from 64 minutes to 61 minutes and EF023 <i>exam table</i> from 44 minutes to 41 minutes to match their proposed 3-minute reduction of patient positioning time (CA016) in clinical labor time for CPT code 91111. In asking CMS to restore the three minutes of patient positioning time to CA016 for 91111, we therefore also request restoration of those minutes to the equipment time for EQ146 and EF023.
93228	Remote 30 day ecg rev/report	ACC, HRS	G1: See preamble text	-4.72	Disagree - ACC	CMS acknowledged this time is meant to be duplicative to patient education performed in 93229, but disagreed to the use of the full 10 minutes being crosswalked. ACC appreciates CMS recognition that this work is occurring, and recommends a crosswalk of 5 minutes for this activity, similar to extended external ECG recording codes 93225, 93242, and 93246, as we believe the standard 2 minutes would be inadequate for clinical staff to explain next steps with the IDTF to obtain the monitor, explain the goals and use of the device, and answer technology questions asked by this elderly population.
93229	Remote 30 day ecg tech supp	ACC, HRS	G1: See preamble text	-12.24	Disagree - ACC	Societies collaborated with IDTF providers of 93229 to collect and present the best available information to inform PE inputs. Part of that collection was two separate training/process documents the Agency may not have noted in the original submission. File "05d MCT Process Manual 1" explicitly describes the role of a "Senior Monitoring Technician" on page 3. To the best of our knowledge, that is the same activity The Moran Company described as typical on page 5 of their report and was the basis of this 24-minute recommendation.
946X1	Phy/qhp op pulm rhb w/o mntr	ATS, CHEST	L1: Refined time to standard for this clinical labor task	-9.10	Disagree - ATS and CHEST	See text for the specific code.
946X2	Phy/qhp op pulm rhb w/mntr	ATS, CHEST	L1: Refined time to standard for this clinical labor task	-9.10	Disagree - ATS and CHEST	See text for the specific code.