AMA/Specialty Society RVS Update Committee Summary of Recommendations *Practice Expense Subcommittee Referral – Skin Adhesives*

April 2023

Skin Adhesives (PE Only) – Tab 07

In April 2022, the RUC approved the use of SG007 adhesive, skin (Dermabond) for CPT code 64590 Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver and 64595 Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array, although there was much discussion regarding whether its use is typical. Subsequently, a Practice Expense (PE) Subcommittee workgroup was created and a virtual meeting convened in October 2022 to review the issue of skin adhesives. In January 2023, the RUC considered the report of the PE Skin Adhesives Workgroup and agreed that there are multiple skin adhesive products at different price points that work similar to Dermabond. The RUC adopted the following four recommendations of the PE Workgroup:

- 1. The PE Subcommittee review the six codes on the Medicare Payment Schedule with Dermabond (64590, 64595, G0168, G0516, G0517, G0518) to identify justification for its use versus the generic version and present its findings to the RUC for approval. As part of this review, the specialty should submit a letter to the RUC regarding any corrections to the vignettes for CPT codes 64590 and 64595.
- 2. The PE Subcommittee request that the RUC recommend to CMS that Dermabond be replaced with its generic cyanoacrylate skin adhesive alternative on the CMS Direct PE Inputs Medical Supplies Listing.
- 3. The PE Subcommittee request that the RUC recommend to CMS that new medical supply item codes be created to encompass the generic formulations of cyanoacrylate skin adhesive in multidose form and single use sterile application.
- 4. The PE Subcommittee request that the RUC recommend to CMS that generic alternatives be used in place of brand names on the CMS Direct PE Inputs Medical Supplies Listing.

Per the first recommendation, the PE Subcommittee reviewed the six codes on the Medicare Payment Schedule with SG007 *adhesive, skin* (*Dermabond*) (64590, 64595, G0168, G0516, G0517, G0518) at its April 2023 meeting to identify justification for its use versus the generic version.

For CPT codes 64590 and 64595, the specialties submitted a revised PE spreadsheet and a letter recommending removal of the supply input SG007 adhesive, skin (Dermabond) and addition of one unit of SH076 adhesive, cyanoacrylate (2ml uou) in the non-facility setting. The specialties agreed that the use of the specific skin adhesive (Dermabond) is not critical to the procedure and the generic version (cyanoacrylate) is an appropriate substitute. Similarly, for code G0168 Wound closure utilizing tissue adhesive(s) only, the specialty submitted a revised PE spreadsheet and a letter recommending removal of the supply input SG007 adhesive, skin (Dermabond) and addition of one unit of SH076 adhesive, cyanoacrylate (2ml uou) in the non-facility setting. The specialty supported revising the supply input from the brand name Dermabond

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

to instead using the generic adhesive cyanoacrylate from the CMS direct supply listing. Therefore, for CPT codes 64590 and 64595 and code G0168, the RUC recommends that CMS remove the supply input SG007 adhesive, skin (Dermabond) and add one unit of SH076 adhesive, cyanoacrylate (2ml uou). The RUC recommends the direct practice expense inputs as submitted by the specialty societies.

There was no specialty society interest for the three HCPCS codes: G0516 Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant), G0517 Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants), and G0518 Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants). The PE Subcommittee noted the extremely low utilization and determined that a similar action should be taken for the three codes in support of the generic alternative. For codes G0516, G0517 and G0518, the RUC recommends that CMS remove the supply input SG007 adhesive, skin (Dermabond) and add one unit of SH076 adhesive, cyanoacrylate (2ml uou).

The RUC emphasized the need to obtain invoices for the generic alternatives; also noting that CMS should review the pricing of Dermabond, to ensure it reflects accurate current pricing. The RUC reiterated its request for CMS to create and price new medical supply item codes for generic adhesive alternatives including the formulations of cyanoacrylate listed below:

Туре	Trade name examples	Characteristic
2-Octyl-cyanoacrylate	Dermabond SurgiSeal Liquiband Exceed	Weaker, less brittle, less dehiscence, more flexible Takes longer to dry Octyl esters provide weaker bond but are more flexible.
n-Butyl-2-cyanoacrylate	Histoacryl Indermil PeriAcryl LiquiBand Swiftset	Stronger, brittle, more dehiscence Butyl esters provide stronger bond but are rigid.
n-Butyl and 2-Octyl- cyanoacrylate COMBINED TOGETHER	GluStitch / GluSeal	Available in high & low viscosity formulations
Ethyl-2-cyanoacrylate	Epiglu SuperGlue	

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	010	PE Inputs
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	010	(2023 Work RVU = 2.45) PE Inputs (2023 Work RVU = 1.78)
G0168	Wound closure utilizing tissue adhesive(s) only	000	PE Inputs
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	000	(2023 Work RVU = 0.31) PE Inputs (2023 Work RVU = 1.82)
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	000	PE Inputs (2023 Work RVU = 2.10)
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	000	PE Inputs (2023 Work RVU = 3.55)

March 10, 2023

To: Ezequeil Silva III, MD, Chairperson of the Relative Value Scale (RVU) Update Committee

CC: Scott Manaker, MD, Practice Expense Subcommittee

Dear Dr. Silva,

At the April 2022 RUC meeting, the American Urological Association (AUA) and American College of Obstetricians and Gynecologists (ACOG) presented recommended RVUs and Practice Expense (PE) inputs for CPT codes 64590 and 64595. During this meeting, the use of a skin adhesive, Dermabond (Supply Code SG007), was included in the PE inputs for both procedures performed in a non-facility setting.

AUA and ACOG advisors agree that the use of this specific skin adhesive, Dermabond, is not critical to the procedure and the generic version, cyanoacrylate (Supply Code SH076) may be used in its place. The AUA and ACOG would like to update the PE spreadsheet for both codes, as described below:

- Remove one unit of SG007 adhesive, skin (Dermabond) for Non-Facility procedures for 64590 and 64595
- Add one unit of SH076 adhesive, cyanoacrylate (2ml uou).doc for Non-Facility procedures for 64590 and 64595

The current vignettes for both CPT codes reflect the typical patient and do not need to be changed. Thank you for your consideration. Should you have any questions, please contact Bhavika Patel, Physician Payment and Reimbursement Manager at bpatel@auanet.org.

Thank you,

Jonathan Kiechle, MD AUA RUC Advisor

Jon Hathaway, MD, PhD ACOG RUC Advisor



March 23, 2023

Scott Manaker, MD, PhD, RUC Practice Expense Committee Chair

RE: TAB 7 PE Only Considerations for Code G0168

Dr. Manaker,

The American College of Emergency Physicians (ACEP) as the dominant provider will be presenting input for code G0168 (Wound closure using tissue adhesive(s) only) as part of the Tab 7 review of codes that include the use of skin adhesives during the April 2023 RUC meeting.

ACEP as a facility-based specialty does not incur the cost of non-physician clinical labor, supplies, or equipment and our PE spreadsheet reflects that situation. Use of this code in the non-facility setting may require additional consideration.

We support changing line 104 from listing Dermabond as a brand name to instead using the CMS direct supply listing of SH076 adhesive, cyanoacrylate (2ml uou).

Thanks for the opportunity to participate in the valuation of this code.

Jordan Celeste, MD, FACEP, ACEP RUC Advisor

B. Bryan Graham, DO, FACEP, ACEP Alternate RUC Advisor

Cc: Rebecca A. Gierhahn, MS, RUC Practice Expense Committee Staff

HEADQUARTERS

Post Office Box 619911 Dallas, Texas 75261-9911

4950 W Royal Ln Irving, TX 75063-2524

972-550-0911

800-798-1822 www.acep.org

BOARD OF DIRECTORS

Christopher S. Kang, MD, FACEP President Aisha T. Terry, MD, MPH, FACEP President-Elect L Anthony Cirillo MD FACEP Chair of the Board John T. Finnell, MD, MSc, FACEP Vice President James L. Shoemaker, Jr., MD, FACEP Secretary-Treasurer Gillian R. Schmitz, MD, FACEP Immediate Past President Jeffrey M. Goodloe, MD, FACEP

Alison J. Haddock, MD, FACEP Gabor D. Kelen, MD, FACEP Rami R. Khoury, MD, FACEP Heidi C. Knowles, MD. FACEP Kristin B. McCabe-Kline, MD, FACEP Ryan A. Stanton, MD, FACEP

COUNCIL OFFICERS

Kelly Gray-Eurom, MD, MMM, FACEP Speaker Melissa W, Costello, MD, FACEP Vice Speaker

EXECUTIVE DIRECTOR

Susan E. Sedory, MA, CAE

	В	C	G	Н			К		М	N	0	р	0	R
1	В	C	CURF		2022 RUC F	Recommen	RECOMM	ENDED	CURF			ecommer	RECOMM	
2			645		645		64590		64595		64595			
2	DUO 0-11-b4: W-b-:4-		Insert		Insert				Revision or remova				64595 Revision or removal	
-	RUC Collaboration Website		replace				Insertion or replacement of		of peripheral or				of peripheral,	
	Revision Date (if applicable):		peripheral		replacement of peripheral or gastric						sacral, or gastric			
	Tab: 07	Standards/Guidelines	neurostimu				neurostir				neurostimulator			
1	Specialty: Americal Urological Society, American College of				generator or receiver,		pulse gene		neurostimulator pulse generator or					
1	LOCATION						Non Fac		Non Fac		Non Fac	_		
5			Non Fac	Facility	Non Fac	Facility		Facility		Facility		Facility		Facility
ь	GLOBAL PERIOD		010	010	010	010	010	010	010	010	010	010	010	010
١,	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND		\$ 147.42	\$ 38.91	\$ 197.67	\$ 38.34	\$ 171.35	\$38.34	\$149.02	\$ 38.91	\$181.55	\$38.34	\$155.23	\$38.34
/	EQUIPMENT TIME						100.0		101.0					
8	TOTAL CLINICAL STAFF TIME		93.0	63.0	102.0	72.0	102.0	72.0	101.0	63.0	100.0	72.0	100.0	72
9	TOTAL PRE-SERVICE CLINICAL STAFF TIME		18.0	30.0	18.0	30.0	18.0	30.0	18.0	30.0	18.0	30.0	18.0	30
10	TOTAL SERVICE PERIOD CLINICAL STAFF TIME		48.0	6.0	48.0	6.0	48.0	6.0	56.0	6.0	46.0	6.0	46.0	6
11	TOTAL POST-SERVICE CLINICAL STAFF TIME		27.0	27.0	36.0	36.0	36.0	36.0	27.0	27.0	36.0	36.0	36.0	36
12	TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE		\$ 42.32	\$ 28.67	\$ 46.41	\$ 32.76	\$ 46.41	\$ 32.76	\$ 45.96	\$ 28.67	\$ 45.50	\$ 32.76	\$ 45.50	\$ 32.76
13	PRE-SERVICE PERIOD													
14	Start: Following visit when decision for surgery/procedure made							_				_	_	_
15	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5*			5	5	5	5			5	5	5	5
16 17	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20*			0	10	3 0	10			3	10	3 0	10
18	Schedule space and equipment in facility Provide pre-service education/obtain consent	90 DAY: NF0, F8*			7	5	7	5 7			7	5 7	7	5 7
19	Provide pre-service education/obtain consent Complete pre-procedure phone calls and prescription	90 DAY: NF10, F20* 90 DAY: NF10, F7*			3	7	3	3			3	3	3	3
20					3	3	3	3			3	3	3	3
21	Confirm availability of prior images/studies Review patient clinical extant information and questionnaire	For use in imaging services. 2 minute standard. For use in imaging services. 1 minute standard.												
22		For use in imaging services. I minute standard.	18	30					18	30				\vdash
23	Perform regulatory mandated quality assurance activity (pre-service)		10	30					10	30				
26	Other activity, piease include short clinical description here and type new													
29	End: When patient enters office/facility for surgery/procedure					l .								
30	SERVICE PERIOD													
31	Start: When patient enters office/facility for surgery/procedure:													
32	Pre-Service (of service period)													
33	Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical records are	3 minute standard.			0		0				3		3	
34	Obtain vital signs	Vital Sign Standards			0		0				5		5	-
35	Provide education/obtain consent	Include only the additional education/consent activities not			Ŭ		Ŭ							
36	Review requisition, assess for special needs	modulo omy are additional education, contests activities not												
37	Prepare room, equipment and supplies	2 minute standard.			2		2				2		2	
38	Confirm order, protocol exam	For use in imaging services. 1 minute standard.									_			
39	Setup scope (nonfacility setting only)	5 minute standard for scope set up in the non facility												
40	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard.			2		2				2		2	
41	Sedate/apply anesthesia	2 minute standard RN/LPN/MA.												
42														
45	Other activity, prease include short clinical description here and type new													
48	Intra-service (of service period)													
49	Assist physician or other qualified fleatificate professional—unectry	100% of physician or other qualified healthcare			40		40				30		30	
50	Assist physician or other qualified freathficare professionar—unectry	67% of physician or other qualified healthcare professional												
51	nalata di tanggara ina mangangan ang di mangangan di mangan di man	other% of physician or other qualified healthcare												
52	Perform procedure/serviceNOT directly related to physician work time		48	6					56	6				
55	Other activity, prease include short clinical description here and type new													——
56	in antimore A													
59	Post-Service (of service period)	For any standard following and advantage of the standard AS 11.												
60	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, standard 15 minutes												
61	Monitor patient following procedure/service, no multitasking	2 minuto etandard			3		3				3		3	
62	Clean room/equipment by clinical staff	3 minute standard.			3		3				3		3	
64	Clean scope Clean surgical instrument package	Standards For Scope Cleaning Standard for cleaning instruments												
65	Complete post-procedure diagnostic forms, lab and x-ray requisitions	otanuaru for dealing instruments												
66	Review/read post-procedure diagnostic forms, lab and x-ray requisitions Review/read post-procedure x-ray, lab and pathology reports													
67	Check dressings catheters wounds	1 minute standard.			1		1				1		1	
68	Check dressings, catheters, wounds recumologist do's images in FACO, checking for all images, reformats,	For use in imaging services. Baseline time for this activity												
69	Review examination with interpreting MD/DO	For use in imaging services. Standard time for this activity												
70	Review examination with interpreting MD/DO	For use in imaging services. Standard time for this activity												-
71	Perform regulatory mandated quality assurance activity (service period)	or account imaging convices. Standard time for this activity												-
72	Perform regulatory mandated quality assurance activity (service period)													
73	Review home care instructions, coordinate visits/prescriptions	2 minute standard. For non-facility (office) setting use this												
74	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	n/a		n/a	6	n/a	6	n/a		n/a	6	n/a	6
75		5 .5 , (
78	Other activity, please include short clinical description here and type new													
81	End: Patient leaves office/facility													
_				_		_			_		_		_	

	В	С	G	Н	I	J	K	L	М	N	0	Р	Q	R
1			CURI	RENT	2022 RUC F	Recommen	RECOMM	IENDED	CURRENT		022 RUC Recomme		RECOMM	IENDED
2			64	590	64	590	645	90	645	95	64595		64595	
3	RUC Collaboration Website		Insert	ion or	Insert	ion or	Inserti	on or			Revision or removal		Revision or removal	
	Revision Date (if applicable):					replacer		of peripheral or		of peripheral,		of peripheral,		
	Tab: 07	Standards/Guidelines			peripheral				sacral, or gastric		sacral, or gastric			
	Specialty: Americal Urological Society, American College of	otandards/ ourdennes					neurostii		neurosti		neurosti		neurostii	
4	Obstatuiciens and Companies		•		_			erator or			pulse ger		pulse gen	
_	LOCATION		Non Fac	Facility	Non Fac				Non Fac					
	GLOBAL PERIOD		010	010	010	010	010	010	010	010	010	010	010	010
	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND		\$ 147.42	\$ 38.91	\$ 197.67	\$ 38.34	\$ 171.35	\$38.34	\$149.02	\$ 38 91	\$ 181.55	\$ 38 34	\$155.23	\$ 38.34
	EQUIPMENT TIME													
	TOTAL CLINICAL STAFF TIME		93.0	63.0	102.0	72.0	102.0	72.0	101.0	63.0	100.0	72.0	100.0	72
9	TOTAL PRE-SERVICE CLINICAL STAFF TIME		18.0	30.0	18.0	30.0	18.0	30.0	18.0	30.0	18.0	30.0	18.0	30
10	TOTAL SERVICE PERIOD CLINICAL STAFF TIME		48.0	6.0	48.0	6.0	48.0	6.0 36.0	56.0	6.0	46.0	6.0	46.0	6
	TOTAL POST-SERVICE CLINICAL STAFF TIME		27.0	27.0	36.0 36.0		36.0 36.0 36.0		27.0 27.0		36.0 36.0		36.0	36
	POST-SERVICE PERIOD													
	Start: Patient leaves office/facility							,						
84	Conduct patient communications	Phone calls/emails/texts are in 3 minute increments.			0						0			
85	Coordinate post-procedure services		27	27			,,,		27	27				
86	Office visits: List Number and Level of Office Visits		# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
88	99211 16 minutes 99212 27 minutes												\vdash	-
89	99213 36 minutes				1	1	1	1			1	1	1	1
90	99214 53 minutes						<u> </u>	- '-						$\overline{}$
91	99215 63 minutes													
92	Post-operative visits (total time)		0.0 0.0		36.0	36.0	36.0	36.0	0.0	0.0	36.0	36.0	36.0	36.0
93														
96	other activity, please include short clinical description here and type new													
99	End: with last office visit before end of global period					,								

	В	C	G H		l J		K L		M N		O P		O R	
1	5		CURF	RENT	2022 RUC F	Recommend	RECOMM	FNDFD	CURF			Recommer	RECOMM	
2			645		645		645		645		645	595	645	
3	RUC Collaboration Website		Insert		Insert		Insertic		Revision o		Revision o		Revision o	
Ě	meeting Date. April 2020		replace		replace		replacen			of peripheral or		pheral,	of peripheral,	
	Revision Date (if applicable):		peripheral						gas		sacral, or gastric		sacral, or gastric	
	Tab: 07	Standards/Guidelines						neurostimulator		mulator			neurostimulator	
4	Specialty: Americal Urological Society, American College of		generator of	generator or receiver, generator		generator or receiver,		erator or	pulse gen	pulse generator or		nerator or	pulse generator or	
5	LOCATION		Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6	GLOBAL PERIOD		010	010	010	010	010	010	010	010	010	010	010	010
	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND													
7	EQUIPMENT TIME		\$ 147.42	\$ 38.91	\$ 197.67	\$ 38.34	\$ 171.35	\$38.34	\$149.02	\$ 38.91	\$ 181.55	\$ 38.34	\$155.23	\$ 38.34
8	TOTAL CLINICAL STAFF TIME		93.0	63.0	102.0	72.0	102.0	72.0	101.0	63.0	100.0	72.0	100.0	72
9	TOTAL PRE-SERVICE CLINICAL STAFF TIME		18.0	30.0	18.0	30.0	18.0	30.0	18.0	30.0	18.0	30.0	18.0	30
10	TOTAL SERVICE PERIOD CLINICAL STAFF TIME		48.0	6.0	48.0	6.0	48.0	6.0	56.0	6.0	46.0	6.0	46.0	6
11	TOTAL POST-SERVICE CLINICAL STAFF TIME		27.0	27.0	36.0	36.0	36.0	36.0	27.0	27.0	36.0	36.0	36.0	36
100	MEDICAL SUPPLIES							_		_				
101	TOTAL COST OF SUPPLY QUANTITY x PRICE		\$ 102.96	\$ 9.82	\$ 147.68	\$ 5.02	\$ 121.36	\$ 5.02	\$ 101.07	\$ 9.82	\$ 133.08	\$ 5.02	\$ 106.76	\$ 5.02
102	pack, drapes, laparotomy (chest-abdomen)		0	0					1	0				
103	pack, minimum multi-specialty visit		2	1	2	1	2	1	2	1	2	1	2	1
104	, , , , , , , , , , , , , , , , , , ,		1	1					1	1			\Box	
105	cap, surgical		2	0	2		2	ļ	2	0	2		2	
106			1	0	1		1	 	0	0	1		1	
107 108			1	0	1		1	-	1	0	1	-	1 3	
108			2	0	3		3		2	0	3	 	2	
110			1	0	2		2		1	0	2		2	-
111			2	0					2	0				-
	needle, 18-27g		1	0	1		1		1	0	1		1	$\overline{}$
	syringe 10-12ml		1	0	1		1		1	0	1		1	
114			1	0	1		1		1	0	1		1	
115	tubing, suction, non-latex (6ft) with Yankauer tip (1)		1	0	1		1		1	0	1		1	
116			1	0					1	0	0		0	
117	cautery, monopolar, pencil-handpiece		1	0	1		1		1	0	1		1	
118			1	0	1		1		1	0	1	igwdapprox igwedge	1	
119 120	scalpel with blade, surgical (#10-20)		1	0	1		1		1	0	1	lacksquare	1	
121			1	0	1		1		1	0		\vdash		$\overline{}$
122	gauze, sterile 4in x 4in (10 pack uou)		5	0	1		1		5	0	1		1	$\overline{}$
123			1	0			·		1	0				$\overline{}$
124			24	0					24	0				
125	lidocaine 1%-2% inj (Xylocaine)		20	0					20	0				
126			1	0	1		1		1	0	1		1	
127			1	0	1		1		1	0	1		1	
128	Barar rep eargical cent (2011) acay		1	0	1		1		1	0	1		1	\vdash
129	skin marking pen, sterile (Skin Skribe)		1	0	1		1	 	1	0				\vdash
130	adhesive, skin (Dermabond)		0	0	20		20		0	0	20		20	
131	lidocaine 1% w-epi inj (Xylocaine w-epi) cover-condom, transducer or ultrasound probe		0	0	20		20	 	0	0	20		20	
133	adhesive, cyanoacrylate (2ml uou).doc		0	0			1		0	0		$\vdash \vdash$	1	$\overline{}$
133	dunionito, oyumodolyiate (21111 dod).doc	Other supply item: to add a new supply item please	U	U				l		U				
	Other supply item: to add a new supply item please include the name of	include the name of the item consistent with the paid						l						ı I
1	the item consistent with the paid invoice here, type NEW in column A and	invoice in column B, type NEW in column A and enter												ı [
	enter the type of unit in column E (oz, ml, unit). Please note that you must	the type of unit in column E (oz, ml, unit). Please note						l						i I
1	include a price estimate consistent with the paid invoice in column D.	that you must include a price estimate consistent with												ı [
134	·	the paid invoice in column D.												ı l
136	EQUIPMENT													
137	TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE		\$ 2.14 \$ 0.42		\$ 3.58	\$ 0.56	6 \$ 3.58 \$ 0.56		6 \$ 2.00 \$ 0.42		12 \$ 2.97 \$ 0.56		\$ 2.97	\$ 0.56
138			47	0	48		48		43	0	46		46	
139	light, exam		47	0	48		48		43	0	46		46	
140			47	0	48		48		43	0	46		46	
141			47	0	0		0		43	0	0		0	igwdapsilon
142	electrosurgical generator, up to 120 watts				56		56				46		46	
143	table, power		74	27	84	36	84	36	70	27	82	36	82	36
144	programmer, neurostimulator (w-printer)				56	0	56	0				0		0

	В	С	G	Н	- 1	J	K	L	М	N	0	Р	Q	R		
1			CURF	RENT	2022 RUC F	Recommen	nc RECOMMENDED		CURRENT		022 RUC Recommer		RECOMMENDED			
2			64590		64590		645	64590		595	64595		64595			
3	RUC Collaboration Website			Insertion or		Insertion or		Insertion or			Revision or re		on or removal Revision or remova		Revision or removal	
	Revision Date (if applicable): Tab: 07 Specialty: Americal Urological Society, American College of	Standards/Guidelines	replacement of peripheral or gastric neurostimulator pulse generator or receiver,				peripheral or gastric peripheral or gastric neurostimulator pulse neurostimulator			of peripheral or gastric sacral, or gas neurostimulator pulse generator or sacral of periphera sacral, or gas neurostimulator pulse generator or sacral of periphera sacrad of periphera s		r gastric mulator	tric sacral, or gastric neurostimulator			
5	LOCATION		Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility		
6	GLOBAL PERIOD		010	010	010	010	010	010	010	010	010	010	010	010		
	TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME		\$ 147.42	\$ 38.91	\$ 197.67	\$ 38.34	\$ 171.35	\$38.34	\$149.02	\$ 38.91	\$181.55	\$ 38.34	\$155.23	\$38.34		
8	TOTAL CLINICAL STAFF TIME		93.0	63.0	102.0	72.0	102.0	72.0	101.0	63.0	100.0	72.0	100.0	72		
9	TOTAL PRE-SERVICE CLINICAL STAFF TIME		18.0	30.0	18.0	30.0	18.0	30.0	18.0	30.0	18.0	30.0	18.0	30		
	TOTAL SERVICE PERIOD CLINICAL STAFF TIME		48.0	6.0	48.0	6.0	48.0	6.0	56.0	6.0	46.0	6.0	46.0	6		
11	TOTAL POST-SERVICE CLINICAL STAFF TIME		27.0	27.0	36.0	36.0	36.0	36.0	27.0	27.0	36.0	36.0	36.0	36		
145	Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.	Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice in column B, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.														

$\overline{}$		D.		-	-			1/	
1	A PUC Practice	B Expense Spreadsheet	D	E	F	CHD	RENT	K RECOM!	MENDED L
2	RUC Practice	Expense Spreadsneet	-				168		168
3		RUC Collaboration Website				30	100	Gu	100
		Meeting Date:				Wound	closure	Wound	closure
	Clinical	Revision Date (if applicable):	Clinical Staff	Clinical	Clinical Staff	utilizinç		utilizing	
	Activity Code	Tab:	Type Code	Staff Type	Type Rate Per Minute	ahesive	(s) only	ahesive	e(s) only
4		Specialty:			rei wiiiute				
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				000		000	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND				\$ 70.69	\$ -	\$ 44.37	\$ -
8		EQUIPMENT TIME TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	10.0	0.0	10.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	10.0	0.0	10.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 4.55	\$ -	\$ 4.55	\$ -
13		PRE-SERVICE PERIOD							
14		Start: Following visit when decision for surgery/procedure made							
15 16	CA001 CA002	Complete pre-service diagnostic and referral forms Coordinate pre-surgery services (including test results)	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455				
17	CA002	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.455				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.455				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.455				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.455				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.455				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455				
26		Other activity, please include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
29		End: When patient enters office/facility for surgery/procedure		vie. /vivii/	0.700				
30		SERVICE PERIOD							
31		Start: When patient enters office/facility for surgery/procedure:							
32	CA009	Pre-Service (of service period) Greet patient, provide gowning, ensure appropriate medical records are	1.027D	RN/LPN/MTA	0.455				
34	CA009	Obtain vital signs	L037D L037D	RN/LPN/MTA	0.455				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.455				
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.455				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.455	2		2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.455				
39 40	CA015 CA016	Setup scope (nonfacility setting only) Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455				
41	CA010	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.455				
42	07.017		L037D	RN/LPN/MTA	0.455				
45		Other activity, please include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
48		Intra-service (of service period) Assist physician or other quanned nearmost professionalunectly related						_	
49 50	CA018 CA019	Assisrphysician of στι et qualine inealineare professionalunecuy relateu	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455	5		5	
51	CA019	Assist physician of other จีนีลแแอน nearthcare professionalunectry related	L037D	RN/LPN/MTA	0.455				
52	CA021	Perform procedure/serviceNOT directly related to physician work time	L037D	RN/LPN/MTA	0.455				
55			L037D	RN/LPN/MTA	0.455				
56		Other activity, prease include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
59	CAOOO	Post-Service (of service period)	1.027D	DNI/L DNI/MTA	0.455				
60	CA022 CA023	Monitor patient following procedure/service, multitasking 1:4 Monitor patient following procedure/service, no multitasking	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455				
62	CA023	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.455	1		1	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.455				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.455				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.455				
66	CA028 CA029	Review/read post-procedure x-ray, lab and pathology reports Check dressings, catheters, wounds	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455	1		1	
68	CA029 CA030	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.455	- 1			
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.455				
70	CA032	nonulate images into work guests	L037D	RN/LPN/MTA	0.455				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.455				
72	CA034	CCC file ata \	L037D	RN/LPN/MTA	0.455			4	
73 74	CA035 CA036	Review home care instructions, coordinate visits/prescriptions Discharge day management	L037D L037D	RN/LPN/MTA RN/LPN/MTA	0.455 0.455	n/a		1 n/a	
75	0.000	v ,	L037D	RN/LPN/MTA	0.455	II/a		ıı a	
78		Other activity, prease include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
81		End: Patient leaves office/facility							
82		POST-SERVICE PERIOD							
83	CA037	Start: Patient leaves office/facility Conduct patient communications	L037D	RN/LPN/MTA	0.455				
85	CA037 CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.455				
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 90		99213 36 minutes 99214 53 minutes	36 53						
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0
93		Other activity, please include short clinical description here and type new	L037D	RN/LPN/MTA	0.455				
96		in actume A	L037D	RN/LPN/MTA	0.455				
99		End: with last office visit before end of global period							

	А	В	D	E	F	ı	J	K	L
1	RUC Practice	Expense Spreadsheet				CUR	RENT	RECOM	MENDED
2						G0	168	G0	168
3		RUC Collaboration Website							
		Meeting Date:				Wound	closure	Wound	closure
	Clinical	Revision Date (if applicable):	Clinical Staff	Clinical	Clinical Staff	utilizing	g tissue	ssue utilizing tis	
	Activity Code	Tab:	Type Code	Staff Type	Type Rate	ahesive	ahesive(s) only ahesi		e(s) only
4	_	Specialty:			Per Minute				I.
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				000		000	
		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND							
7		EQUIPMENT TIME				\$ 70.69	\$ -	\$ 44.37	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	10.0	0.0	10.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0
10	1	TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	10.0	0.0	10.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT	0.100			,. <u>,</u>	
101	Supply Code	TOTAL COST OF SUPPLY QUANTITY x PRICE	FRICE	UNII		\$ 66.05	\$ -	\$ 39.73	\$ -
102	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item		1		1	Ψ -
103	SB000	aloves, non-sterile	0.13	pair		2		2	
104	SG007	adhesive, skin (Dermabond)	57.67	item		1		0	
105	SH076	adhesive, cyanoacrylate (2ml uou).doc	31.35	item		0		1	·
106	SG035	dressing, 3in x 4in (Telfa, Release)	0.05	item		1		1	
107	SG055	gauze, sterile 4in x 4in	0.19	item		2		2	
108	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item		1		1	
109	SJ041	povidone soln (Betadine)	0.38	ml		10		10	
110	SJ053	swab-pad, alcohol	0.04	item		2		2	
111		Other supply item: to add a new supply item please include the name of the item consistent with the paid invoice here, type NEW in column A and enter the type of unit in column E (oz, ml, unit). Please note that you must include a price estimate consistent with the paid invoice in column D.							
113	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
114		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 0.09	\$ -	\$ 0.09	\$ -
115	EF023	table, exam	4737.727	Default	0.010538571	9		9	
116									
117									
118									
119									
120		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.							