

Appendices III.A – III.G

Chapter 3.0 Appendices



Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates (HCFA Contract No. 500-95-0009)

April 30, 1997

Prepared for
Health Care Financing Administration
Office of Research
Mail Stop C-3-1626
7500 Security Boulevard
Baltimore, MD 21244-1850

Prepared by
Abt Associates Inc.
55 Wheeler Street
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Abt Associates Inc.

SAMPLE COVER LETTER TO SOCIETIES

October 27, 1995

Society Contact Name

Society Contact Address

Dear Society Contact:

As you are aware from our prior correspondence, the Health Care Financing Administration (HCFA) has engaged Abt Associates Inc. to develop service-specific practice expense estimates for the CPT and HCPCS codes in the Medicare Fee Schedule (MFS). Abt, in conjunction with HCFA staff, will convene (beginning in January 1996) a series of Clinical Practice Expert Panels (CPEPs) to determine the resources required in providing key reference services. These reference services have been selected from the service families defined by the Abt Associates classification system which organizes all of the codes included in the MFS. (Nominations for CPEP participants are currently being reviewed, and the *(Society Name)* should be notified of the final selections by mid-November). CPEP worksheets have been designed to ensure that the resource estimates are collected in a consistent and standardized format for all reference services. CPEP members will be asked to complete these worksheets prior to convening the panels. As part of our continuing effort to keep the medical societies involved in this important project, we are also providing you with an opportunity to contribute to our data collection efforts by circulating the enclosed worksheets among your membership. This is an excellent opportunity for the societies to provide data on reference services with which they are familiar. Data submitted by the societies will be made available to CPEP members during the panel meetings and will be used in determining the appropriate mix of inputs required for the different reference services.

The reference services include various procedures and evaluation and management (E&M) services from the Medicare Fee Schedule. To facilitate completion of the worksheets, Abt has developed separate worksheet packages for three different types of services: procedures *with* a global period, procedures *without* a global period, and E&M services. Each package contains worksheets to collect data on the time required of support staff to perform clinical and administrative functions associated with the reference services, as well as data on the medical equipment and supplies used. An additional package has been created to request necessary data on the overall utilization of the medical equipment used in performing the reference services. The packages are organized as follows:

- **Package G** focuses on inputs (staff time, medical equipment and supplies) for reference procedures *with* a global period;
- **Package P** asks for inputs for reference procedures *without* a global period;
- **Package M** solicits data on evaluation & management (E&M) reference services; and
- **Package E** requests information on the utilization and maintenance costs of the medical equipment which was listed for the different reference services in packages G, P, and/or M. This worksheet asks for the utilization of the equipment across all procedures and/or E&M services provided by the practice, not just the reference services.

Society members, who have been selected to provide resource estimates, should complete the worksheet package that corresponds to the reference service type. For instance, if (*Society Name*) elects to have its members provide data for a reference procedure without a global period and another that is an evaluation and management (E&M) service, all of the worksheets contained in Packages P and M should be completed, respectively. In addition, as noted above, the worksheet included in Package E must be completed; this worksheet must be done for all reference services.

A list of the reference services is included as Attachment A. This list identifies the reference service for each family in each CPEP and provides the global period for each reference service. To help those who will be completing the worksheets, the list also specifies which worksheets should be completed for each service. In addition, data on the average number of post-procedure office E&M equivalent services included in the global period for some of the reference procedures are provided to assist in the completion of Package G. These data were supplied by the American Medical Association - Specialty Society Relative Value Update Committee (RUC). Procedures for which these data were not available are indicated by "NA" in the column labeled "Post-Proc. Office E&M Equiv. Svcs".

General instructions for each set of worksheets are provided on the second page of each worksheet package. These general instructions are supplemented with worksheet-specific instructions which precede each worksheet. *It is very important that these instructions are read carefully before proceeding to record the resource estimates on the worksheets.* As noted in the General Instructions for each package, this study is designed to measure practice costs as defined by the Medicare program. Therefore, it is essential that all resource estimates conform to the Medicare definition of practice costs (i.e., labor billable as professional services and supplies which are separately reimbursable should not be included in the resource estimates).

Representatives from (*Society Name*) should choose from Attachment A those reference services for which they would like worksheets to be completed. Once the reference services have been identified, you should send the worksheet packages and Attachment A to those members who have been selected to participate in this process. (You may want to send only those pages of Attachment A which list the relevant reference services). Completed worksheets should be returned to (*Society Name*). It will be helpful if you identify a central contact person to whom the worksheets should be returned and to whom questions can be referred. We ask that the contact person from (*Society Name*) field questions from the worksheet participants and notify Abt when there is uncertainty regarding a particular question or issue. In addition to sending the worksheets and Attachment A, we recommend that (*Society Name*) include a cover letter which specifies the reference services for

which worksheets should be completed, the Society contact person, and a deadline for submission of the worksheets. A sample cover letter is enclosed for your convenience.

(Society Name) is asked to compile the data that it receives from participating members. We ask that the Society complete the following steps in assembling the data:

- **Staff Time Worksheets from Packages G, P, and M:** For each reference service, we ask that the Society summarize the data from the worksheets *that ask for staff time estimates for clinical and administrative functions* from packages G, P, and/or M and enter the results on the enclosed summary forms. The worksheets that request staff time data include G1, G1.1-G1.9, G2, and G2.1-G2.9; P1 and P2; and, E1 and E2. Separate sets of tables have been designed to correspond with the staff time worksheets included in Packages G, P, and M. Instructions for completing these forms are included with the tables.
- **Medical Equipment and Medical Supply Worksheets from Packages G, P, and M:** Please make copies of all of the completed worksheets that pertain to medical equipment and supplies from Packages G, P, and M. These worksheets include G3 and G4; P3 and P4; and M3 and M4. Please make sure that these copies are organized by respondent and that the contact information for the individual who completed the worksheets is attached to the copies. Each respondent should have provided a contact name, address, phone and fax number on the form which is found at the last page of each package.
- **Package E - Utilization and Cost data on Medical Equipment:** Please make copies of the worksheet contained in Package E and include it with the copies of the medical equipment and supply worksheets provided by each respondent.

The summary forms and copies of the medical equipment and medical supply worksheets, as well as the copies of the worksheet from Package E, should be returned to Abt Associates no later than **December 6, 1995**. Therefore, you should keep this date in mind when establishing the deadline for submission of the CPEP worksheets to you. If you have any questions regarding the summary tables or CPEP worksheets, please contact (*Abt Contact and Phone Number*)

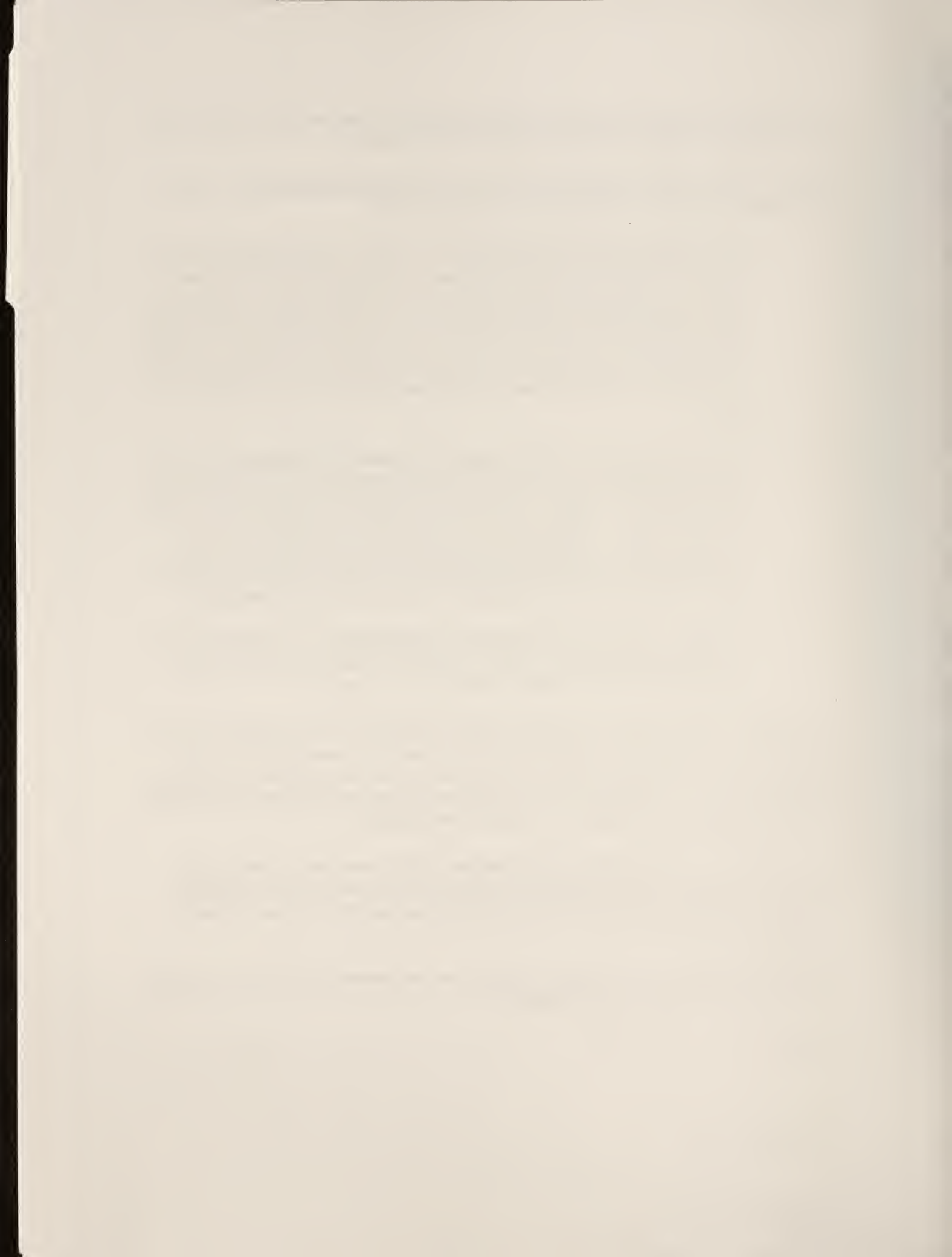
To facilitate our tracking and follow up efforts with the societies, we ask that you indicate on the enclosed form entitled, "CPEP Worksheets", whether or not your society intends to complete the worksheets. Please mark the appropriate box and fax the sheet back to the individual indicated on the bottom of the form.

In advance, thank you for your assistance and cooperation. We appreciate your efforts on this project and look forward to your continued participation.

Sincerely,

Abt Project Director

cc: Jesse Levy, Ph.D.





Abt Associates Inc.

Abt Associates Inc.

55 Wheeler Street ■ Cambridge, MA 02138 ■ (617) 492-7100

DATA COLLECTION AND ANALYSIS FOR GENERATING PROCEDURE—SPECIFIC PRACTICE EXPENSE ESTIMATES
HCFA CONTRACT NO. 500-95-009

CPEP WORKSHEETS

CONTACT
ORG
STREET SUITE POBOX
CITY, STATE ZIP5-ZIP4

Please indicate below whether or not the above-named Society intends to complete the CPEP worksheets:

Yes, our society will complete the CPEP worksheets.
If yes, please indicate the approximate number of members completing the worksheets _____

No, our society will not complete the CPEP worksheets.

If the society plans to complete the worksheets, please provide the name, address, phone, and fax number of the person who will be coordinating these efforts.

Name: _____

Address: _____

Phone: _____

Fax: _____

Please fax this page to **Abt Associates Inc.** at (617) 492-7129 by **November 7, 1995.**

SAMPLE COVER LETTER TO CPEP WORKSHEET PARTICIPANTS

October 27, 1995

Society Member Name
Society Member Address

Dear **(INSERT SOCIETY MEMBER NAME)**:

The Health Care Financing Administration (HCFA) has engaged Abt Associates Inc. to develop service-specific practice expense estimates for the approximately 8,000 services in the Medicare Fee Schedule. Abt, in conjunction with HCFA staff, will convene (beginning in January 1996) a series of Clinical Practice Expert Panels (CPEPs) to determine the resources required in providing the key reference services. These services have been selected from the service families defined by the Abt Associates classification system which organizes all the codes included in the MFS. CPEP worksheets have been designed to ensure that the resource estimates are collected in a consistent and standardized format for all reference services. Abt is providing the medical societies with the opportunity to contribute to its data collection efforts by asking us to complete the enclosed worksheets. This is an excellent chance for our society to provide data on reference services which are relevant to the **(INSERT SOCIETY NAME)**. Data submitted by the societies will be made available to CPEP members during the panel meetings and will be used in determining the appropriate mix of inputs required for the different reference services.

Abt has developed separate worksheet packages for three different types of services: procedures *with* a global period, procedures *without* a global period, and evaluation and management (E&M) services. Each package contains worksheets to collect data on the time required of support staff to perform clinical and administrative functions associated with the reference services, as well as data on the medical equipment and supplies used. An additional package has been created to request necessary data on the overall utilization of the medical equipment used in performing the reference services. The packages are organized as follows:

- **Package G** focuses on inputs (staff time, medical equipment and supplies) for reference procedures *with* a global period;
- **Package P** asks for inputs for reference procedures *without* a global period;
- **Package M** solicits data on evaluation & management (E&M) reference services; and

- **Package E** requests information on the utilization and maintenance costs of the medical equipment which was listed for the different reference services in packages G, P, and/or M. This worksheet asks for the utilization of the equipment across all procedures and/or E&M services provided by the practice, not just the reference services.

Therefore, you should complete worksheet Package G for procedures with a global period, Package P for procedures without a global period, and Package M for E&M services. The worksheet included in Package E must be completed for all types of reference services.

The **(INSERT SOCIETY NAME)** asks that you complete the appropriate worksheet packages for the following reference services:

- **(LIST REFERENCE SERVICES HERE)**

Attachment A contains a list of all of the reference services identified by the Abt classification system. *(If you decide to send only the pages of Attachment A which contain the relevant reference services, you should modify the prior sentence accordingly.)* This list identifies the reference service for each family in each CPEP and provides the global period for each service. The last column on the list also specifies which worksheet package should be completed for each service. Therefore, you may also refer to this list to determine your worksheet assignments. In addition, data on the average number of post-procedure office E&M services for some of the reference procedures which have a global period are provided to assist in the completion of Package G. These data were supplied by the American Medical Association - Specialty Society Relative Value Update Committee (RUC). Procedures for which these data were not available are indicated by "NA" in the column labeled "Post-Proc. Office E&M Equiv. Svcs".

General instructions for each set of worksheets are provided on the second page of each worksheet package. These general instructions are supplemented with worksheet-specific instructions which precede each worksheet. *It is very important that these instructions are read carefully before proceeding to record the resource estimates on the worksheets.* As noted in the General Instructions, this study is designed to measure practice costs as defined by the Medicare Program. Therefore, it is essential that all resource estimates conform to the Medicare definition of practice costs (i.e., labor billable as professional services and supplies that are resold should not be included in the resource estimates).

Any questions regarding the completion of these worksheets should be directed to **(INSERT SOCIETY CONTACT NAME)** at **(INSERT PHONE NUMBER OF CONTACT)**. Completed worksheets should also be mailed to **(MR./MS. INSERT SOCIETY CONTACT NAME)** at the following address: **(INSERT CONTACT'S ADDRESS)**. Worksheets should be returned no later than **(INSERT DEADLINE DATE)**.

We realize that you have a busy schedule, but your assistance in this phase of the Abt study is vital to the development of reliable practice expense estimates for services on the Medicare Fee Schedule. Thank you in advance for your contribution to this very important project.

Sincerely,



November 8, 1995

Dear [Society Representative]:

We have received several telephone calls from medical society representatives requesting additional information and clarification regarding the objectives and use of the data being collected via the Clinical Practice Expert Panel (CPEP) worksheets (enclosed with the October 27th mailing) from a sample of medical society members. We are taking this opportunity to provide further details on the objectives and anticipated use of these worksheet data, as well as provide guidance on the data collection approach and selection of reference services for which to provide worksheet information. In addition, recognizing the complexity of this task, we have extended the deadline for receipt of data from the societies to December 22, 1995.

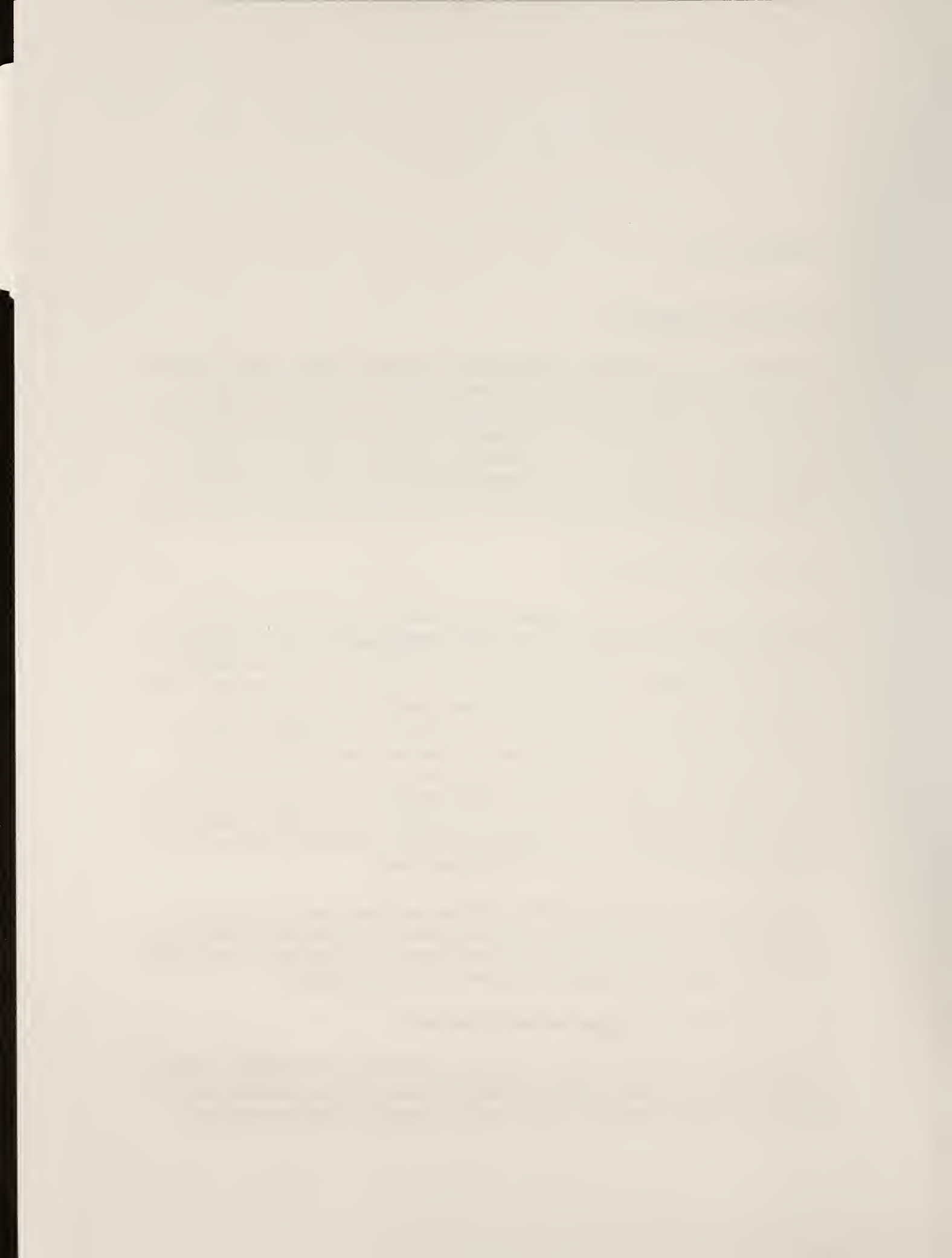
Objectives/Use of Worksheet Data

As you may recall, one issue raised by medical society representatives at the August 18th public information briefing in Washington D.C. concerned the scope of representation on each CPEP, given that each of the 15 CPEPs can accommodate only 10-15 participants. In an effort to broaden the information reviewed at each CPEP meeting, HCFA and Abt decided to solicit information from the societies to be available for each CPEP. Abt is collecting information on the staff time, and equipment and supply usage for each reference service, using the CPEP worksheets you received recently. The information submitted by each society, along with similar information provided by each CPEP member on his/her own practice, will be reviewed in advance of the meetings by the CPEPs as they discuss and reach consensus on the inputs required for each reference service. These data reported by the societies *do not replace* the CPEP process in any way. The CPEP panels will be responsible, based on their own expertise and these data to the extent the CPEP members consider them valid, to develop resource estimates for all reference services.

The CPEPs' resource estimates will be combined with data on resource prices (average wages, equipment and supply prices) to develop variable cost estimates for the reference. The focus of the second round of CPEP meetings, to be convened in the Spring, will use these estimates to extrapolate the direct costs required for the remainder of the services in each service family.

Data Collection Approach/Sample Selection Methodology

As explained above, the primary objective of collecting worksheet data from societies is to broaden the representation of information reviewed at each CPEP meeting. Societies can utilize a variety of approaches to collect this information, such as recruiting a sample of members to complete the



worksheets based on their practice's experience (from which the society will submit summary information) or convening a panel of members to develop consensus estimates (e.g., a mini-CPEP). The approach to collecting worksheet data has been left up to each society's discretion, allowing for each society to base their data collection approach on ease and convenience.

Similarly, the sample size for which each society collects worksheet information is flexible. Some societies will be collecting information on fewer than five practices; other societies plan to collect information from over twenty practices.

While we have not specified a required data collection approach or sample size, it is important for Abt and HCFA, and more importantly the CPEP members, to understand the data collection methodology used by each society. We did request on the summary (colored) worksheets information on the number of respondents involved in the data collection effort. In addition to this information on the sample size, we also request that, upon submission of the worksheet information, each society prepare a brief description on the approach utilized to collect the data.

Selection of Reference Services upon Which to Collect Data

As mentioned in the cover letter of October 27 that accompanied the CPEP worksheets, we gave each society the flexibility to select the reference services for which to collect worksheet data regardless of the CPEP to which the codes are assigned. While we do not wish to limit the extent of input from the societies, we have enclosed the revised List of Services by Family and CPEP in order to help you assess and understand the context in which each reference service was identified. As you may be aware, Abt and its clinical consultants and HCFA medical staff revised this list of service families and groupings, and in some cases the reference services, based on significant input submitted by the medical community. In general, we expect that medical societies will submit worksheet data on those reference services with which their membership is most familiar.

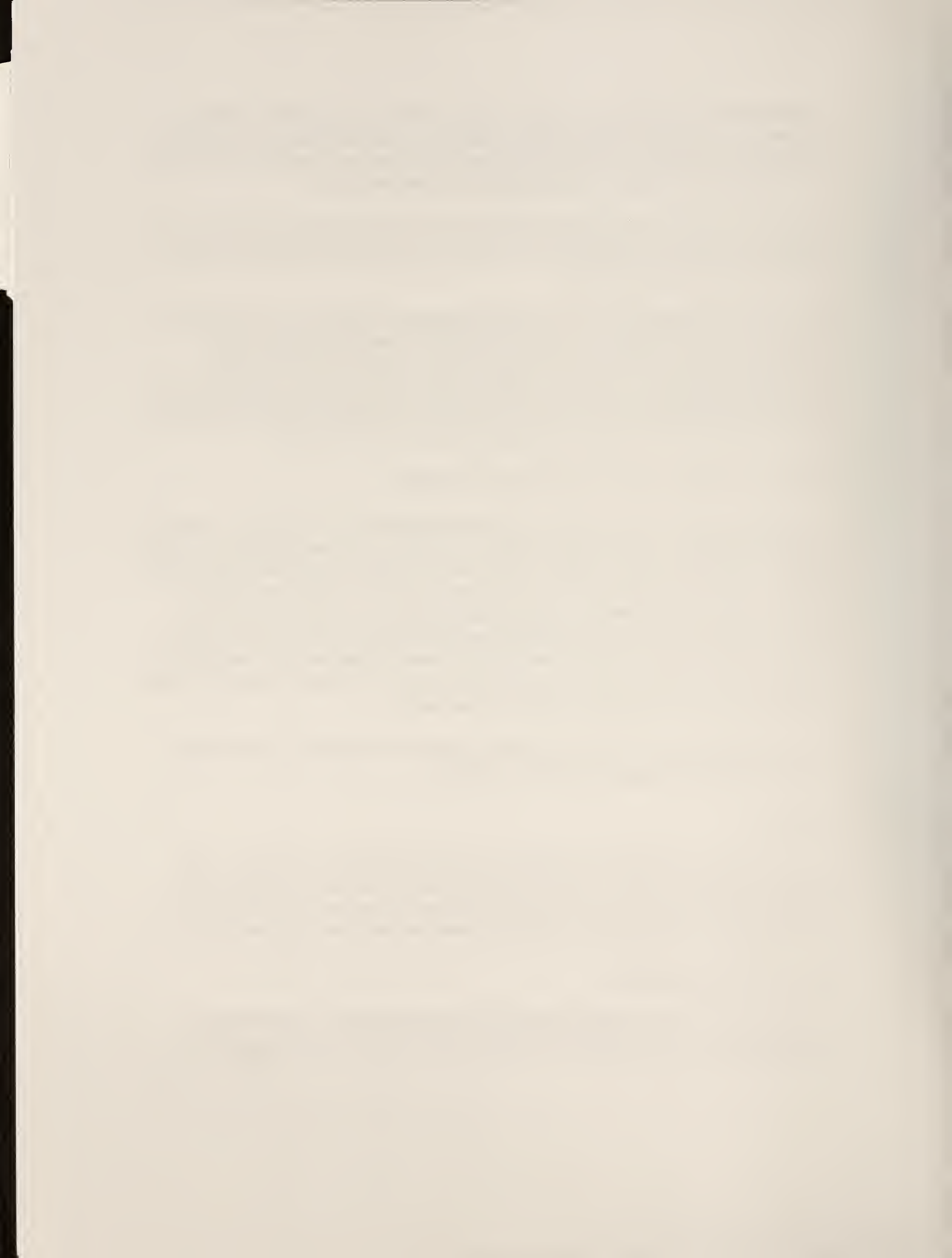
In addition, for those societies interested in providing information on pathology reference services, we have included in this package the pathology worksheets.

Schedule

Given the extension for submitting worksheet data to Abt, the schedule for convening the CPEP meetings has also been delayed. We now anticipate that the first round of CPEP meetings will be held in late January/early February. Societies will be notified of the selection of CPEP members in early December. Again, the deadline for submitting worksheet data to Abt is December 22nd.

Society Staff Attending CPEPs

To continue the openness with which the project has been operating to-date, while maintaining manageable panel sizes, we plan to allow a staff representative from each medical society that



sponsors a CPEP member to attend the working discussions of the CPEP as an observer.¹ However, in order to maintain the project budget, we cannot assume any costs (e.g., travel, lodging, meals, etc.) associated with medical society staff attending CPEP meetings.

I hope that this letter clarifies some of your questions and concerns. Please do not hesitate to call the project staff person who is assigned to your society for responding to CPEP Worksheets questions, as identified in the October 27th mailing (see the HELP LINE staff person). We appreciate your efforts on this project and look forward to your continued participation.

Sincerely,

Project Director

¹Some CPEP members may be sponsored by more than one society. In these instances, the sponsoring societies will have to designate one staff member to represent all sponsoring medical societies.





Abt Associates Inc.

Attachment A:
List of Reference Services

Data Collection and Analysis for Generating Procedure Specific Practice Expense Estimates
HCFA Contract No. 500-95-0009

CPT Five-digit codes, descriptions and other data only are copyright 1994 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained or not contained herein.

**Attachment A: List of Reference Services
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CPEP C 1 - Integumentary

Service Family

Reference Service

Post-Proc.
Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Incision and Drainage

10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	010	n/a	G	E
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Simple Excision and Biopsy

11642	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 1.1 to 2.0 cm	010	n/a	G	E
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Complex Excision and Debridement

11643	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0 cm	010	n/a	G	E
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Nail Procedures

11700	Debridement of nails, manual; five or less	000		P	E
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Simple Skin Repair

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	010	n/a	G	E
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Complex Skin Repairs Including Integument Grafts, Transfer and Rearrangement

15100	Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); 100 sq cm or less, or each one percent of body area of infants and children (except 15050)	090	n/a	G	E
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Simple Debridement, Excision and Destruction

17000	Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; one les	010	n/a	G	E
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Dermabrasion and Cryotherapy

17340	Cryotherapy (CO2 slush, liquid N2) for acne	010	n/a	G	E
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Breast Procedures

19240	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	090	n/a	G	E
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Muscle Strength and Range of Motion Testing

95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	XXX		P	E
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Photochemotherapy

96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	XXX		P	E
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Physical Therapy

97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	XXX		P	E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX		M	E
-------	--	-----	--	---	---

Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M	E
-------	--	-----	--	---	---

CPEP C 1 - Integumentary

Service Family

Reference Service

Post-Proc.
Office E&M
Global Equiv. Svcs. Worksheet Packages to Complete

Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M E
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Nursing Facility Care, Subsequent

99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination;	XXX	M E
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Occupational Therapy

Q0109	Occupational therapy evaluation	XXX	P E
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CPEP C 2 - Male Genital and Urinary

Service Family

Reference Service

Post-Proc.
Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Urinary Tract Biopsy

50200 Renal biopsy; percutaneous, by trocar or needle 000 P E

Major Procedure - Renal

50230 Nephrectomy, including partial ureterectomy, any approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy 090 n/a G E

Renal Extracorporeal Shock Wave Lithotripsy

50590 Lithotripsy, extracorporeal shock wave 090 n/a G E

Renal/Urinary Tract Endoscopy

50980 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus 000 P E

Urinary Tract Motility Studies - Simple

51725 Simple cystometrogram (CMG) (eg, spinal manometer) 000 P E

Urinary Tract Motility Studies - Complex

51795 Voiding pressure studies (VP); bladder voiding pressure, any technique 000 P E

Simple Cystourethroscopy

52000 Cystourethroscopy (separate procedure) 000 P E

Moderate Cystourethroscopy

52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; 000 P E

Nephrostomy, Complex Cystourethroscopy, and Litholapaxy

52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s) 000 P E

Major Transurethral Procedure

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) 090 n/a G E

Simple Urethral Procedures

53265 Excision or fulguration; urethral caruncle 010 n/a G E

Complex Urethral Procedures

53420 Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage 090 n/a G E

Urethral Catherization and Dilation - Complex

53620 Dilation of urethral stricture by passage of filiform and follower, male; initial 000 P E

Urethral Catherization and Dilation -Simple

53670 Catheterization, urethra; simple 000 P E

Simple Penile Procedures

54161 Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn 010 n/a G E



CPEP C 2 - Male Genital and Urinary

Service Family

Reference Service

Post-Proc. Office E&M Global Equiv. Svcs. **Worksheet Packages to Complete**

Complex Penile Procedures

54332 One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap 090 n/a

G	E
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Insertion of Penile Prosthesis

54405 Insertion of inflatable (multi-component) penile prosthesis, including placement of pump, cylinders, and/or reservoir 090 n/a

G	E
---	---

Testicular and Epididymal Procedures

54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach 090 n/a

G	E
---	---

Major Procedure -Urinary tract except kidney

55845 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes 090 n/a

G	E
---	---

Hysterectomy - Urology

57265 Combined anteroposterior colporrhaphy; with enterocele repair 090 n/a

G	E
---	---

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M	E
---	---

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M	E
---	---

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M	E
---	---



CPEP C 3 - Orthopaedics

Service Family

Reference Service

Post-Proc.
Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Arthrocentesis and Ligament or Tendon Injection

20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	000			P E
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Orthopaedics - Miscellaneous

20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	090	n/a		G E
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Orthopaedics - Spine

22842	Posterior instrumentation; segmental fixation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires)	000			P E
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Orthopaedics - Shoulder Joint and Surrounding Structures

23420	Repair of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	090	5		G E
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Closed Treatment of Fracture and Dislocation of Finger, Toe and Trunk

23500	Closed treatment of clavicular fracture; without manipulation	090	n/a		G E
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Bone or Joint Manipulation under Anesthesia

23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	090	n/a		G E
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Orthopaedics - Elbow Joint and Surrounding Structures

24105	Excision, olecranon bursa	090	n/a		G E
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Orthopaedics - Upper Arm

24516	Open treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	090	n/a		G E
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Orthopaedics - Forearm

25000	Tendon sheath incision; at radial styloid (eg, for deQuervain's disease)	090	n/a		G E
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Orthopaedics - Wrist Joint and Surrounding Structures

25111	Excision of ganglion, wrist (dorsal or volar); primary	090	n/a		G E
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Closed Treatment of Fracture and Dislocation except Finger, Toe and Trunk

25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation	090	n/a		G E
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Orthopaedics - Hand

26055	Tendon sheath incision (eg, for trigger finger)	090	n/a		G E
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Orthopaedics - Pelvis

26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	090	n/a		G E
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Hip Replacement

27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	090	3		G E
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Hip Fracture Repair

27244	Open treatment of intertrochanteric, pertrochanteric or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	090	n/a		G E
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CPEP C 3 - Orthopaedics

<i>Service Family</i>	<i>Reference Service</i>	<i>Global</i>	<i>Post-Proc. Office E&M Equiv. Svcs.</i>	<i>Worksheet Packages to Complete</i>
Orthopaedics - Hip Procedures (except hip replacement or hip fracture repair)				
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	090	n/a	G E
Knee Replacement				
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing ("total knee replacement")	090	n/a	G E
Orthopaedics - Thigh				
27590	Amputation, thigh, through femur, any level;	090	n/a	G E
Orthopaedics - Lower Leg/Ankle				
27814	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation	090	n/a	G E
Open or Percutaneous Treatment of Fractures				
27822	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip	090	n/a	G E
Orthopaedics - Lower Leg				
27880	Amputation, leg, through tibia and fibula;	090	n/a	G E
Orthopaedics - Foot				
28292	Hallux valgus (bunion) correction, with or without sesamoidectomy; Keller, McBride or Mayo type procedure	090	6	G E
Cast and Strapping				
29405	Application of short leg cast (below knee to toes);	000		P E
Orthopaedics - Knee Joint and Surrounding Structures (except knee replacement)				
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	090	n/a	G E
Major Procedure - Expior/Decomp/Excis Disc				
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar	090	3	G E
Physical Therapy				
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	XXX		P E
Office Visits - New Patient				
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX		M E
Office Visits - Established Patient				
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M E
Consultation - Office				
99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX		M E



CPEP C 3 - Orthopaedics

Service Family

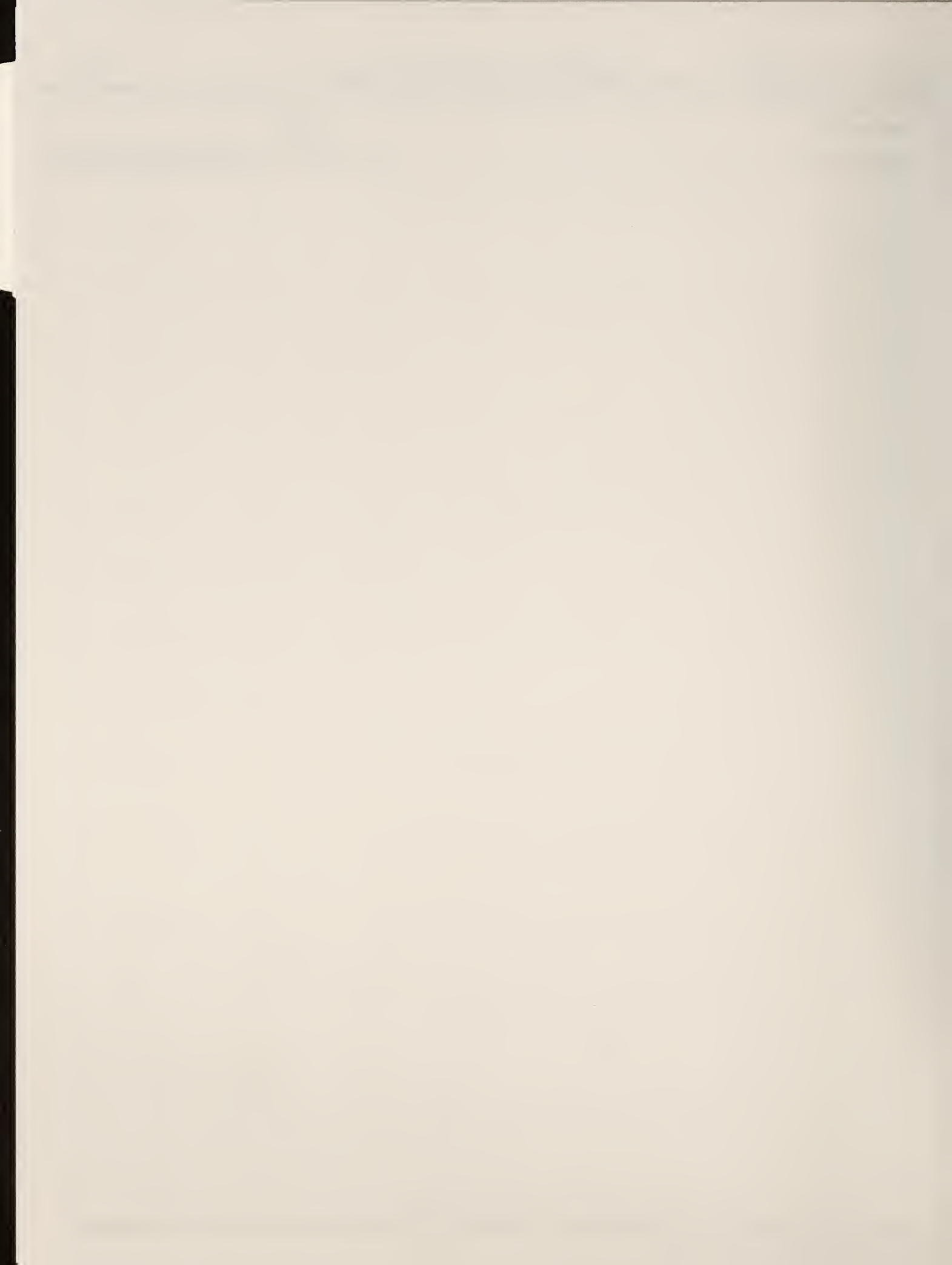
Reference Service

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Worksheet Packages to Complete



CPEP C 4 - OB/GYN

Service Family

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Worksheet Packages to Complete

Simple Urethral Procedures

53265 Excision or fulguration; urethral caruncle 010 n/a

G	E
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Simple Laparoscopic Procedures

56300 Laparoscopy, diagnostic (separate procedure) 010 1

G	E
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Complex Laparoscopic Procedures

56308 Laparoscopy, surgical; with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy) 010 n/a

G	E
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Hysteroscopy

56351 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C 000

P	E
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Intrauterine Insertion and Removal

57160 Insertion of pessary 000

P	E
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Complex Female Reproductive Procedures

57260 Combined anteroposterior colporrhaphy; 090 n/a

G	E
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Hysterectomy - Urology

57265 Combined anteroposterior colporrhaphy; with enterocele repair 090 n/a

G	E
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Colposcopy

57454 Colposcopy (vaginocopy); with biopsy(s) of the cervix and/or endocervical curettage 000

P	E
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Simple Female Reproductive Procedures

57500 Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) 000

P	E
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Miscellaneous Female Reproductive

58100 Endometrial and/or endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) 000

P	E
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Dilation and Curettage

58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) 010 1

G	E
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Hysterectomy

58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); 090 2

G	E
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Major Procedure - Female Reproductive

58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure) 090 n/a

G	E
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Hysterectomy - Oncology

58951 Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy 090 n/a

G	E
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Artificial Fertilization

58970 Follicle puncture for oocyte retrieval, any method 000

P	E
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CPEP C 4 - OB/GYN

Service Family

Reference Service

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Worksheet Packages to Complete

Pregnancy Related Tests

59025	Fetal non-stress test	000		P	E
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Pregnancy Hospital Procedures

59300	Episiotomy or vaginal repair, by other than attending physician	000		P	E
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Delivery Services and Postpartum Care

59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	MMM		P	E
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Spontaneous and Therapeutic Abortion

59840	Induced abortion, by dilation and curettage	010	n/a	G	E
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Obstetrical Ultrasound

76805	Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)	XXX		P	E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX		M	E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M	E
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CPEP C 5 - Ophthalmology

Service Family

Reference Service

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Worksheet Packages to Complete

Minor Ophthalmological Injection, Scraping and Tests

65222 Removal of foreign body, external eye; corneal, with slit lamp 000 P E

Simple Anterior Segment Eye Procedures

65420 Excision or transposition of pterygium; without graft 090 n/a G E

Complex Anterior Segment Eye Procedures

65755 Keratoplasty (corneal transplant); penetrating (in pseudophakia) 090 n/a G E

Moderate Anterior Segment Eye Procedures

66170 Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery 090 9 G E

Laser Eye Procedures

66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages) 090 2 G E

Cataract Procedures

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification) 090 n/a G E

Vitrectomy

67010 Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy 090 n/a G E

Complex Posterior Segment Eye Procedures

67108 Repair of retinal detachment, one or more sessions; with vitrectomy, any method, with or without air or gas tamponade, with or without focal endolaser photocoagulation, may include procedures 67101-67107 and/or removal of lens by same technique 090 n/a G E

Simple Posterior Segment Eye Procedures

67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy 090 n/a G E

Strabismus, Eye and Muscle Procedures

67314 Strabismus surgery, recession or resection procedure (patient not previously operated on); one vertical muscle (excluding superior oblique) 090 n/a G E

Simple Repair and Plastic Procedures of Eye

67840 Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure 010 n/a G E

Complex Repair and Plastic Procedures of Eye

67904 Repair of blepharoptosis; (tarso)levator resection or advancement, external approach 090 3 G E

Minor Ophthalmological Tests and Procedures

76519 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation XXX P E

Ophthalmology Evaluation and Management

92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient XXX P E



CPEP C 5 - Ophthalmology

Service Family

Reference Service

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Worksheet Packages to Complete

Fitting of Contact Lenses and Spectacles

92353	Fitting of spectacle prosthesis for aphakia; multifocal	XXX	P E
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Provision of Vision Aids

92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	XXX	P E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX	M E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M E
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CPEP C 6 - Radiology

Service Family

Reference Service

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Worksheet Packages to Complete

Angioplasty and Transcatheter Procedures, other than Coronary

35474 Transluminal balloon angioplasty, percutaneous; femoral-popliteal 000 P E

Vascular Radiology except for Venography of Extremity

36200 Introduction of catheter, aorta XXX P E

75625 Aortography, abdominal, by serialography, radiological supervision and interpretation XXX P E

Superficial Needle Biopsy and Aspiration

47000 Biopsy of liver, needle; percutaneous 000 P E

Myelography and Diskography

62284 Injection procedure for myelography and/or computerized axial tomography, spinal (other than C1-C2 and posterior fossa) 000 P E

72265 Myelography, lumbosacral, radiological supervision and interpretation XXX P E

Computerized Axial Tomography

70470 Computerized axial tomography, head or brain; without contrast material, followed by contrast material(s) and further sections XXX P E

Plain Film

71020 Radiologic examination, chest, two views, frontal and lateral; XXX P E

Magnetic Resonance Imaging

72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material XXX P E

Digestive Radiology

74280 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon XXX P E

Miscellaneous Radiological Procedures with Contrast

74400 Urography (pyelography), intravenous, with or without KUB, with or without tomography; XXX P E

Mammography

76091 Mammography; bilateral XXX P E

Diagnostic Ultrasound except Obstetrical

76700 Echography, abdominal, B-scan and/or real time with image documentation; complete XXX P E

Obstetrical Ultrasound

76805 Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation) XXX P E

Therapeutic Radiation Treatment Preparation

77290 Therapeutic radiology simulation-aided field setting; complex XXX P E

Radiation Therapy and Hyperthermia

77430 Weekly radiation therapy management; complex XXX P E

Simple Diagnostic Nuclear Medicine

78215 Liver and spleen imaging; static only XXX P E



CPEP C 6 - Radiology			
<i>Service Family</i>		<i>Post-Proc. Office E&M</i>	
<i>Reference Service</i>		<i>Global</i>	<i>Equiv. Svcs.</i>
Intermediate Diagnostic Nuclear Medicine			
78306	Bone and/or joint imaging; whole body	XXX	<input type="checkbox"/> P <input type="checkbox"/> E
Nuclear Cardiology			
78465	Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative	XXX	<input type="checkbox"/> P <input type="checkbox"/> E
Complex Diagnostic Nuclear Medicine			
78596	Pulmonary quantitative differential function (ventilation/perfusion) study	XXX	<input type="checkbox"/> P <input type="checkbox"/> E
Therapeutic Nuclear Medicine			
79000	Radiopharmaceutical therapy, hyperthyroidism; initial, including evaluation of patient	XXX	<input type="checkbox"/> P <input type="checkbox"/> E

Worksheet Packages to Complete



CPEP C 7 - Evaluation and Management

Service Family

Reference Service

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Worksheet Packages to Complete

Cast and Strapping

29405	Application of short leg cast (below knee to toes);	000	P	E
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Simple Immunology Tests

86580	Skin test; tuberculosis, intradermal	XXX	P	E
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Neuropsychological Testing

90830	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	XXX	P	E
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Specialist - Psychiatry

90844	Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately 45 to 50 minutes	XXX	P	E
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Electroconvulsive Therapy

90870	Electroconvulsive therapy (includes necessary monitoring); single seizure	000	P	E
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Cardiogram

93000	Electrocardiogram, routine ECG with at least 12 leads; with Interpretation and report	XXX	P	E
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Respiratory Therapy

94664	Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation	XXX	P	E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX	M	E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M	E
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Hospital Visit - Initial

99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordin	XXX	M	E
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Hospital Visit - Subsequent

99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of	XXX	M	E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M	E
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CPEP C 7 - Evaluation and Management

Service Family

Reference Service

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Worksheet Packages to Complete

Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX	M E
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Emergency Room Visit

99283	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Course	XXX	M E
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Hospital Visit - Critical Care

99291	Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour	XXX	M E
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Nursing Facility Care, Initial

99302	Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complex	XXX	M E
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Nursing Facility Care, Subsequent

99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination;	XXX	M E
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Home Visit, New Patient

99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or	XXX	M E
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Home Visit, Established Patient

99352	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate c	XXX	M E
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CPEP C 8 - General Surgery

Service Family

Reference Service

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Worksheet Packages to Complete

Simple Incision and Excision of Breast

19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions	090	2	G E
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Breast Procedures

19240	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	090	n/a	G E
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Needle and Catheter Biopsy, Aspiration, Lavage and Intubation

32020	Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)	000		P E
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Major Procedure - Respiratory

32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	090	2	G E
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Transplants

33945	Heart transplant, with or without recipient cardiectomy	090	3	G E
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Major Vascular Procedures

35301	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision	090	2	G E
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Minor Vascular Repair and Fistula Construction

35875	Thrombectomy of arterial or venous graft;	090	3	G E
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Deep Lymph Structure Procedures

38745	Axillary lymphadenectomy; complete	090	n/a	G E
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Spleen and Lymph Nodes

38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	090	n/a	G E
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Diaphragm

39530	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal	090	n/a	G E
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Esophagus

43324	Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)	090	n/a	G E
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Gastric Procedures

43610	Excision, local; ulcer or benign tumor of stomach	090	3	G E
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Tube Change

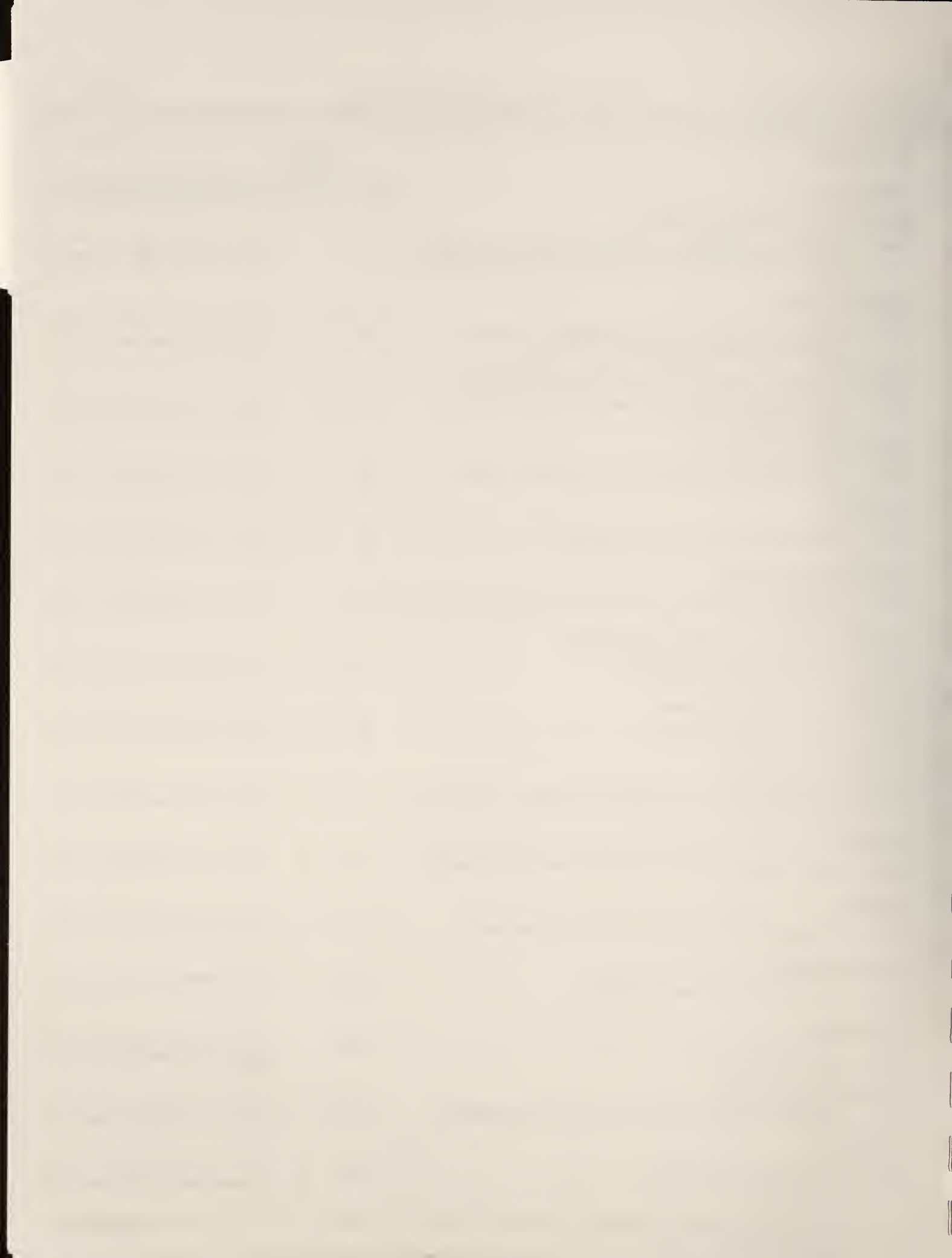
43760	Change of gastrostomy tube	000		P E
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Small Intestinal Procedures

44120	Enterectomy, resection of small intestine; single resection and anastomosis	090	n/a	G E
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Colectomy

44140	Colectomy, partial; with anastomosis	090	3	G E
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CPEP C 8 - General Surgery

Service Family

Reference Service

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Worksheet Packages to Complete

Colectomy

44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	090	4	G	E
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Appendectomy and Miscellaneous Abdominal Procedures

44950	Appendectomy;	090	2	G	E
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Proctectomy and Rectal Repairs

45110	Proctectomy; complete, combined abdominoperineal, with colostomy	090	n/a	G	E
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Lower Gastrointestinal Endoscopy

45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	000		P	E
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Simple Anal and Rectal Procedures

46221	Hemorrhoidectomy, by simple ligature (eg, rubber band)	010	n/a	G	E
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Complex Anal and Rectal Procedures

46260	Hemorrhoidectomy, internal and external, complex or extensive;	090	3	G	E
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Superficial Needle Biopsy and Aspiration

47000	Biopsy of liver, needle; percutaneous	000		P	E
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Cholecystectomy

47610	Cholecystectomy with exploration of common duct;	090	n/a	G	E
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Hepatic and Bile Duct Procedures Except Cholecystectomy

47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	090	n/a	G	E
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Pancreatic Procedures

48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	090	n/a	G	E
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Hepatectomy and Pancreatectomy

48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	090	5	G	E
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Hernia Procedures

49505	Repair initial inguinal hernia, age 5 years or over; reducible	090	1	G	E
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Testicular and Epididymal Procedures

54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	090	n/a	G	E
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Simple Laparoscopic Procedures

56300	Laparoscopy, diagnostic (separate procedure)	010	1	G	E
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General Complex Laparoscopic

56341	Laparoscopy, surgical; cholecystectomy with cholangiography	090	n/a	G	E
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CPEP C 8 - General Surgery

Service Family

Reference Service

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Worksheet Packages to Complete

Major Procedure - Endocrine

60240 Thyroidectomy, total or complete

090 2

G E

Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c

XXX

M E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making

XXX

M E

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of

XXX

M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age

XXX

M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi

XXX

M E



CPEP C 9 - Otolaryngology

Service Family

Reference Service

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Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Complex Facial Procedures (exc. nose and sinus)

21015 Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp 090 n/a

G	E
---	---

Simple Facial Procedures (exc. nose and sinus)

21320 Closed treatment of nasal bone fracture; with stabilization 010 n/a

G	E
---	---

Simple Nose and Sinus Procedures

30200 Injection into turbinate(s), therapeutic 000

P	E
---	---

Complex Nose and Sinus Procedures

30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft 090 n/a

G	E
---	---

Laryngeal and Tracheal Procedures

31360 Laryngectomy; total, without radical neck dissection 090 4

G	E
---	---

Endoscopy of Upper Airway

31575 Laryngoscopy, flexible fiberoptic; diagnostic 000

P	E
---	---

Other ENT Procedures

38500 Biopsy or excision of lymph node(s); superficial (separate procedure) 010 n/a

G	E
---	---

Deep Lymph Structure Procedures

38745 Axillary lymphadenectomy; complete 090 n/a

G	E
---	---

Simple Oral and Pharyngeal Procedures

40520 Excision of lip; V-excision with primary direct linear closure 090 n/a

G	E
---	---

Complex Oral and Pharyngeal Procedures

40525 Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan) 090 n/a

G	E
---	---

Salivary Gland and Duct Procedures

42415 Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve 090 n/a

G	E
---	---

Major Procedure - Endocrine

60240 Thyroidectomy, total or complete 090 2

G	E
---	---

Complex Repair and Plastic Procedures of Eye

67904 Repair of blepharoptosis; (tarso)levator resection or advancement, external approach 090 3

G	E
---	---

Simple Ear Procedures

69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia 010 n/a

G	E
---	---

Complex Ear Procedures

69641 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction 090 n/a

G	E
---	---

Cochlear Device Implantation

69930 Cochlear device implantation, with or without mastoidectomy 090 3

G	E
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CPEP C 9 - Otolaryngology

Service Family

Reference Service

Post-Proc.
Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Speech Therapy

92507	Speech, language or hearing therapy, with continuing medical supervision; individual	XXX	P	E
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Otorhinolaryngologic Function Tests

92542	Positional nystagmus test, minimum of 4 positions, with recording	XXX	P	E
-------	---	-----	---	---

Simple Audiometry

92557	Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination)	XXX	P	E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX	M	E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M	E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M	E
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CPEP C10 - Miscellaneous Internal Medicine

Service Family

Reference Service

Post-Proc.
Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Endoscopy of the Lower Airway

31622 Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or brushing 000

P	E
---	---

Needle and Catheter Biopsy, Aspiration, Lavage and Intubation

32020 Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure) 000

P	E
---	---

Introduction of Needle and Catheter

36000 Introduction of needle or intracatheter, vein XXX

P	E
---	---

Blood and Transfusion

36430 Transfusion, blood or blood components XXX

P	E
---	---

Spinal Tap

62270 Spinal puncture, lumbar, diagnostic 000

P	E
---	---

Bone Marrow Procedures

85095 Bone marrow; aspiration only XXX

P	E
---	---

Infusion Therapy except Chemotherapy

90780 IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour XXX

P	E
---	---

Hemodialysis and Peritoneal Dialysis

90921 End stage renal disease (ESRD) related services per full month; for patients twenty years of age and over XXX

P	E
---	---

Exercise Tolerance Tests

93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report XXX

P	E
---	---

Pulmonary Services

94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), and/or maximal voluntary ventilation XXX

P	E
---	---

Ventilator Management

94656 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day XXX

P	E
---	---

Respiratory Therapy

94664 Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation XXX

P	E
---	---

Allergy Tests

95024 Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, specify number of tests XXX

P	E
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Immunotherapy

95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection XXX

P	E
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Allergy Immunotherapy

95145 Professional services for the supervision and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom, multiple dose vials XXX

P	E
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CPEP C10 - Miscellaneous Internal Medicine

Service Family

Reference Service

Post-Proc.
Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Electroencephalogram

95819	Electroencephalogram (EEG) including recording awake and asleep, with hyperventilation and/or photic stimulation	XXX	P	E
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Nerve and Muscle Tests

95900	Nerve conduction, velocity and/or latency study; motor, each nerve	XXX	P	E
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Extended EEG Studies

95951	Monitoring for identification and lateralization of cerebral seizure focus by attached electrodes; combined electroencephalographic (EEG) and video recording and interpretation, each 24 hours	XXX	P	E
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Chemotherapy

96410	Chemotherapy administration, intravenous; infusion technique, up to one hour	XXX	P	E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M	E
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Hospital Visit - Subsequent

99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of	XXX	M	E
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Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX	M	E
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CPEP C11 - Gastroenterology

Service Family

Reference Service

Post-Proc.
Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Diagnostic Upper GI Endoscopy or Intubation

43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple 000 P E

Therapeutic Upper GI Endoscopy or Intubation

43246 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube 000 P E

ERCP and Miscellaneous GI Endoscopy Procedures

43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000 P E

Esophageal Dilation without Endoscopy

43450 Dilation of esophagus, by unguided sound or bougie, single or multiple passes 000 P E

Proctosigmoidoscopy and Sigmoidoscopy

45330 Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000 P E

Lower Gastrointestinal Endoscopy

45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure) 000 P E

Anoscopy

46600 Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000 P E

Alimentary Tests and Simple Tube Placement

91010 Esophageal motility study; 000 P E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX M E

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of XXX M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX M E



CPEP C12 - Cardiothoracic and Vascular

Service Family

Reference Service

Post-Proc.
Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Endoscopy of the Lower Airway

31622 Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or brushing 000

P	E
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Major Procedure - Respiratory

32480 Removal of lung, other than total pneumonectomy; single lobe (lobectomy) 090 2

G	E
---	---

Thoracoscopy

32602 Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy 000

P	E
---	---

Pacemaker Insertion

33208 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular 090 n/a

G	E
---	---

Heart and Great Vessels

33405 Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft 090 n/a

G	E
---	---

CABG

33533 Coronary artery bypass, using arterial graft(s); single arterial graft 090 n/a

G	E
---	---

Pediatric Cardiovascular Procedures

33692 Complete repair tetralogy of Fallot without pulmonary atresia; 090 2

G	E
---	---

Major Vascular Procedures

35301 Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision 090 2

G	E
---	---

Minor Vascular Repair and Fistula Construction

35875 Thrombectomy of arterial or venous graft; 090 3

G	E
---	---

Removal and Revision of Pacemaker and Vascular Device

36535 Removal of implantable venous access port and/or subcutaneous reservoir 010 n/a

G	E
---	---

Vascular Ligation

37720 Ligation and division and complete stripping of long or short saphenous veins 090 n/a

G	E
---	---

Diaphragm

39530 Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal 090 n/a

G	E
---	---

Esophagus

43324 Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures) 090 n/a

G	E
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Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M	E
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Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M	E
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CPEP C12 - Cardiothoracic and Vascular

Service Family

Post-Proc.
Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Reference Service

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexty. Counseling and/or coordination of care with other provi

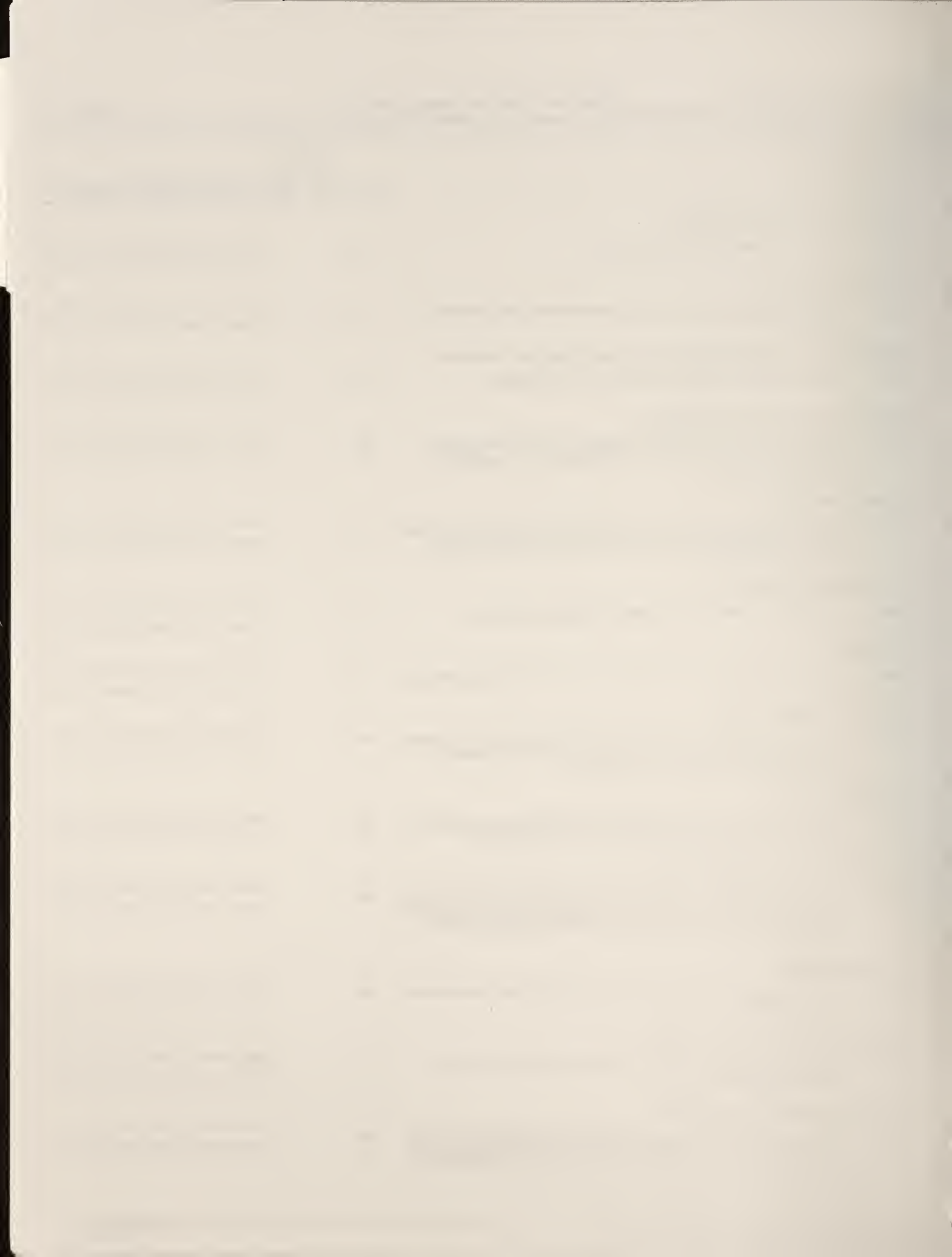
XXX

M E



CPEP C13 - Cardiology

<i>Service Family</i>	<i>Reference Service</i>	<i>Global</i>	<i>Post-Proc. Office E&M Equiv. Svcs.</i>	<i>Worksheet Packages to Complete</i>
Resuscitation and Cardioversion				
31500	Intubation, endotracheal, emergency procedure	000		P E
Pacemaker Insertion				
33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	090	n/a	G E
Angioplasty and Transcatheter Procedures, other than Coronary				
35474	Transluminal balloon angioplasty, percutaneous; femoral-popliteal	000		P E
Placement of Transvenous Catheters				
36489	Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2	000		P E
Nuclear Cardiology				
78465	Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative	XXX		P E
Coronary Angioplasty				
92982	Percutaneous transluminal coronary balloon angioplasty; single vessel	000		P E
Cardiogram				
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	XXX		P E
Exercise Tolerance Tests				
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report	XXX		P E
Phonocardiogram				
93201	Phonocardiogram with or without ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)	XXX		P E
Minor Cardiac and Vascular Tests				
93230	Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis	XXX		P E
Echocardiography				
93307	Echocardiography, real-time with image documentation (2D) with or without M-mode recording; complete	XXX		P E
Diagnostic Cardiac Catheterization				
93510	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous	000		P E
Cardiac Electrophysiologic Tests				
93620	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; with induction of arrhythmia (This cod	000		P E



CPEP C13 - Cardiology

Service Family

Reference Service

Post-Proc.

Office E&M

Global Equiv. Svcs.

Worksheet Packages to Complete

Pacemaker Analysis

93736	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis	XXX	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">P</td> <td style="width: 50%; text-align: center;">E</td> </tr> </table>	P	E
P	E				

Cardiac Rehabilitation

93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	000	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">P</td> <td style="width: 50%; text-align: center;">E</td> </tr> </table>	P	E
P	E				

Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">M</td> <td style="width: 50%; text-align: center;">E</td> </tr> </table>	M	E
M	E				

Hospital Visit - Subsequent

99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of	XXX	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">M</td> <td style="width: 50%; text-align: center;">E</td> </tr> </table>	M	E
M	E				

Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">M</td> <td style="width: 50%; text-align: center;">E</td> </tr> </table>	M	E
M	E				

Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">M</td> <td style="width: 50%; text-align: center;">E</td> </tr> </table>	M	E
M	E				



CPEP C14 - Anesthesiology/Pathology

Service Family

Post-Proc.
Office E&M
Global Equiv. Svcs. Worksheet Packages to Complete

Reference Service

Anesthesia

01210 Anesthesia for open procedures involving hip joint; not otherwise specified P E

Other Anesthesia Services

62278 Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, single 000 P E

Pathology

85060 Blood smear, peripheral, interpretation by physician with written report XXX PA E

Simple Immunology Tests

86580 Skin test; tuberculosis, intradermal XXX P E

Cytopathology

88108 Cytopathology, fluids, washings or brushings, except cervical or vaginal; concentration technique, smears and interpretation (eg, Saccomanno technique) XXX PA E

Pap Smears

88151 Cytopathology, smears, cervical or vaginal, up to three smears; requiring interpretation by physician XXX PA E

Surgical Pathology

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 Breast, Reduction Mammoplasty Bronchus, Biopsy C XXX PA E

Complex Pathology

88307 LEVEL V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curettings Bone Fragment(s), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Mastectomy - Partial/Simple Cervix, Conization Colon, S XXX PA E

Special Stains

88342 Immunocytochemistry (including tissue immunoperoxidase), each antibody XXX PA E

Hospital Visit - Critical Care

99291 Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour XXX M E



CPEP C15 - Neurosurgery

Service Family

Reference Service

Post-Proc.
Office E&M
Global Equiv. Svcs.

Worksheet Packages to Complete

Orthopaedics - Spine

22842 Posterior instrumentation; segmental fixation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires) 000

P	E
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Nervous System Injections, Stimulations or Cranial Tap

61055 Cisternal or lateral cervical (C1-C2) puncture; with injection of drug or other substance for diagnosis or treatment (eg, C1-C2) 000

P	E
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Major Procedure - Twist Drill, Burr Hole, Trephine

61154 Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural 090 n/a

G	E
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Major Procedure - Craniectomy or Craniotomy

61312 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural 090 4

G	E
---	---

Major Procedure - Intracranial Surgery and Skull Procedures

61700 Surgery of intracranial aneurysm, intracranial approach; carotid circulation 090 4

G	E
---	---

Neurostimulator and Ventricular Shunt Implantation

62223 Creation of shunt; ventriculo-pentoneal, -pleural, other terminus 090 3

G	E
---	---

Major Procedure - Expior/Decompr/Excis Disc

63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar 090 3

G	E
---	---

Major Procedure - Spine and Spinal Cord

63276 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic 090 n/a

G	E
---	---

Revision and Removal of Neurological Device

63685 Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling 090 n/a

G	E
---	---

Nerve Repair and Destruction

64721 Neuroplasty and/or transposition; median nerve at carpal tunnel 090 3

G	E
---	---

Major Procedure - Other Nerve

64818 Sympathectomy, lumbar 090 n/a

G	E
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Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M	E
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Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M	E
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Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M	E
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CPEP Worksheets G1-G4: Reference Procedures with a Global Period

The purpose of the CPEP (Clinical Practice Expert Panel) worksheets is to collect data on the resource inputs required to provide the reference services, which have been selected from each of the service families defined in Abt Associates' classification system. The reference services include various procedures and evaluation and management (E&M) services from the Medicare Fee Schedule. Worksheets G1-G4 focus on procedures with a global period. Completion of the worksheets is an important part of the HCFA-sponsored study to develop estimates of the practice costs of providing Medicare Fee Schedule services. This study is designed to measure practice costs as defined by the Medicare program (See General Instructions #2 on page 2). Therefore, it is essential that the resource estimates that you provide correspond to the Medicare definition of practice cost. The medical society that has asked you to complete the worksheets will compile and summarize the data that you provide. The summarized data will, in turn, be submitted to Abt Associates and presented at the CPEP meetings (scheduled to be convened during January 1996) for detailed review and for subsequent use in computing *practice cost* estimates for each reference service.

The worksheets ask for specific data on the time required of non-physician practice staff, as well as information on the medical equipment and disposable medical supplies used in performing the reference procedures. A list of the worksheets is provided below:

- **Worksheet G1:** Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet G1.1-G1.9:** Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Post-Procedure Office Evaluation and Management (E&M) Equivalent Services* Included in the Global Procedural Period (by CPT Code)
- **Worksheet G2:** Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet G2.1-G2.9:** Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Post-Procedure Office Evaluation and Management (E&M) Equivalent Services* Included in the Global Procedural Period (by CPT Code)
- **Worksheet G3:** *Medical Equipment* Required to Perform *Reference Procedures and Their Global Office E&M Equivalent Services* (by CPT Code)
- **Worksheet G4:** *Disposable Medical Supplies* Required to Perform *Reference Procedures and Their Global Office E&M Equivalent Services* (by CPT Code)

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

Please read the General Instructions on the following page and the worksheet-specific instructions, which are provided before each worksheet, before proceeding to complete the forms. If you have any questions pertaining to the worksheets, please contact your society representative.

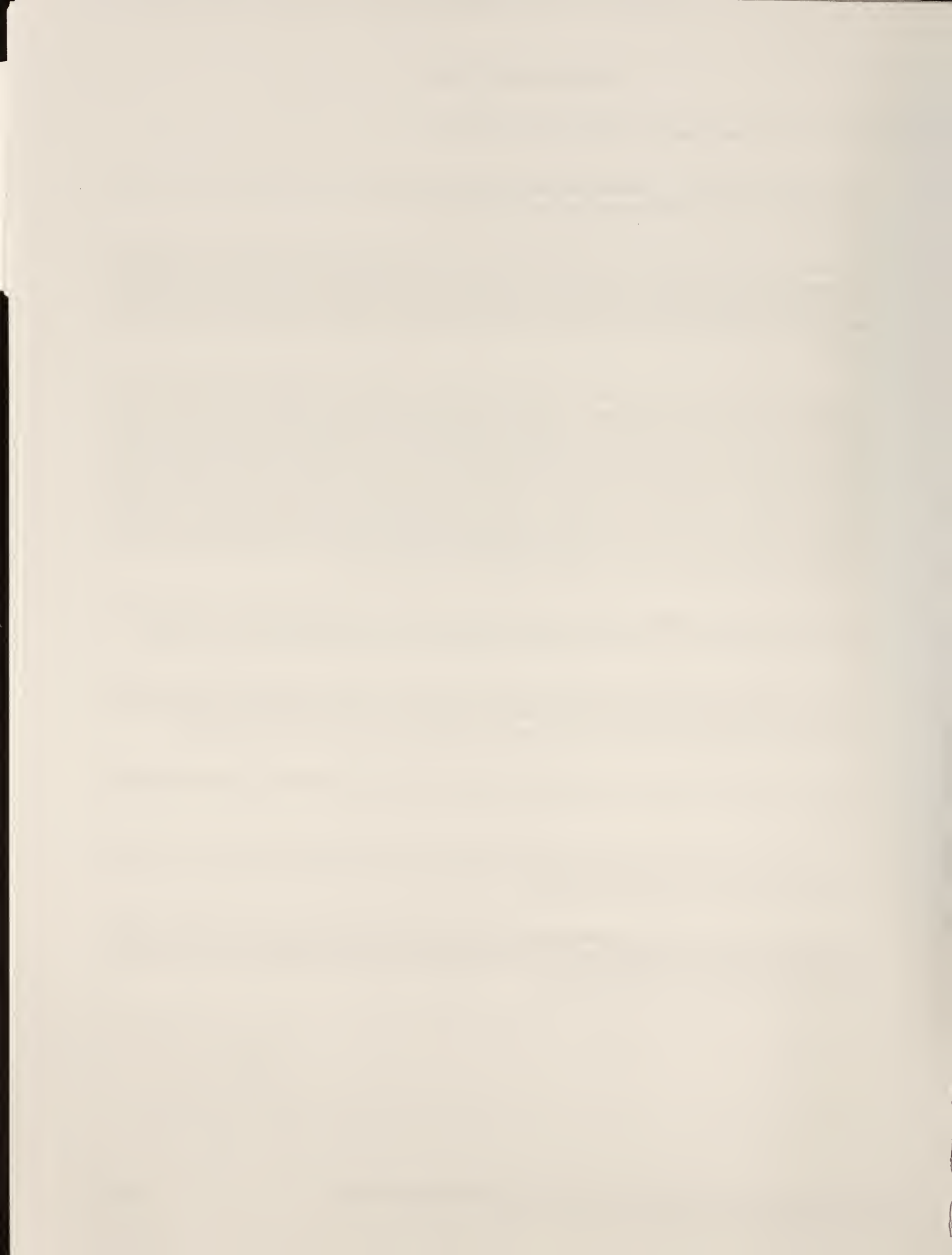
Please return completed worksheets to your designated medical society representative.



GENERAL INSTRUCTIONS

Please follow these general instructions when completing the CPEP worksheets:

1. Base all resource estimates (i.e., staff time, equipment and supply requirements) for each reference procedure on *recent clinical practice* and on the *typical patient/service* across all age groups.
2. The resource estimates should reflect only those resources for which the practice bears practice cost (as defined by the Medicare Program) in providing a reference service. Thus, the labor of any clinical staff who bill directly to Medicare (e.g., physicians, doctors of osteopathy, chiropractors, optometrists, podiatrists, dentists, physical therapists, clinical social workers and psychologists) and any supplies which are separately reimbursable by Medicare should not be included in your estimates.
3. Worksheets G1, G2, G3, and G4 ask you to provide separate resource estimates for the reference procedure when it is performed in the office and out-of-office settings. These resource estimates should be recorded in the columns labeled "In Office" and "Out of Office", respectively. *Out-of-office settings* include outpatient hospital/clinic, ambulatory surgery center (ASC), inpatient hospital, nursing homes and all other non-office sites. If the reference procedure is only performed in the out-of-office setting, please write "NA" (not applicable) in the column for the office setting and vice versa. If a particular staff type is not involved in the functions for the in or out-of-office setting, please write "0" in the space provided for that staff type. If the staff time, equipment, and supply requirements for the reference procedure vary across the different out-of-office sites (e.g., ASC versus inpatient hospital), please make a copy of the blank worksheets and provide separate resource estimates for the different out-of-office settings on each sheet. In the top right-hand corner of each worksheet, please indicate for which out-of-office setting the data are being reported.
4. Your society may have provided you with a list of the reference procedures (with a global period) for which they would like you to provide resource estimates. Please complete Worksheets G1-G4 for each of these reference procedures.
5. If you are providing resource estimates for more than one reference procedure, please make copies of Worksheets G1-G4. A separate set of Worksheets G1-G4 must be completed for each procedure. Please remember to write the CPT code number and description of the procedure for which you are providing data in the top row of each worksheet.
6. Please use actual facility records or other available data whenever possible and complete the worksheets as thoroughly as possible.
7. Please remember to provide your name, address, phone and fax number on the last page of this packet in case the medical society needs to contact you to clarify any responses.
8. Please make and retain a copy of all completed worksheets and any additional information that you have chosen to include. If the medical society that will be compiling the data has any questions on the returned worksheets, it will be helpful if you have a complete copy of all submitted documents.



INSTRUCTIONS FOR WORKSHEET G1:

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

Worksheet G1 (pages 5-8) is designed to collect data on the staff requirements for performing *clinical functions* associated with the *reference procedures* (with a global period) assigned to your CPEP. For a given procedure, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the clinical functions specified on Worksheet G1. This information should be provided for the reference procedure when it is done in the office and out-of-office settings (See General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet G1 the CPT code number of the reference procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet G1.
2. **Staff Type:** Worksheet G1 is intended to collect time data for only those staff who *directly support* clinical (patient care) functions and who are *employed or contracted by the practice and are not primary providers* (i.e., do not bill directly to Medicare). The second row of Worksheet G1 contains common types of practice support staff who meet this definition: registered nurses (RNs), licensed practical nurses (LPNs), and technicians (e.g., x-ray, ultrasound, lab technician). Medical secretaries or receptionists are also listed because they perform certain clinical functions, such as greeting the patient and providing gowning, in some practices. If there are other types of staff, who meet the criteria noted above, and are involved in performing clinical functions, please write the staff types in the "Other" columns, and provide the appropriate time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if 2 RNs are involved in the function for "assist in performing procedure" and one spends 10 minutes on that function, while the other spends 20 minutes on that function, 30 minutes (10 + 20) should be reported for the RN staff type. If the practice provides its own staff for *out-of-office* procedures (i.e., practice brings its own OR team to a surgery done in the hospital), the time required by these staff should be recorded in each of the functions for the out-of-office setting.
4. **Procedural Periods:** The clinical functions are divided into three distinct procedural periods: pre-procedure, intra-procedure, and post-procedure. Each period is defined as follows:

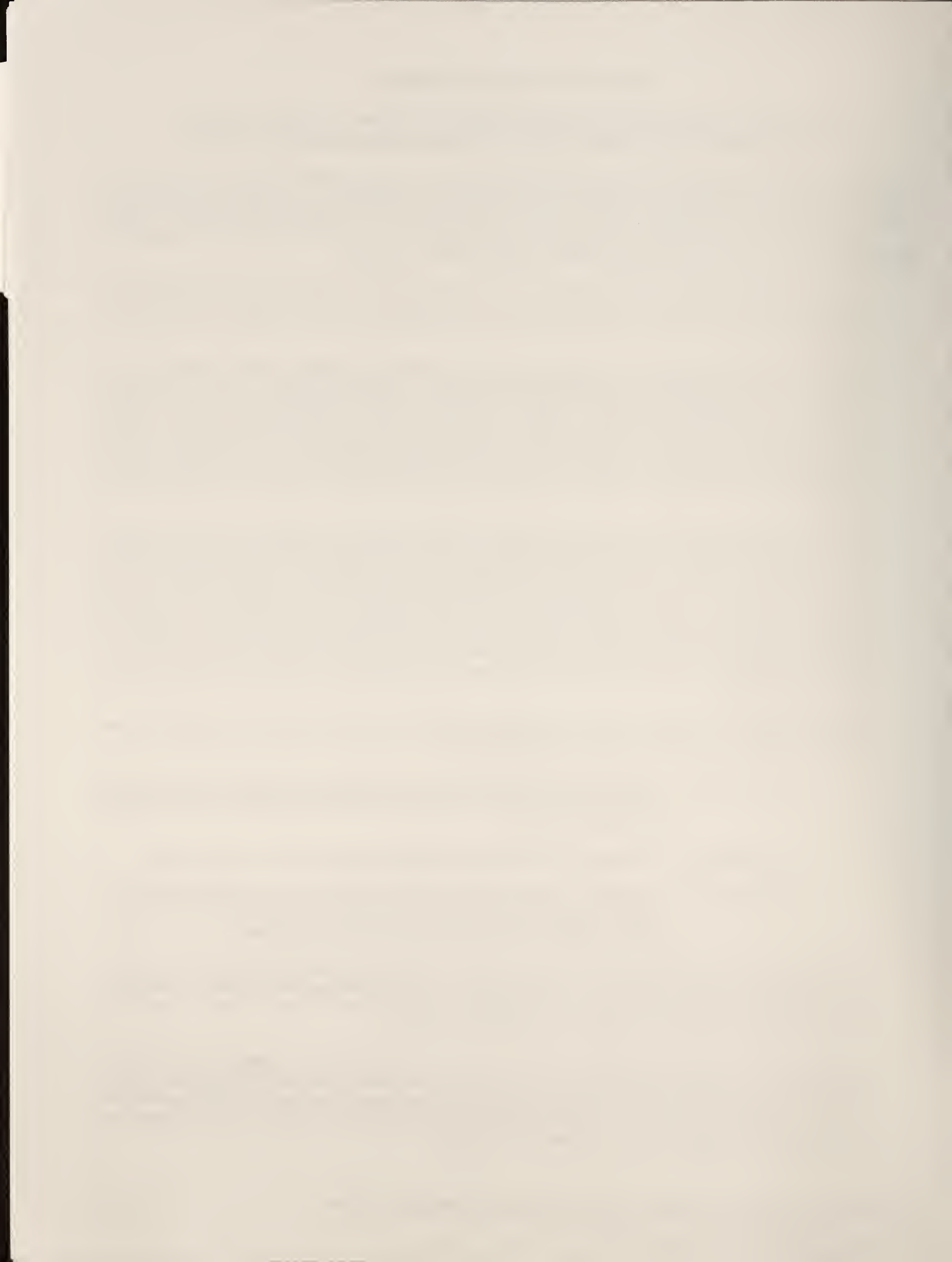
Pre-Procedure: All functions performed from the day (24 hours) before the procedure until the time of the procedure. It does not include the consultation or evaluation at which the decision to provide the procedure was made.

Intra-Procedure: All functions performed while the procedure is being done (e.g., skin-to-skin time).

Post-Procedure: All functions performed after the procedure is complete in the operating/procedure room, excluding any functions associated with post-procedure office evaluation and management (E&M) equivalent services included in the procedure's global period.

If one or more of the functions defined in each procedural period do not apply to the procedure in question, please write "0" in the space provided for each staff type. Conversely, if there is a clinical function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

In addition, to the extent that certain functions are done outside the time frame defined by the global period indicated above and they are not billed through a separate service, you should include the time associated with performing these functions in your time estimates. For example, certain activities related to patient education may occur after the visit at which the decision to perform surgery is made, but before the 24-hour pre-procedure period. In this case, the time associated with providing the patient education should be included on Worksheet G1.



INSTRUCTIONS FOR WORKSHEET G1 (continued):

**Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures*
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)**

5. **Subtotal and Total Time Estimates (Minutes):** For each staff type, please add-up the time estimates for the different clinical functions within each procedural period (pre-, intra-, and post-) for the office and out-of-office settings and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. The subtotals for each period should then be added together, and the resulting sums should be recorded in the "Total Time" fields at the end of Worksheet G1. Please review the clinical face validity of the "Total Time" estimates and make adjustments where appropriate before submitting your final numbers.



**Worksheet G1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)**

Clinical Function		CPT Procedure Code Number: _____															
		RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
		In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
PRE-PROCEDURE TIME:																	
	Obtain medical history/review charts/review treatment plan																
	Provide final pre-procedure education/instruction (to patient and family) and obtain patient's consent																
	Greet patient/provide gowning																
	Perform room prep/prepare or set-up medical equipment and supplies/"scrub" before procedure																
	Prep (e.g., dress, move, and position) patient/monitor patient/ prep wounds/set-up IV and/or other pre-procedure drug therapies																
	Obtain vital signs																
	Other (specify): _____																
	Other (specify): _____																
	Other (specify): _____																
	SUBTOTAL PRE-PROC. TIME (MIN)																



**Worksheet G1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)**

Clinical Function		CPT Procedure Code Number: _____															
		RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
		In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
INTRA-PROCEDURE TIME:																	
Sedate/apply topical anesthesia																	
Assist in performing procedure																	
Record notes																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL INTRA-PROC. TIME (MIN)																	



**Worksheet G1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)**

Clinical Function		CPT Procedure Code Number: _____															
		RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
		In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
POST-PROCEDURE TIME:																	
Monitor patient following procedure (in office or in recovery room/stabilizing unit)																	
Clean room/equipment (including any equipment maintenance that must be done after the procedure)/shut-down equipment																	
Provide post-procedure education/instruction/counseling (to patient and family) regarding outcome of procedure and subsequent patient care requirements																	
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions																	
Review/read x-rays, lab and pathology reports																	
Arrange discharge/provide discharge instructions/complete nursing form																	
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills																	
Other (specify): _____																	



**Worksheet G1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code Number: _____																	
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
POST-PROCEDURE TIME (CONTINUED)																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-PROC. TIME (MIN)																	
TOTAL TIME (MIN)																	



INSTRUCTIONS FOR WORKSHEETS G1.1-G1.9:

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Post-Procedure Office Evaluation and Management (E&M) Equivalent Services* Included in the Global Procedural Period (by CPT Code)

Worksheets G1.1 - G1.9 (pages 10-27) are designed to collect data on the staff requirements for the *post-procedure office evaluation and management (E&M) equivalent services* that are included in *the global procedural period* defined for the procedure for which you provided data in Worksheet G1. You are asked to report, as you did on Worksheet G1, the total minutes that different types of staff (employed or contracted by the practice) spend on specified clinical functions for each post-procedure office E&M equivalent service. Worksheets G1.1 - G1.9 correspond to each consecutive E&M equivalent service performed during the global period (i.e., Worksheet G1.1 corresponds to the first E&M equivalent service, Worksheet G1.2 the second, and so on). The post-procedure E&M equivalent service number is also provided in the second row of worksheets G1.1 - G1.9. As indicated in the General Instructions (Page 2, #4), you should complete worksheets G1.1-G1.9 *based on the average number of post-procedure office E&M equivalent services listed on Attachment B*. For those procedures for which the AMA data are not available, please determine, based on your recent clinical experience, the average number of post-procedure office E&M equivalent services performed during the procedure's global period and complete the corresponding number of worksheets. If the number of post procedure office E&M equivalent services exceeds 9, please make copies of the blank worksheets and record in the second row of the worksheet the appropriate E&M equivalent service number. Since the focus of Worksheets G1.1 - G1.9 is post-procedure *office* E&M equivalent services, only staff time estimates for the office setting are required. In completing Worksheets G1.1 - G1.9, please follow these guidelines:

1. **Associated Procedure Code Number:** Please write in the top row of the Worksheets the CPT code number of the reference procedure that is associated with the post-procedure office E&M equivalent services. For procedures for which the AMA data are available, please record the average number of post-procedure office E&M equivalent services, which are listed for that procedure on Attachment B. For procedures for which the AMA data are not available, please record the average number of post-procedure office E&M equivalent services that you have determined (based on your recent clinical experience) for the procedure.
2. **Variation in the Time Required for the Post-Procedure Office E&M Equivalent Services:** To the extent that there is variation in the time spent by staff across the different post-procedure office E&M equivalent services included in the global period, such variation should be reflected in the time estimates reported for each service. If the staff time requirements do not vary across the E&M equivalent services, please write "same as previous E&M equivalent service" across the worksheet.
3. **Staff Type and Time Estimates (Minutes):** Please refer to the Instructions for Worksheet G1 (page 3, #2 and #3) for an explanation of staff types and directions on how to account for the time that different staff types spend on each function.
4. **E&M Equivalent Service Periods:** The clinical functions are divided into three distinct periods: pre-service, intra-service, and post-service. Each period is defined as follows:

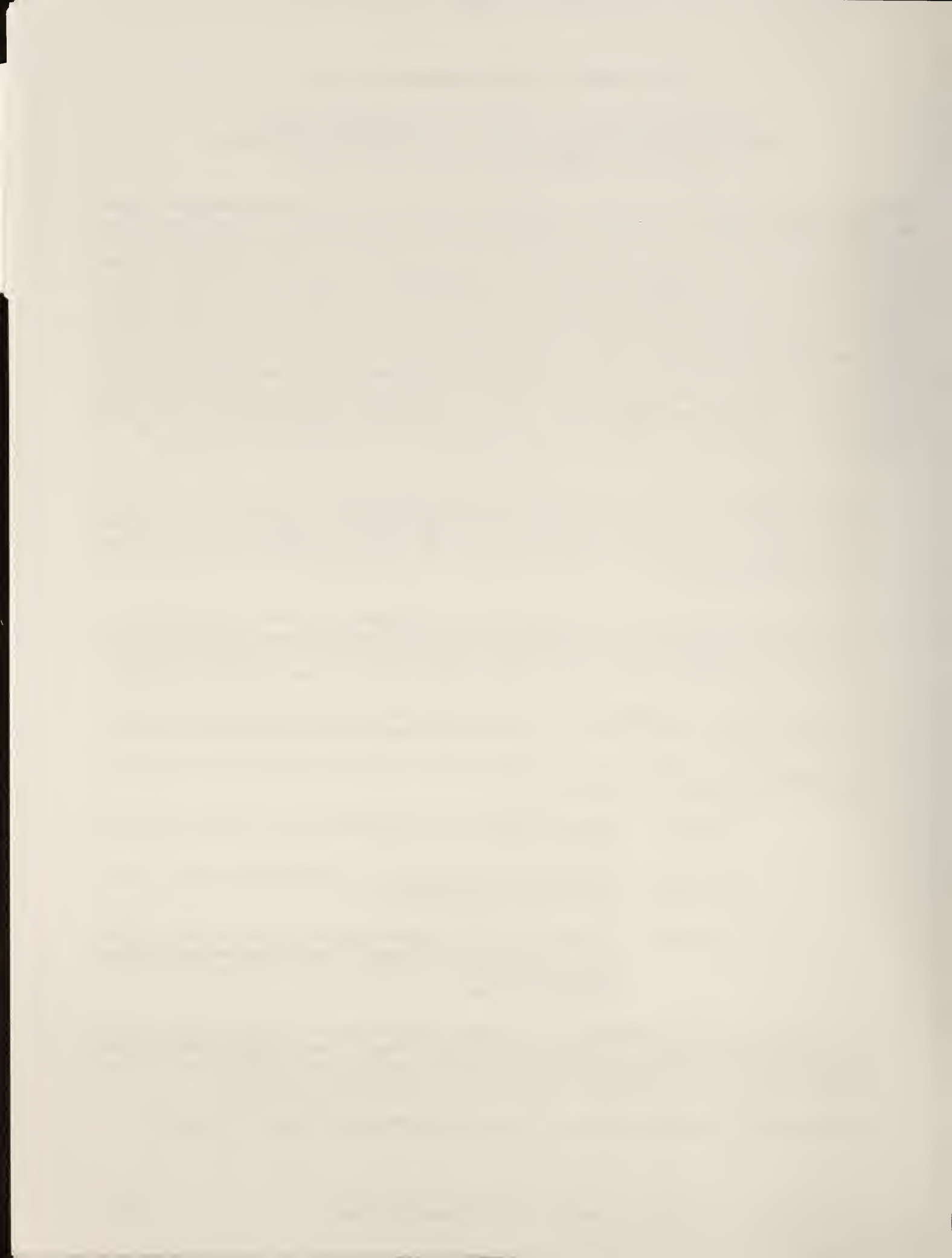
Pre-Service: All functions performed before and in preparation for the post-procedure office E&M equivalent service.

Intra-Service: All functions performed during the post-procedure office E&M equivalent service or while the patient is being examined.

Post-Service: All functions performed after completion of the post-procedure office E&M equivalent service and until the pre-service period of the next post-procedure office E&M equivalent service, such as reviewing test results and providing education or counseling to the patient.

If one or more of the functions defined in each period do not apply to the post-procedure office E&M equivalent service in question, please write "0" in the space provided for each staff type. Conversely, if there is a clinical function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet G1 on page 4 (#5).



**Worksheet G1.1: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #1

Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Review patient charts								
Greet patient/provide gowning								
Perform room prep/prepare or set-up medical equipment and supplies								
Prep (e.g., dress, move, and position) patient								
Obtain vital signs								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL PRE-SERVICE TIME (MIN)								

INTRA-SERVICE TIME:

Assist in performing E&M service (where applicable)								
Obtain medical history								
Record notes								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL INTRA-SERVICE TIME (MIN)								



**Worksheet G1.1: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equip. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #1

Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:								
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment								
Provide education/instruction/counseling (to patient and family) following E&M service								
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions								
Review/read x-rays, lab and pathology reports								
Arrange discharge/provide discharge instructions/complete nursing form								
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN)								

TOTAL TIME (MIN)								
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**Worksheet G1.2: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #2

Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:									
Review patient charts									
Greet patient/provide gowning									
Perform room prep/prepare or set-up medical equipment and supplies									
Prep (e.g., dress, move, and position) patient									
Obtain vital signs									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL PRE-SERVICE TIME (MIN)									
INTRA-SERVICE TIME:									
Assist in performing E&M service (where applicable)									
Obtain medical history									
Record notes									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL INTRA-SERVICE TIME (MIN)									



**Worksheet G1.2: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #2									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:									
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment									
Provide education/instruction/counseling (to patient and family) following E&M service									
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions									
Review/read x-rays, lab and pathology reports									
Arrange discharge/provide discharge instructions/complete nursing form									
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL POST-SERVICE TIME (MIN)									

TOTAL TIME (MIN)									
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Worksheet G1.3: Time Spent (In Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equiv. Sves: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #3												
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:												
Review patient charts												
Greet patient/provide gowning												
Perform room prep/prepare or set-up medical equipment and supplies												
Prep (e.g., dress, move, and position) patient												
Obtain vital signs												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL PRE-SERVICE TIME (MIN)												
INTRA-SERVICE TIME:												
Assist in performing E&M service (where applicable)												
Obtain medical history												
Record notes												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL INTRA-SERVICE TIME (MIN)												

**Worksheet G1.3: Time Spent (In Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #3									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:									
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment									
Provide education/instruction/counseling (to patient and family) following E&M service									
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions									
Review/read x-rays, lab and pathology reports									
Arrange discharge/provide discharge instructions/complete nursing form									
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL POST-SERVICE TIME (MIN)									

TOTAL TIME (MIN)									
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**Worksheet G1.4: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #4									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:									
Review charts									
Greet patient/provide gowning									
Perform room prep/prepare or set-up medical equipment and supplies									
Prep (e.g., dress, move, and position) patient									
Obtain vital signs									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL PRE-SERVICE TIME (MIN)									
INTRA-SERVICE TIME:									
Assist in performing E&M service (where applicable)									
Obtain medical history									
Record notes									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL INTRA-SERVICE TIME (MIN)									



**Worksheet G1.4: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equiv. Svcs: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #4												
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME:												
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment												
Provide education/instruction/counseling (to patient and family) following E&M service												
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions												
Review/read x-rays, lab and pathology reports												
Arrange discharge/provide discharge instructions/complete nursing form												
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-SERVICE TIME (MIN)												
TOTAL TIME (MIN)												



Worksheet G1.5: Time Spent (in Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office		In Office		In Office		In Office		In Office		In Office		In Office		In Office		
PRE-SERVICE TIME:																	
Review patient charts																	
Greet patient/provide gowning																	
Perform room prep/prepare or set-up medical equipment and supplies																	
Prep (e.g., dress, move, and position) patient																	
Obtain vital signs																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-SERVICE TIME (MIN)																	
INTRA-SERVICE TIME:																	
Assist in performing E&M service (where applicable)																	
Obtain medical history																	
Record notes																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL INTRA-SERVICE TIME (MIN)																	



**Worksheet G1.5: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equiv. Sves:										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #5												
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
Post-SERVICE TIMES:												
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment												
Provide education/instruction/counseling (to patient and family) following E&M service												
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions												
Review/read x-rays, lab and pathology reports												
Arrange discharge/provide discharge instructions/complete nursing form												
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-SERVICE TIME (MIN)												

TOTAL TIME (MIN)												
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**Worksheet G1.6: Time Spent (In Minutes) on Clinical Functions by Support Staff for
Post Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

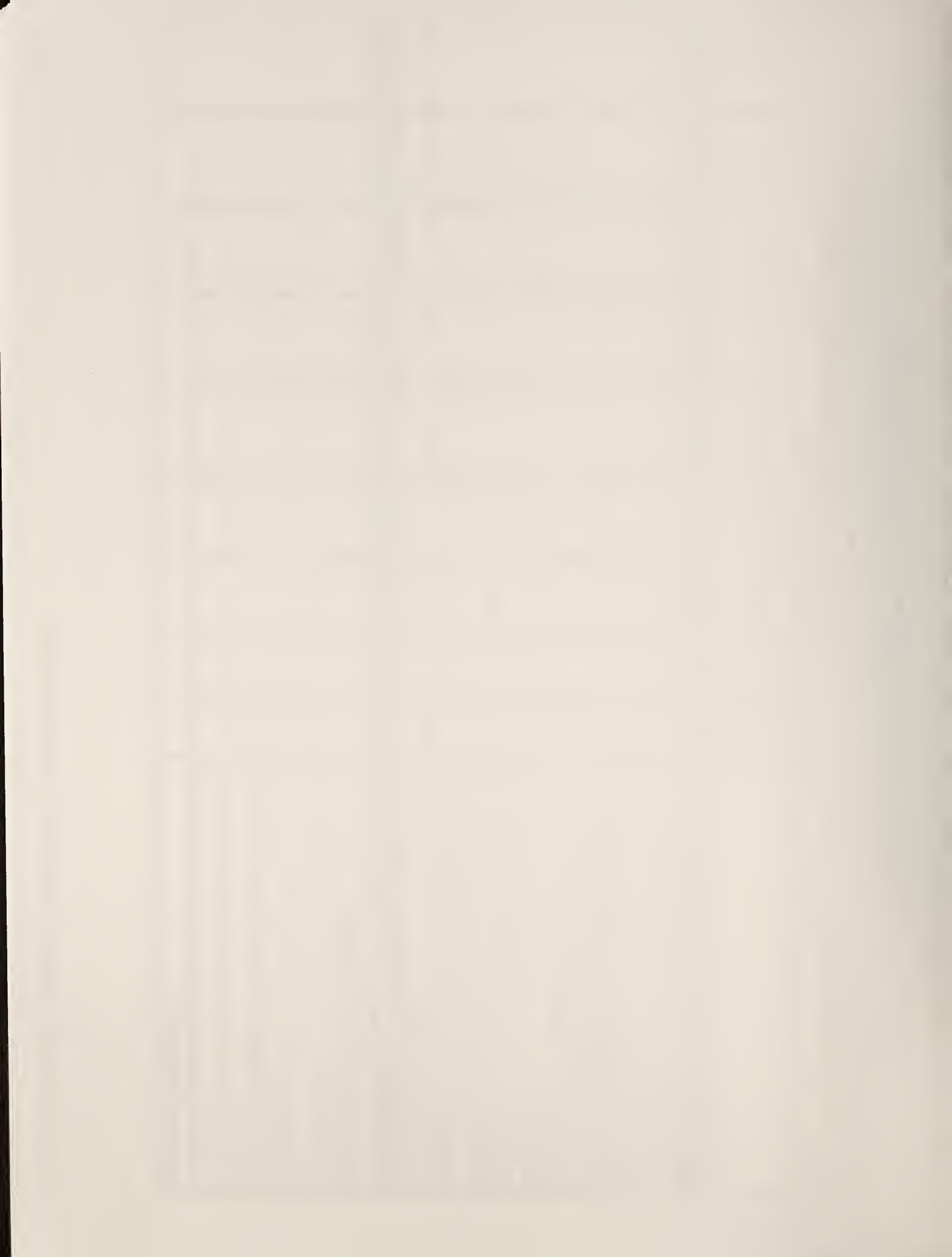
CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #6

Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
Review patient charts									
Greet patient/provide gowning									
Perform room prep/prepare or set-up medical equipment and supplies									
Prep (e.g., dress, move, and position) patient									
Obtain vital signs									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL PRE-SERVICE TIME (MIN)									

INTRA-SERVICE TIME:

Assist in performing E&M service (where applicable)									
Obtain medical history									
Record notes									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL INTRA-SERVICE TIME (MIN)									



**Worksheet G1.6: Time Spent (In Minutes) on Clinical Functions by Support Staff for
Post Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equip. Sves: _____							
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #6									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment									
Provide education/instruction/counseling (to patient and family) following E&M service									
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions									
Review/read x-rays, lab and pathology reports									
Arrange discharge/provide discharge instructions/complete nursing form									
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL POST-SERVICE TIME (MIN)									

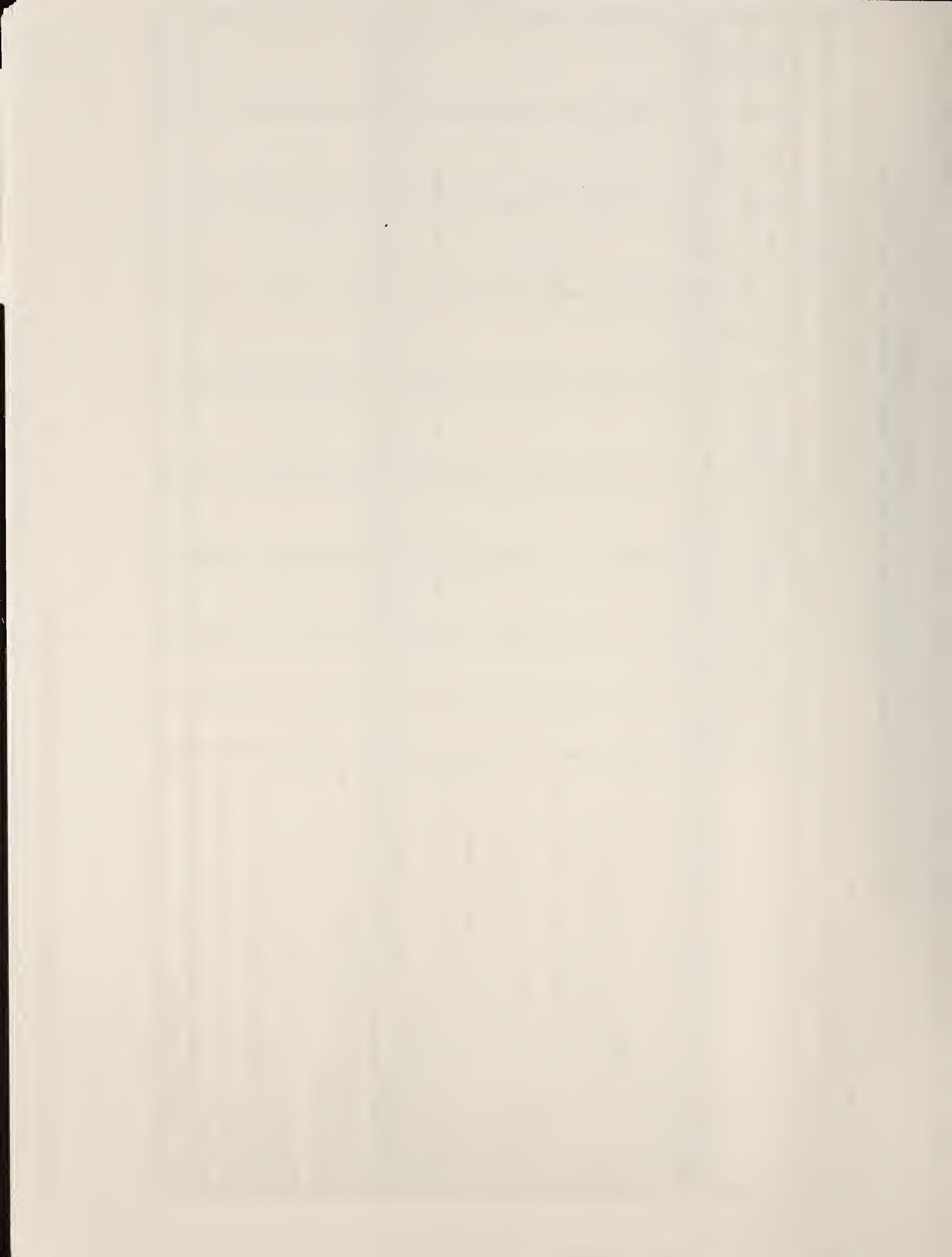
TOTAL TIME (MIN)									
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Worksheet G1.7: Time Spent (in Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #7									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:									
Review patient charts									
Greet patient/provide gowning									
Perform room prep/prepare or set-up medical equipment and supplies									
Prep (e.g., dress, move, and position) patient									
Obtain vital signs									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL PRE-SERVICE TIME (MIN)									
INTRA-SERVICE TIME:									
Assist in performing E&M service (where applicable)									
Obtain medical history									
Record notes									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL INTRA-SERVICE TIME (MIN)									



Worksheet G1.7: Time Spent (in Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equiv. Svcs:									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #7											
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:											
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment											
Provide education/instruction/counseling (to patient and family) following E&M service											
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions											
Review/read x-rays, lab and pathology reports											
Arrange discharge/provide discharge instructions/complete nursing form											
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN)											
TOTAL TIME (MIN)											



**Worksheet G1.8: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #8

Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Review patient charts								
Greet patient/provide gowning								
Perform room prep/prepare or set-up medical equipment and supplies								
Prep (e.g., dress, move, and position) patient								
Obtain vital signs								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL PRE-SERVICE TIME (MIN)								
INTRA-SERVICE TIME:								
Assist in performing E&M service (where applicable)								
Obtain medical history								
Record notes								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL INTRA-SERVICE TIME (MIN)								



**Worksheet G1.8: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____												
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #8												
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:												
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment												
Provide education/instruction/counseling (to patient and family) following E&M service												
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions												
Review/read x-rays, lab and pathology reports												
Arrange discharge/provide discharge instructions/complete nursing form												
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-SERVICE TIME (MIN)												

TOTAL TIME (MIN)												
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Worksheet G1.9: Time Spent (in Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number:		Average No. of Post-Procedure Office E&M Equiv. Svcs:									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
PRE-SERVICE TIME:											
Review patient charts											
Greet patient/provide gowning											
Perform room prep/prepare or set-up medical equipment and supplies											
Prep (e.g., dress, move, and position) patient											
Obtain vital signs											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN)											
INTRA-SERVICE TIME:											
Assist in performing E&M service (where applicable)											
Obtain medical history											
Record notes											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL INTRA-SERVICE TIME (MIN)											



**Worksheet G1.9: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____

Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #9

Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:								
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment								
Provide education/instruction/counseling (to patient and family) following E&M service								
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions								
Review/read x-rays, lab and pathology reports								
Arrange discharge/provide discharge instructions/complete nursing form								
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN)								

TOTAL TIME (MIN)								
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INSTRUCTIONS FOR WORKSHEET G2:

Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

Worksheet G2 (pages 29-30) is designed to collect data on the staff requirements for performing the *administrative functions* associated with the reference procedures. For a given procedure, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the administrative functions specified in Worksheet G2. This information should be provided for the reference procedure when it is done in the office and out-of-office settings (see General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet G2 the CPT code number of the procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet G2.
2. **Staff Type:** Worksheet G2 is intended to collect time data for those support staff who are employed or contracted by the practice and who are involved in overseeing the *non-medical aspects* of the practice. They include middle to lower management staff in the following departments: accounting, medical records administration, quality assurance, utilization review, etc. Clerical staff, who provide support for business functions (e.g., answer billing questions, schedule appointments, provide secretarial services) and who do not provide direct patient care, are also included in this staff category. The second row of Worksheet G2 contains common types of support staff who perform non-medical or administrative functions: medical and scheduling secretaries, receptionists, insurance/billing personnel, and practice managers. If there are other types of staff, who meet the criteria noted above, and are involved in performing administrative functions, please write the staff types in the "Other" columns and provide the appropriate time estimates. In addition, if a portion of the clinical staff's (e.g., registered nurses and licensed practical nurses) time is devoted to performing administrative functions, please write these staff types in the "Other" columns and record the corresponding time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if medical secretaries are involved in the function for "obtaining medical records and assembling/developing chart" and one spends 10 minutes on that function, while the other spends 15 minutes on that function, 25 minutes (10 + 15) should be reported for the medical secretary staff type.
4. **Procedural Periods:** The administrative functions are divided into the time before the procedure is performed (pre-procedure) and the time after the procedure is performed (post-procedure). By definition, administrative functions are not part of the intra-procedure period which involves direct patient care or contact. As explained in the Instructions for Worksheet G1, to the extent that certain administrative functions (associated with the procedure) are performed outside the time frame defined by the global procedural period, the time spent on these functions should be included in the staff time estimates. For example, if the scheduling occurs after the visit at which the decision to perform the procedure is made, but prior to the 24-hour pre-service period, the time required to complete this function should be reported on Worksheet G2.

If one or more of the functions defined in each period do not apply to the procedure in question, please write "0" in the space provided for each staff type. Conversely, if there is an administrative function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.
5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet G1 on page 4 (#5) for an explanation of the "Subtotal" fields at the end of each period and the "Total Time" fields at the end of Worksheet G2.



**Worksheet G2: Time Spent (in Minutes) on Administrative Functions by Support Staff
for Reference Procedures (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code Number: _____																	
Administrative Function	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/ Billing Staff		Practice Manager		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
PRE-PROCEDURE TIME:																	
Obtain referral from referring M.D.																	
Schedule patient/remind patient of appointment																	
Obtain medical records, manage/ recall patient database, and assemble/develop chart																	
Pre-certify patient/conduct pre-procedure billing																	
Verify insurance/review coverage/register patient																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-TIME (MIN)																	



**Worksheet G2: Time Spent (in Minutes) on Administrative Functions by Support Staff
for Reference Procedures (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)**

Administrative Function		CPT Procedure Code Number: _____															
		Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
		In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
POST-PROCEDURE TIME:																	
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)																	
Schedule post-op or return E&M services (excluding any E&M equivalent services associated with the global procedural period)/arrange for hospital readmission																	
Notify and complete report to referring M.D.s																	
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions, post-certify patient)																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-TIME (MIN)																	
TOTAL TIME (MIN)																	

INSTRUCTIONS FOR WORKSHEET G2.1-G2.9:

Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Post-Procedure Office Evaluation and Management (E&M) Equivalent Services* Included in the Global Procedural Period (by CPT Code)

Worksheets G2.1 - G2.9 (pages 32-40) are designed to collect data on the staff time required to perform *administrative functions* for each *post-procedure office evaluation and management equivalent service* that is *included in the global procedural period* defined for the procedure for which you provided data in Worksheets G1 and G2. You are asked to report, as you did on Worksheet G2, the total minutes that different types of staff (employed or contracted by the practice) spend on specified administrative functions. This information must be provided for *each post-procedure office E&M equivalent service*. The post-procedure E&M equivalent service number is provided in the second row of Worksheets G2.1 - G2.9. As noted in the instructions for Worksheet G1.1 - G1.9, for those procedures for which AMA data are available in Attachment B, *you should complete the worksheets based on the average number of post-procedure office E&M equivalent services shown in that Attachment*. For procedures for which the AMA data are not available ("NA"), please determine, based on your recent clinical experience, the average number of post-procedure office E&M equivalent services associated with the procedure and complete the corresponding number of worksheets. If the number of post-procedure office E&M equivalent services exceeds 9, please make copies of the blank worksheets and write in the second row the appropriate E&M equivalent service number. In completing Worksheets G2.1 - G2.9, please follow these guidelines:

1. **Associated Procedure Code Number:** Please write in the top row of the Worksheets the CPT code number of the reference procedure that is associated with the post-procedure office E&M equivalent services for which you are providing data. For procedures for which the AMA data are available, please record the average number of post-procedure office E&M equivalent services, which are listed for that procedure on Attachment B. For procedures for which the AMA data are not available, please record the average number of post-procedure office E&M equivalent services that you have determined (based on your recent clinical experience) for the procedure.
2. **Variation in the Time Required for the Post-Procedure Office E&M Equivalent Services:** To the extent that there is variation in the time spent by staff on administrative functions across the different post-procedure office visits, such variation should be reflected in the time estimates reported for each service. If the staff time requirements do not vary across the E&M equivalent services, please write "same as previous E&M equivalent service" across the worksheet.
3. **Staff Type and Time Estimates (in Minutes):** Please refer to the Instructions for Worksheet G2 on page 28 (#2 and #3) for an explanation of the types of staff that should be included on Worksheets G2.1 - G2.9 and directions on how to account for the time that different staff types spend on each function.
4. **E&M Equivalent Service Periods:** The administrative functions are divided into the time before the E&M equivalent service is performed (pre-service) and the time after the service is performed (post-service). By definition, administrative functions are not part of the intra-service period which involves direct patient care or contact.

If one or more of the functions defined in each period do not apply to the post-procedure E&M equivalent service in question, please write "0" in the space provided for each staff type. Conversely, if there is an administrative function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet G1 on page 4 (#5) for an explanation of the "Subtotal" fields at the end of each period and the "Total Time" fields at the end of each of the G2.1 - G2.9 worksheets.

Worksheet G2.1: Time Spent (in Minutes) on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #1										
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:										
Schedule patient/remind patient of appointment										
Obtain medical records, manage/recall patient database, and assemble/develop chart										
Register patient										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL PRE-SERVICE TIME (MIN)										
POST-SERVICE TIME:										
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)										
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL POST-SERVICE TIME (MIN)										
TOTAL TIME (MIN)										



**Worksheet G2.2: Time Spent (in Minutes) on Administrative Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____											
Average No. of Post-Procedure Office E&M Equiv. Svcs: _____											
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #2											
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN)											
POST-SERVICE TIME:											
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)											
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN)											
TOTAL TIME (MIN)											



**Worksheet G2.3: Time Spent (in Minutes) on Administrative Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____

Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #3

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Schedule patient/remind patient of appointment								
Obtain medical records, manage/recall patient database, and assemble/develop chart								
Register patient								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL PRE-SERVICE TIME (MIN)								
POST-SERVICE TIME:								
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)								
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN)								
TOTAL TIME (MIN)								

**Worksheet G2.4: Time Spent (in Minutes) on Administrative Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

Average No. of Post-Procedure Office E&M Equiv. Svcs:									
CPT Procedure Code Number: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #4									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:									
Schedule patient/remind patient of appointment									
Obtain medical records, manage/recall patient database, and assemble/develop chart									
Register patient									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL PRE-SERVICE TIME (MIN)									
POST-SERVICE TIME:									
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)									
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL POST-SERVICE TIME (MIN)									
TOTAL TIME (MIN)									



**Worksheet G2.5: Time Spent (in Minutes) on Administrative Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____

Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #5

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Schedule patient/remind patient of appointment								
Obtain medical records, manage/recall patient database, and assemble/develop chart								
Register patient								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL PRE-SERVICE TIME (MIN)								
POST-SERVICE TIME:								
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)								
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN)								
TOTAL TIME (MIN)								

Worksheet G2.6: Time Spent (in Minutes) on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____

Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #6

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Schedule patient/remind patient of appointment								
Obtain medical records, manage/recall patient database, and assemble/develop chart								
Register patient								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL PRE-SERVICE TIME (MIN)								
POST-SERVICE TIME:								
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)								
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN)								
TOTAL TIME (MIN)								

**Worksheet G2.7: Time Spent (in Minutes) on Administrative Functions by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)**

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #7

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Schedule patient/remind patient of appointment								
Obtain medical records, manage/recall patient database, and assemble/develop chart								
Register patient								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL PRE-SERVICE TIME (MIN)								
POST-SERVICE TIME:								
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)								
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN)								
TOTAL TIME (MIN)								



Worksheet G2.8: Time Spent (in Minutes) on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svc: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #8										
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:										
Schedule patient/remind patient of appointment										
Obtain medical records, manage/recall patient database, and assemble/develop chart										
Register patient										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL PRE-SERVICE TIME (MIN)										
POST-SERVICE TIME:										
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)										
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL POST-SERVICE TIME (MIN)										
TOTAL TIME (MIN)										



Worksheet G2.9: Time Spent (in Minutes) on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Performed in Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #9

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Schedule patient/remind patient of appointment								
Obtain medical records, manage/recall patient database, and assemble/develop chart								
Register patient								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL PRE-SERVICE TIME (MIN)								
POST-SERVICE TIME:								
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)								
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN)								
TOTAL TIME (MIN)								

INSTRUCTIONS FOR WORKSHEET G3:

Medical Equipment Required to Perform Reference Procedures and Their Global Office E&M Equivalent Services (by CPT Code)

Worksheet G3 (page 42) requests data on the *medical equipment* used in providing each of the reference procedures. Please provide the following information:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet G3 the CPT code number of the reference procedure for which you are providing medical equipment resource estimates.
2. **Type of Medical Equipment:** In the first column, list separately each piece of equipment that is used in the direct provision of the reference procedure. *Please remember to include any equipment used during the post-procedure office E&M equivalent services, as well as during the procedure itself.* You should only include medical equipment that is leased or owned by the practice. In addition, for purposes of this analysis, *only equipment that has a per unit acquisition cost greater than or equal to \$500 should be included on this worksheet.* Medical equipment with a unit acquisition cost under \$500 will be incorporated into the subsequent Survey of Practice Costs which will be conducted by Abt Associates. Examples of medical equipment include x-ray machines, EKG machines, oxygen set-ups, dilators, treadmills, endoscopes, colonoscopes, and sigmoidoscopes, and other diagnostic or therapeutic equipment. Medical equipment also includes any reusable or non-disposable supplies with a per unit acquisition cost equal to or exceeding \$500 as noted above.
3. **Medical Equipment Description:** Please provide a description of each type of medical equipment. The description may include information on the brand or model number of the equipment or any specific features. This information will be used to obtain equipment price estimates from various sources; therefore, a sufficiently detailed description is necessary in order that we may obtain accurate cost estimates for each piece of equipment.
4. **Medical Equipment Turn-Around Time:** Defined as the total time (in minutes) that the equipment is "tied-up" during the procedure and cannot be used for another patient. This includes the time in which the equipment is being used on the patient, as well as the time required to clean the equipment following the procedure. Please provide, in the corresponding columns, separate estimates of the turn-around time for each type of equipment when the procedure is performed in the office and out-of-office setting (See General Instructions #3 on page 2).





INSTRUCTIONS FOR WORKSHEET G4:

Disposable Medical Supplies Required to Perform Reference Procedures and Their Global Office E&M Equivalent Services (by CPT Code)

Worksheet G4 (page 44) requests data on the *disposable medical supplies* required to provide each reference procedure. Please provide the following information:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet G4 the CPT code number of the reference procedure for which you are providing disposable medical supply resource estimates.
2. **Disposable Medical Supply Description:** In the first column, list separately each disposable medical supply that is used in the direct provision of the procedure. *Please remember to include any disposable medical supplies used during the post-procedure office E&M equivalent services, as well as during the procedure itself.* You should include disposable medical supplies that are purchased and provided by the practice for a procedure and are not separately reimbursable by Medicare. Examples of supplies which would be appropriate for inclusion on this worksheet include paper pillow case, sheet, and patient drape, band-aids, gloves, masks, medicine cup, and needle. Any supplies that are furnished to Medicare beneficiaries but are not covered by Medicare *should not* be included on Worksheet G4. If you are uncertain as to whether or not Medicare covers a particular supply, you may include it on Worksheet G4 and write "unsure of coverage" next to the supply's description. We will verify Medicare coverage for supplies.
3. **List Price:** For each disposable supply that you list, please provide in the second column the list price per unit if readily available.
4. **Number/Amount of Each Supply Provided by Practice:** In the last two columns, record the quantity of each supply that the practice provides when the procedure is performed in the office and out-of-office setting (See General Instructions #3 on page 2), respectively. For supplies which are usually purchased and used as a pair (e.g., gloves), please report the list price as the price for the pair and count the quantity as 1.

**Worksheet G4: Disposable Medical Supplies Required to Perform
Reference Procedures and Their Global Office E&M Equivalent Services (by CPT Code)**

CPT Procedure Code Number: _____

Disposable Medical Supply Description	List Price Per Unit (if available)	Number/amount of each supply provided by practice when performed in office setting	Number/amount of each supply provided by practice when performed in out-of-office setting
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
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_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
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_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Please provide the following information in case we need to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation





CPEP Worksheets P1-P4: Reference Procedures without a Global Period

The purpose of the CPEP (Clinical Practice Expert Panel) worksheets is to collect data on the resource inputs required to provide the reference services, which have been selected from each of the service families defined in Abt Associates' classification system. The reference services include various procedures and evaluation and management (E&M) services from the Medicare Fee Schedule. Worksheets P1-P4 focus on procedures *without* a global period. Completion of the worksheets is an important part of the HCFA-sponsored study to develop estimates of the practice costs of providing Medicare Fee Schedule services. This study is designed to measure practice costs as defined by the Medicare program (See General Instructions #2 on page 2). Therefore, it is essential that the resource estimates that you provide correspond to the Medicare definition of practice cost. The medical society that has asked you to complete the worksheets will compile and summarize the data that you provide. The summarized data will, in turn, be submitted to Abt Associates and presented at the CPEP meetings (scheduled to be convened during January 1996) for detailed review and for subsequent use in computing *practice cost* estimates for each reference service.

The worksheets ask for specific data on the time required of non-physician practice staff, as well as information on the medical equipment and disposable medical supplies used in performing the reference procedures. A list of the worksheets is provided below:

- **Worksheet P1:** Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

- **Worksheet P2:** Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

- **Worksheet P3:** *Medical Equipment* Required to Perform *Reference Procedures* (without a Global Period) in Office and Out-of-Office Settings (by CPT Code)

- **Worksheet P4:** *Disposable Medical Supplies* Required to Perform *Reference Procedures* (without a Global Period) in Office and Out-of-Office Settings (by CPT Code)

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

Please read the General Instructions on the following page and the worksheet-specific instructions, which are provided before each worksheet, before proceeding to complete the forms. If you have any questions pertaining to the worksheets, please contact your society representative.

Please return completed worksheets to your designated medical society representative.

GENERAL INSTRUCTIONS

Please follow these general instructions when completing the CPEP worksheets:

1. Base all resource estimates (i.e., staff time, equipment and supply requirements) for each reference procedure on *recent clinical practice* and on the *typical patient/service* across all age groups.
2. The resource estimates should reflect only those resources for which the practice bears practice cost (as defined by the Medicare Program) in providing a reference service. Thus, any clinical staff who bill directly to Medicare (e.g., physicians, doctors of osteopathy, chiropractors, optometrists, podiatrists, dentists, physical therapists, clinical social workers and psychologists) and any supplies which are separately reimbursable by Medicare should not be included in your estimates.
3. Worksheets P1-P4 ask you to provide separate resource estimates for the reference procedure when it is performed in the office and out-of-office settings. These resource estimates should be recorded in the columns labeled "In Office" and "Out of Office", respectively. *Out-of-office settings* include outpatient hospital/clinic, ambulatory surgery center (ASC), inpatient hospital, nursing homes and all other non-office sites. If the reference procedure is only performed in the out-of-office setting, please write "NA" (not applicable) in the column for the office setting and vice versa. If a particular staff type is not involved in the functions for the in or out-of-office setting, please write "0" in the space provided for that staff type. If the staff time, equipment, and supply requirements for the reference procedure vary across the different out-of-office sites (e.g., ASC versus inpatient hospital), please make a copy of the blank worksheets and provide separate resource estimates for the different out-of-office settings on each sheet. In the top right-hand corner of each worksheet, please indicate for which out-of-office setting the data are being reported.
4. Your society may have provided you with a list of the reference procedures (without a global period) for which they would like you to provide resource estimates. Please complete Worksheets P1-P4 for each of these reference procedures.
5. If you are providing resource estimates for more than one reference procedure, please make copies of Worksheets P1-P4. A separate set of Worksheets P1-P4 must be completed for each procedure. Please remember to write the CPT code number and description of the procedure for which you are providing data in the top row of each worksheet.
6. Please use actual facility records or other available data whenever possible and complete the worksheets as thoroughly as possible.
7. Please remember to provide your name, address, phone and fax number on the last page of this packet in case the medical society needs to contact you to clarify any responses.
8. Please make and retain a copy of all completed worksheets and any additional information that you have chosen to include. If the medical society that will be compiling the data has any questions on the returned worksheets, it will be helpful if you have a complete copy of all submitted documents.

INSTRUCTIONS FOR WORKSHEET P1:

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

Worksheet P1 (pages 4-7) is designed to collect data on the staff requirements for performing *clinical functions* associated with the *reference procedures* (without a global period) selected from the Abt service families. For a given procedure, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the clinical functions specified on Worksheet P1. This information should be provided for the reference procedure when it is done in the office and out-of-office settings (See General Instructions #3). In reporting these data, please follow these guidelines:

1. **CPT Procedure Code:** Please write in the top row of Worksheet P1 the CPT code number and description of the reference procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet P1.
2. **Staff Type:** Worksheet P1 is intended to collect time data for only those staff who *directly support* clinical (patient care) functions and who are *employed or contracted by the practice and are not primary providers* (i.e., do not bill directly to Medicare). The second row of Worksheet P1 contains common types of practice support staff who meet this definition: registered nurses (RNs), licensed practical nurses (LPNs), and technicians (e.g., x-ray, ultrasound, lab technician). Medical secretaries or receptionists are also listed because they perform certain clinical functions, such as greeting the patient and providing gowning, in some practices. If there are other types of staff, who meet the criteria noted above, and are involved in performing clinical functions, please write the staff types in the "Other" columns, and provide the appropriate time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if 2 RNs are involved in the function for "assisting with the procedure" and one spends 10 minutes on that function, while the other spends 20 minutes on that function, 30 minutes (10 + 20) should be reported for the RN staff type.
4. **Procedural Periods:** The clinical functions are divided into three distinct procedural periods: pre-procedure, intra-procedure, and post-procedure. Each period is defined as follows:

Pre-Procedure: All functions performed from the day before the procedure until the time of the procedure. It does not include the consultation or evaluation at which the decision to provide the procedure was made.

Intra-Procedure: All functions performed while the procedure is being done (e.g., skin-to-skin time).

Post-Procedure: All functions performed after the procedure is complete in the operating/procedure room.

If one or more of the functions defined in each procedural period do not apply to the procedure in question, please write "0" in the space provided for each staff type. Conversely, if there is a clinical function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

5. **Subtotal and Total Time Estimates (Minutes):** For each staff type, please add-up the time estimates for the different clinical functions within each procedural period (pre-, intra-, and post-) for the office and out-of-office settings and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. The subtotals for each period should then be added together, and the resulting sums should be recorded in the "Total Time" fields at the end of Worksheet P1. Please review the clinical face validity of the "Total Time" estimates and make adjustments where appropriate before submitting your final numbers.

Worksheet P1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code:																			
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
PRE-PROCEDURE TIME:																			
Obtain medical history/review charts/review treatment plan																			
Provide final pre-procedure education/instruction (to patient and family) and obtain patient's consent																			
Greet patient/provide gowning																			
Perform room prep/prepare or set-up medical equipment and supplies/"scrub" before procedure																			
Prep (e.g., dress, move, and position) patient/monitor patient/ prep wounds/set-up IV and/or other pre-procedure drug therapies																			
Obtain vital signs																			
Other (specify): _____																			
Other (specify): _____																			
Other (specify): _____																			
SUBTOTAL PRE-PROC. TIME (MIN)																			

Worksheet P1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

Clinical Function	CPT Procedure Code:																
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
INTRA-PROCEDURE TIME																	
Sedate/apply topical anesthesia																	
Assist in performing procedure																	
Record notes																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL INTRA-PROC. TIME (MIN)																	

Worksheet P1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code:	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
Clinical Function																	
POST-PROCEDURE TIME:																	
Monitor patient following procedure (in office or in recovery room/stabilizing unit)																	
Clean room/equipment (including any equipment maintenance that must be done after the procedure)/shut-down equipment																	
Provide post-procedure education/instruction/counseling (to patient and family) regarding outcome of procedure and subsequent patient care requirements																	
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions																	
Review/read x-rays, lab and pathology reports																	
Arrange discharge/provide discharge instructions/complete nursing form																	
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills																	
Other (specify): _____																	

Worksheet P1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
 (without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

Clinical Function	CPT Procedure Code:																
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
POST-PROCEDURE TIME (CONTINUED)																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-PROC. TIME (MIN)																	
TOTAL TIME (MIN)																	

INSTRUCTIONS FOR WORKSHEET P2:

Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

Worksheet P2 (pages 9-10) is designed to collect data on the staff requirements for performing the *administrative functions* associated with the reference procedures (without a global period). For a given procedure, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the administrative functions specified in Worksheet P2. This information should be provided for the reference procedure when it is done in the office and out-of-office settings (see General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT Code:** Please write in the top row of Worksheet P2 the CPT code number and description of the procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet P2.
2. **Staff Type:** Worksheet P2 is intended to collect time data for those support staff who are employed or contracted by the practice and who are involved in overseeing the *non-medical aspects* of the practice. They include middle to lower management staff in the following departments: accounting, medical records administration, quality assurance, utilization review, etc. Clerical staff, who provide support for business functions (e.g., answer billing questions, schedule appointments, provide secretarial services) and who do not provide direct patient care, are also included in this staff category. The second row of Worksheet P2 contains common types of support staff who perform non-medical or administrative functions: medical and scheduling secretaries, receptionists, insurance/billing personnel, and practice managers. If there are other types of staff, who correspond to the definition noted above, and are involved in performing administrative functions, please write the staff types in the "Other" columns and provide the appropriate time estimates. In addition, if a portion of the clinical staff's (e.g., registered nurses and licensed practical nurses) time is devoted to performing administrative functions, please write the staff types in the "Other" columns and record the corresponding time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if medical secretaries are involved in the function for "obtaining medical records and assembling/developing chart" and one spends 10 minutes on that function, while the other spends 15 minutes on that function, 25 minutes (10 + 15) should be reported for the medical secretary staff type.
4. **Procedural Periods:** The administrative functions are divided into the time before the procedure is performed (pre-procedure) and the time after the procedure is performed (post-procedure). By definition, administrative functions are not part of the intra-procedure which involves direct patient care or contact. If one or more of the functions defined in each period do not apply to the procedure in question, please write "0" in the space provided for each staff type. Conversely, if there is an administrative function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.
5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet P1 on page 3 (#5) for an explanation of the "Subtotal" fields at the end of each period and the "Total Time" fields at the end of Worksheet P2.



Worksheet P2: Time Spent (in Minutes) on Administrative Functions by Support Staff for Reference Procedures (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

Administrative Function	CPT Procedure Code: _____																
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
PRE-PROCEDURE TIME:																	
Obtain referral from referring M.D.																	
Schedule patient/remind patient of appointment																	
Obtain medical records, manage/recall patient database, and assemble/develop chart																	
Pre-certify patient/conduct pre-procedure billing																	
Verify insurance/review coverage/register patient																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-TIME (MIN)																	

Worksheet P2: Time Spent (in Minutes) on Administrative Functions by Support Staff for Reference Procedures (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

Administrative Function		CPT Procedure Code:															
		Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
		In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
POST-PROCEDURE TIME:																	
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)																	
Schedule post-op or return E&M services (excluding any E&M services associated with the global procedural period)/arrange for hospital readmission																	
Notify and complete report to referring M.D.s																	
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions, post-certify patient)																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-TIME (MIN)																	
TOTAL TIME (MIN)																	

INSTRUCTIONS FOR WORKSHEET P3:

Medical Equipment Required to Perform Reference Procedures (without a Global Period) in Office and Out-of-Office Settings (by CPT Code)

Worksheet P3 (page 12) requests data on the *medical equipment* used in providing each of the reference procedures. Please provide the following information:

1. **CPT Code:** Please write in the top row of Worksheet P3 the CPT code number and description of the reference procedure for which you are providing medical equipment resource estimates.
2. **Type of Medical Equipment:** In the first column, list separately each piece of equipment that is used in the direct provision of the reference procedure. You should only include medical equipment that is leased or owned by the practice. In addition, for purposes of this analysis, *only equipment which has a per unit acquisition cost greater than or equal to \$500 should be included on this worksheet.* Medical equipment with a unit acquisition cost under \$500 will be incorporated into the subsequent Survey of Practice Costs which will be conducted by Abt Associates. Examples of medical equipment include x-ray machines, EKG machines, oxygen set-ups, dilators, treadmills, endoscopes, colonoscopes, and sigmoidoscopes, and other diagnostic or therapeutic equipment. Medical equipment also includes any reusable or non-disposable supplies with a per unit acquisition cost equal to or exceeding \$500 as noted above.
3. **Medical Equipment Description:** Please provide a description of each type of medical equipment. The description may include information on the brand or model number of the equipment or any specific features. This information will be used to obtain equipment price estimates from various sources; therefore, a sufficiently detailed description is necessary in order that we may obtain accurate cost estimates for each piece of equipment.
4. **Medical Equipment Turn-Around Time:** Defined as the total time (in minutes) that the equipment is "tied-up" during the procedure and cannot be used for another patient. This includes the time in which the equipment is being used on the patient, as well as the time required to clean the equipment following the procedure. Please provide, in the corresponding columns, separate estimates of the turn-around time for each type of equipment when the procedure is performed in the office and/or out-of-office setting (See General Instructions #3 on page 2).

CPT Procedure Code:	Type of Medical Equipment Description (e.g., brand, model #, specific features)	In Office	Out-of-Office
		Medical Equipment Turn-Around Time (in Minutes)	Medical Equipment Turn-Around Time (in Minutes)

INSTRUCTIONS FOR WORKSHEET P4:

Disposable Medical Supplies Required to Perform Reference Procedures in Office and Out-of-Office Settings (by CPT Code)

Worksheet P4 (page 14) requests data on the *disposable medical supplies* required to provide each reference procedure. Please provide the following information:

1. **CPT Procedure Code:** Please write in the top row of Worksheet P4 the CPT code number and description of the reference procedure for which you are providing disposable medical supply resource estimates.
2. **Supply Description:** In the first column, list separately each disposable medical supply that is used in the direct provision of the procedure. Disposable medical supplies include those items that are purchased and provided by the practice for a procedure and are not separately reimbursable by Medicare. Examples of supplies which would be appropriate for inclusion on this worksheet include paper pillow case, sheet, and patient drape, band-aids, gloves, masks, medicine cup, and needle.
3. **Unit Price:** For each disposable supply that you list, please provide in the second column the unit price if readily available.
4. **Number of Each Supply Provided by Practice:** In the last two columns, record the quantity of each supply that the practice provides when the procedure is performed in the office and out-of-office setting (See General Instructions #3 on page 2), respectively. For supplies which are usually purchased and used as a pair (e.g., gloves), please report the unit price as the price for the pair and count the quantity as 1.

**Worksheet P4: Disposable Medical Supplies Required to Perform Reference Procedures
(without a Global Period) in Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code: _____

Supply description	Unit Price (if available)	Number of each supply provided by practice when performed in office setting	Number of each supply provided by practice when performed in out- of-office setting
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
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_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Please provide the following information in case your medical society needs to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation



CPEP Worksheets M1-M4: Evaluation and Management (E&M) Reference Services

The purpose of the CPEP (Clinical Practice Expert Panel) worksheets is to collect data on the resource inputs required to provide the reference services, which have been selected from each of the service families defined in Abt Associates' classification system. The reference services include various procedures and evaluation and management (E&M) services from the Medicare Fee Schedule. Worksheets M1-M4 focus on the evaluation and management (E&M) reference services. Completion of the worksheets is an important part of the HCFA-sponsored study to develop estimates of the practice costs of providing Medicare Fee Schedule services. This study is designed to measure practice costs as defined by the Medicare program (See General Instructions #2 on page 2). Therefore, it is essential that the resource estimates that you provide correspond to the Medicare definition of practice cost. The medical society that has asked you to complete the worksheets will compile and summarize the data that you provide. The summarized data will, in turn, be submitted to Abt Associates and presented at the CPEP meetings (scheduled to be convened during January 1996) for detailed review and for subsequent use in computing *practice cost* estimates for each reference service.

The worksheets ask for specific data on the time required of non-physician practice staff, as well as information on the medical equipment and disposable medical supplies used in performing the reference services. A list of the worksheets is provided below:

- **Worksheet M1:** Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Evaluation and Management (E&M) Reference Services* Performed in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet M2:** Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Evaluation and Management (E&M) Reference Services* Performed in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet M3:** *Medical Equipment* Required to Perform *Evaluation and Management (E&M) Reference Services* in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet M4:** *Disposable Medical Supplies* Required to Perform *Evaluation and Management (E&M) Reference Services* in Office and Out-of-Office Settings (by CPT Code)

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

Please read the General Instructions on the following page and the worksheet-specific instructions, which are provided before each worksheet, before proceeding to complete the forms. If you have any questions pertaining to the worksheets, please contact your society representative.

Please return completed worksheets to your designated medical society representative.

GENERAL INSTRUCTIONS

Please follow these general instructions when completing the CPEP worksheets:

1. Base all resource estimates (i.e., staff time, equipment and supply requirements) for each evaluation and management (E&M) reference service on *recent clinical* practice and on the *typical patient/service* across all age groups.
2. The resource estimates should reflect only those resources for which the practice bears practice cost (as defined by the Medicare Program) in providing a reference service. Thus, the labor of any clinical staff who bill directly to Medicare (e.g., physicians, doctors of osteopathy, chiropractors, optometrists, podiatrists, dentists, physical therapists, clinical social workers and psychologists) and any supplies which are separately reimbursable by Medicare should not be included in your estimates.
3. Worksheets M1-M4 ask you to provide separate resource estimates for the E&M reference service when it is performed in the office and out-of-office settings. These resource estimates should be recorded in the columns labeled "In Office" and "Out-of-Office", respectively. *Out-of-office settings* include outpatient hospital/clinic, ambulatory surgery center (ASC), inpatient hospital, nursing homes and all other non-office sites. If the reference service is only performed in the office setting, please write "NA" (not applicable) in the column for the out-of-office setting and vice versa. If a particular staff type is not involved in the functions for the in or out-of-office setting, please write "0" in the space provided for that staff type. If the staff time, equipment, and supply requirements for the reference service vary across the different out-of-office sites (e.g., ASC versus inpatient hospital), please make a copy of the blank worksheets and provide separate resource estimates for the different out-of-office settings on each sheet. In the top right-hand corner of each worksheet, please indicate for which out-of-office setting the data are being reported.
4. Your society may have provided you with a list of the reference services for which they would like you to provide resource estimates. Please complete Worksheets M1-M4 for each of these reference services.
5. If you are providing resource estimates for more than one E&M reference service, please make a copies of Worksheets M1-M4. A separate set of Worksheets M1-M4 must be completed for each service. Please remember to write the CPT code number and description of the E&M service for which you are providing data in the top row of each worksheet.
6. Please use actual facility records or other available data whenever possible and complete the worksheets as thoroughly as possible.
7. Please remember to provide your name, address, phone and fax number on the last page of this packet in case the medical society needs to contact you to clarify any responses.
8. Please make and retain a copy of all completed worksheets and any additional information that you have chosen to include. If the medical society that will be compiling the data has any questions on the returned worksheets, it will be helpful if you have a complete copy of all submitted documents.

INSTRUCTIONS FOR WORKSHEET M1:

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Evaluation and Management (E&M) Reference Services* Performed in Office and/or Out-of-Office Settings (by CPT Code)

Worksheet M1 (pages 4-6) is designed to collect data on the staff requirements for performing *clinical functions* associated with the *evaluation and management (E&M) reference services* selected from the Abt service families. For a given E&M service, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the clinical functions specified on Worksheet M1. This information should be provided for the E&M service when it is done in the office and out-of-office settings (See General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT E&M Service Code:** Please write in the top row of Worksheet M1 the CPT code number and description of the E&M service for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet M1.
2. **Staff Type:** Worksheet M1 is intended to collect time data for only those staff who *directly support* clinical (patient care) functions and who are *employed or contracted by the practice and are not primary providers* (i.e., do not bill directly to Medicare). The second row of Worksheet M1 contains common types of practice support staff who meet this definition: registered nurses (RNs), licensed practical nurses (LPNs), and technicians (e.g., x-ray, ultrasound, lab technician). Medical secretaries or receptionists are also listed because they perform certain clinical functions, such as greeting the patient and providing gowning, in some practices. If there are other types of staff, who correspond to the definition noted above, and are involved in performing clinical functions, please write the staff types in the "Other" columns, and provide the appropriate time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if 2 RNs are involved in the function for "assisting with the E&M service" and one spends 10 minutes on that function, while the other spends 5 minutes on that function, 15 minutes (10 + 5) should be reported for the RN staff type.
4. **E&M Service Periods:** The clinical functions are divided into three distinct E&M service periods: pre-service, intra-service, and post-service. Each period is defined as follows:

Pre-Service: All functions performed before and in preparation for the E&M service.

Intra-Service: All functions performed during the E&M service or while the patient is being examined.

Post-Service: All functions performed after the E&M service has been completed, such as reviewing test results and providing education or counseling to the patient.

If one or more of the functions defined in each E&M service period do not apply to the service in question, please write "0" in the space provided for each staff type. Conversely, if there is a clinical function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

5. **Subtotal and Total Time Estimates (Minutes):** For each staff type, please add-up the time estimates for the different clinical functions within each E&M service period (pre-, intra-, and post-) for the office and out-of-office setting and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. The subtotals for each period should then be added together, and the resulting sums should be recorded in the "Total Time" fields at the end of Worksheet M1. Please review the clinical face validity of the "Total Time" estimates and make adjustments where appropriate before submitting your final numbers.

Worksheet M1: Time Spent (in Minutes) on Clinical Functions by Support Staff for
 Evaluation and Management (E&M) Reference Services
 Performed in Office and Out-of-Office Settings (by CPT Code)

CPT E&M Service Code: _____																	
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
Review patient charts																	
Greet patient/provide gowning																	
Perform room prep/prepare or set-up medical equipment and supplies																	
Prep (e.g., dress, move, and position) patient																	
Obtain vital signs																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-SERVICE TIME (MIN)																	

PRE-SERVICE TIME:

Worksheet M1: Time Spent (in Minutes) on Clinical Functions by Support Staff for
 Evaluation and Management (E&M) Reference Services
 Performed in Office and Out-of-Office Settings (by CPT Code)

CPT E&M Service Code: _____																	
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
INTRA-SERVICE TIME:																	
Assist in performing E&M service (where applicable)																	
Obtain medical history																	
Record notes																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL INTRA-SERVICE TIME																	

**Worksheet M1: Time Spent (in Minutes) on Clinical Functions by Support Staff for
Evaluation and Management (E&M) Reference Services
Performed in Office and Out-of-Office Settings (by CPT Code)**

CPT E&M Service Code:																	
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
POST-SERVICE TIME:																	
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment																	
Provide education/ instruction/ counseling (to patient and family) following E&M service																	
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions																	
Review/read x-rays, lab and pathology reports																	
Arrange discharge/provide discharge instructions/complete nursing form																	
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-SVC. TIME (MIN)																	
TOTAL TIME (MIN)																	

INSTRUCTIONS FOR WORKSHEET M2:

Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Evaluation and Management (E&M) Reference Services* Performed in Office and Out-of-Office Settings (by CPT Code)

Worksheet M2 (pages 8-9) is designed to collect data on the staff requirements for performing the *administrative functions* associated with the evaluation and management (E&M) reference services. For a given E&M service, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the administrative functions specified in Worksheet M2. This information should be provided for the procedure or E&M service when it is done in the office and out-of-office settings (see General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT E&M Service Code:** Please write in the top row of Worksheet M2 the CPT code number and description of the E&M service for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet M2.
2. **Staff Type:** Worksheet M2 is intended to collect time data for those support staff who are employed or contracted by the practice and who are involved in overseeing the *non-medical aspects* of the practice. They include middle to lower management staff in the following departments: accounting, medical records administration, quality assurance, utilization review, etc. Clerical staff, who provide support for business functions (e.g., answer billing questions, schedule appointments, provide secretarial services) and who do not provide direct patient care, are also included in this staff category. The second row of Worksheet M2 contains common types of support staff who perform non-medical or administrative functions: medical and scheduling secretaries, receptionists, insurance/billing personnel, and practice managers. If there are other types of staff, who correspond to the definition noted above, and are involved in performing administrative functions, please write the staff types in the "Other" columns and provide the appropriate time estimates. In addition, if a portion of the clinical staff's (e.g., registered nurses and licensed practical nurses) time is devoted to performing administrative functions, please write the staff types in the "Other" columns and record the corresponding time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more practice staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes you record should reflect the time spent by all of the staff members for that "staff type". For example, if 2 medical secretaries are involved in the function for "obtaining medical records and assembling/developing chart" and one spends 10 minutes on that function, while the other spends 15 minutes on that function, then 25 minutes (10 + 15) should be reported for the medical secretary staff type.
4. **E&M Service Periods:** The administrative functions are divided into the time before the E&M service is performed (pre-service time) and the time after the E&M service is performed (post-service) time. By definition, administrative functions are not part of the intra-service period which involves direct patient care or contact. If one or more of the functions defined in each period do not apply to the service in question, please write "0" in the space provided for each staff type. Conversely, if there is an administrative function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.
5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet M1 on page 3 (#5) for an explanation of the "Subtotal" fields at the end of each period and the "Total Time" fields at the end of Worksheet M2.

**Worksheet M2: Time Spent in Minutes on Administrative Functions by Support Staff
for Evaluation and Management (E&M) Reference Services
Performed in Office and out of Office settings (by CPT code)**

CPT E&M Service Code: _____																	
Administrative Function	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/ Billing Staff		Practice Manager		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
PRE-E&M SERVICE TIME:																	
Obtain referral from referring M.D.																	
Schedule patient/remind patient of appointment																	
Obtain medical records, manage/recall patient database, and assemble/develop chart																	
Pre-certify patient/conduct pre-procedure billing																	
Verify insurance/review coverage/register patient																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-TIME (MIN)																	

**Worksheet M2: Time Spent in Minutes on Administrative Functions by Support Staff
for Evaluation and Management (E&M) Reference Services
Performed in Office and out of Office settings (by CPT code)**

CPT E&M Service Code:																	
Administrative Function	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
POST-E&M SERVICE TIME:																	
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)																	
Schedule post-op or return E&M services (excluding any E&M services associated with the global procedural period)/arrange for hospital readmission																	
Notify and complete report to referring M.D.s																	
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions, post-certify patient)																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-TIME (MIN)																	
TOTAL TIME (MIN)																	

INSTRUCTIONS FOR WORKSHEET M3:

Medical Equipment Required to Perform Evaluation and Management (E&M) Reference Services in Office and Out-of-Office Settings (by CPT Code)

Worksheet M3 (page 11) requests data on the medical equipment used in providing the E&M reference services. Please provide the following information:

1. **CPT E&M Service Code :** Please write in the top row of Worksheet M3 the CPT code number and description of the E&M service for which you are providing medical equipment resource estimates.
2. **Type of Medical Equipment:** In the first column, list separately each piece of equipment that is used in the direct provision of the E&M service. You should only include medical equipment that is leased or owned by the practice. In addition, for purposes of this analysis, *only equipment which has a per unit acquisition cost greater than or equal to \$500 should be included on this worksheet.* Medical equipment with a unit acquisition cost under \$500 will be incorporated into the subsequent Survey of Practice Costs which will be conducted by Abt Associates. Examples of medical equipment include x-ray machines, EKG machines, oxygen set-ups, dilators, treadmills, and other diagnostic or therapeutic equipment. Medical equipment also includes any reusable or non-disposable supplies with a per unit acquisition cost equal to or exceeding \$500 as noted above.
3. **Medical Equipment Description:** Please provide a description of each type of medical equipment. The description may include information on the brand or model number of the equipment or any specific features. This information will be used to obtain equipment price estimates from various sources; therefore, a sufficiently detailed description is necessary in order that we may obtain accurate cost estimates for each piece of equipment.
4. **Medical Equipment Turn-Around Time:** Defined as the total time (in minutes) that the equipment is "tied-up" during the E&M service and cannot be used for another patient. This includes the time in which the equipment is being used on the patient, as well as the time required to clean the equipment following the E&M service. Please provide, in the corresponding columns, separate estimates of the turn-around time for each type of equipment when the service is performed in the office and/or out-of-office setting (See General Instructions #3 on page 2).

<i>CPT E&M Service Code:</i>			
Type of Medical Equipment	Medical Equipment Description (e.g., brand, model #, specific features)	In Office Medical Equipment Turn-Around Time (in Minutes)	Out-of-Office Medical Equipment Turn-Around Time (in Minutes)

INSTRUCTIONS FOR WORKSHEET M4:

Disposable Medical Supplies Required to Perform Evaluation and Management (E&M) Reference Services in Office and Out-of-Office Settings (by CPT Code)

Worksheet M4 (page 13) requests data on the *disposable medical supplies* required to provide each reference service. Please provide the following information:

1. **CPT E&M Service Code:** Please write in the top row of Worksheet M4 the CPT code number and description of the E&M service for which you are providing disposable medical supply resource estimates.
2. **Supply Description:** In the first column, list separately each disposable medical supply that is used in the direct provision of the E&M service. Disposable medical supplies include those items that are purchased and provided by the practice for the E&M service and are not separately reimbursable by Medicare. Examples of supplies which would be appropriate for inclusion on this worksheet include paper pillow case, sheet, and patient drape, band-aids, gloves, masks, medicine cup, and needle.
3. **Unit Price:** For each disposable supply that you list, please provide in the second column the unit price if readily available.
4. **Number of Each Supply Provided by Practice:** In the last two columns, record the quantity of each supply that the practice provides when the service is performed in the office and out-of-office setting (See General Instructions #3 on page 2), respectively. For supplies which are usually purchased and used as a pair (e.g., gloves), please report the unit price as the price for the pair and count the quantity as 1.

**Worksheet M4: Disposable Medical Supplies Required to Perform
Evaluation and Management (E&M) Reference Services in Office and Out-of-Office Settings (by CPT Code)**

CPT E&M Service Code: _____

Supply description	Unit Price (if available)	Number of each supply provided by practice when performed in office setting	Number of each supply provided by practice when performed in out- of-office setting
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
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_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Please provide the following information in case your medical society needs to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation



CPEP Worksheets Pa1-Pa4: Pathology Reference Procedures

The purpose of the CPEP (Clinical Practice Expert Panel) worksheets is to collect data on the resource inputs required to provide the reference services, which have been selected from each of the service families defined by the Abt Associates classification system. The reference services include various procedures and evaluation and management (E&M) services from the Medicare Fee Schedule. Worksheets Pa1-Pa4 focus on pathology reference procedures. Completion of these worksheets is an important part of the HCFA-sponsored study to develop estimates of the practice costs of providing Medicare Fee Schedule services. This study is designed to measure practice costs as defined by the Medicare program (See General Instructions #2 on page 2). Therefore, it is essential that the resource estimates that you provide correspond to the Medicare definition of practice cost. The medical society that has asked you to complete the worksheets will compile and summarize the data that you provide. The summarized data will, in turn, be submitted to Abt Associates and presented at the CPEP meetings (scheduled to be convened during January 1996) for detailed review and for subsequent use in computing *practice cost* estimates for each reference service.

The worksheets ask for specific data on the time required of non-physician practice staff, as well as information on the medical equipment and disposable medical supplies used in performing the pathology reference procedures. A list of the worksheets is provided below:

- **Worksheet Pa1:** Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Pathology Reference Procedures* Performed in Independent and Hospital Laboratories (by CPT Code)
- **Worksheet Pa2:** Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Pathology Reference Procedures* Performed in Independent and Hospital Laboratories (by CPT Code)
- **Worksheet Pa3:** *Medical Equipment* Required to Perform *Pathology Reference Procedures* in Independent and Hospital Laboratories (by CPT Code)
- **Worksheet Pa4:** *Disposable Medical Supplies* Required to Perform *Pathology Reference Procedures* in Independent and Hospital Laboratories (by CPT Code)

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

Please read the General Instructions on the following page and the worksheet-specific instructions, which are provided before each worksheet, before proceeding to complete the forms. If you have any questions pertaining to the worksheets, please contact your society representative.

Please return completed worksheets to your designated medical society representative.

GENERAL INSTRUCTIONS

Please follow these general instructions when completing the CPEP worksheets:

1. Base all resource estimates (i.e., staff time, equipment and supply requirements) for each reference service on *recent clinical practice* and on the *typical procedure*.
2. The resource estimates should reflect only those resources for which the practice bears practice cost (as defined by the Medicare Program) in providing a reference service. Thus, the labor of any clinical staff who bill (for professional services) directly to Medicare (e.g., physicians, doctors of osteopathy, chiropractors, optometrists, podiatrists, dentists, physical therapists, clinical social workers and psychologists) and any supplies which are separately reimbursable by Medicare should not be included in your estimates.
3. Worksheets Pa1-Pa4 ask you to provide separate resource estimates for the reference service when it is performed in independent and hospital laboratories. These resource estimates should be recorded in the columns labeled "Ind. Lab" and "Hosp. Lab", respectively. If the reference procedure is only performed in hospital laboratories, please write "NA" (not applicable) in the column for the independent lab and vice versa. If a particular staff type is not involved in the functions for the independent or hospital lab, please write "0" in the space provided for that staff type.
4. Your society may have provided you with a list of the pathology reference procedures for which they would like you to provide resource estimates. Please complete Worksheets Pa1-Pa4 for each of these reference procedures.
5. If you are providing resource estimates for more than one pathology reference procedure, please make copies of Worksheets Pa1-Pa4. A separate set of Worksheets Pa1-Pa4 must be completed for each procedure. Please remember to write the CPT code number and description of the procedure for which you are providing data in the top row of each worksheet.
6. Please use actual facility records or other available data whenever possible and complete the worksheets as thoroughly as possible.
7. Please remember to provide your name, address, phone and fax number on the last page of this packet in case the medical society needs to contact you to clarify any responses.
8. Please make and retain a copy of all completed worksheets and any additional information that you have chosen to include. If the medical society that will be compiling the data has any questions on the returned worksheets, it will be helpful if you have a complete copy of all submitted documents.

INSTRUCTIONS FOR WORKSHEET Pa1:

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Pathology Reference Procedures* Performed in Independent and Hospital Laboratories (by CPT Code)

Worksheet Pa1 (pages 4-6) is designed to collect data on the staff requirements for performing *clinical functions* associated with the *pathology procedures*, which have been selected as reference services from the Abt service families. You are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the clinical functions specified on Worksheet Pa1. This information should be provided for the procedure when it is done in independent and hospital laboratories (See General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

- CPT Procedure Code:** Please write in the top row of Worksheet Pa1 the CPT code number and description of the pathology procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet Pa1.
- Staff Type:** Worksheet Pa1 is intended to collect time data for only those staff who *directly support* clinical (patient specimen examination) functions and who are *employed or contracted by the practice and are not primary providers* (i.e., do not bill directly to Medicare). The second row of Worksheet Pa1 contains common types of practice support staff who assist with clinical functions: registered nurses (RNs), licensed practical nurses (LPNs), and technicians (e.g., x-ray, ultrasound, lab technician). Medical secretaries are also listed because they perform certain clinical functions in some practices. If there are other types of staff, who correspond to the definition noted above, and are involved in performing clinical functions, please write the staff types in the "Other" columns, and provide the appropriate time estimates.
- Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if 2 technicians are involved in the function for "assist pathologist with gross specimen examination" and one spends 10 minutes on that function, while the other spends 15 minutes on that function, 25 minutes (10 + 15) should be reported for the technician staff type.
- Procedural Periods:** The clinical functions are divided into three distinct procedural periods: pre-procedure, intra-procedure, and post-procedure. Each period is defined as follows:

Pre-Procedure:	All functions performed before and in preparation for the pathology procedure.
Intra-Procedure:	All functions performed while the pathology procedure or examination is being done.
Post-Procedure:	All functions performed after the pathology procedure has been completed.

If one or more of the functions defined in each procedural period do not apply to the procedure in question, please write "0" in the space provided for each staff type. Conversely, if there is a clinical function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

- Subtotal and Total Time Estimates (Minutes):** For each staff type, please add-up the time estimates for the different clinical functions within each procedural period (pre-, intra-, and post-) for the independent and hospital laboratory settings, and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. The subtotals for each period should then be added together, and the resulting sums should be recorded in the "Total Time" fields at the end of Worksheet Pa1. Please review the clinical face validity of the "Total Time" estimates and make adjustments where appropriate before submitting your final numbers.

Worksheet Pa1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Pathology Reference Procedures
 Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Procedure Code: _____												
Clinical Function	RN		LPN		Technician		Medical Secretary		Other		Other	
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab
PRE-PROCEDURE TIME:												
Prepare specimen containers/ preload fixative/label containers/ distribute requisition form(s) to physician												
Accession of specimen/prepare for examination												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL PRE-PROC. TIME (MIN)												

Year	Q1	Q2	Q3	Q4
2010	120	150	180	200
2011	130	160	190	210
2012	140	170	200	220
2013	150	180	210	230
2014	160	190	220	240
2015	170	200	230	250
2016	180	210	240	260
2017	190	220	250	270
2018	200	230	260	280
2019	210	240	270	290
2020	220	250	280	300
2021	230	260	290	310
2022	240	270	300	320
2023	250	280	310	330
2024	260	290	320	340
2025	270	300	330	350
2026	280	310	340	360
2027	290	320	350	370
2028	300	330	360	380
2029	310	340	370	390
2030	320	350	380	400

**Worksheet Pa1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Pathology Reference Procedures
Performed in Independent and Hospital Laboratories (by CPT Code)**

CPT Procedure Code:														
Clinical Function	RN		LPN		Technician		Medical Secretary		Other		Other		Other	
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab
INTRA-PROCEDURE TIME:														
Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections) and perform screening function (where applicable)														
Prepare specimen for manual/automated processing														
Clean-up exam area while performing examination														
Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control functions, maintaining specimen tracking logs, and labeling)														
Other (specify): _____														
Other (specify): _____														
Other (specify): _____														
SUBTOTAL INTRA-PROC. TIME														

Worksheet Pal: Time Spent (in Minutes) on Clinical Functions by Support Staff for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Procedure Code: _____												
Clinical Function	RN		LPN		Technician		Medical Secretary		Other		Other	
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab
POST-PROCEDURE TIME:												
Prepare, pack, and transport specimens and reports for in-house storage and external storage (where applicable)												
Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste												
Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-PROC. TIME (MIN)												
TOTAL TIME (MIN)												

INSTRUCTIONS FOR WORKSHEET Pa2:

Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)*

Worksheet Pa2 (pages 8-9) is designed to collect data on the staff time requirements for performing the *administrative functions* associated with the pathology reference procedure. You are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the administrative functions specified in Worksheet Pa2. This information should be provided for the procedure when it is done in independent and hospital laboratories (see General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT Procedure Code:** Please write in the top row of Worksheet Pa2 the CPT code number and description of the pathology procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet Pa2.
2. **Staff Type:** Worksheet Pa2 is intended to collect time data for those support staff who are employed or contracted by the practice and who are involved in overseeing the *non-medical aspects* of the practice. They include middle to lower management staff in the following departments: accounting, medical records administration, quality assurance, utilization review, etc. Clerical staff, who provide support for business functions (e.g., answer billing questions, provide secretarial services) and who are not directly involved in the specimen examination, are also included in this staff category. The second row of Worksheet Pa2 contains common types of support staff who perform non-medical or administrative functions: medical and scheduling secretaries, receptionists, insurance/billing personnel, and practice managers. If there are other types of staff, who correspond to the definition noted above, and are involved in performing administrative functions, please write the staff types in the "Other" columns and provide the appropriate time estimates. In addition, if a portion of the clinical staff's (e.g., technicians) time is devoted to performing administrative functions, please write these staff types in the "Other" columns and record the corresponding time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if medical secretaries are involved in the function for "retrieve previous patient medical records and slides, manage/recall patient database" and one spends 10 minutes on that function, while the other spends 15 minutes on that function, 25 minutes (10 + 15) should be reported for the medical secretary staff type.
4. **Procedural Periods:** The administrative functions are divided into the time before the procedure is performed (pre-procedure) and the time after the procedure is performed (post-procedure). By definition, administrative functions are not part of the intra-procedure period which involves direct examination of the specimen. If one or more of the functions defined in each period do not apply to the procedure or service in question, please write "0" in the space provided for each staff type. Conversely, if there is an administrative function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.
5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet Pa1 on page 3 (#5) for an explanation of the "Subtotal" fields at the end of each period and the "Total Time" fields at the end of Worksheet Pa2.

**Worksheet Pa2: Time Spent (in Minutes) on Administrative Functions by Support Staff
for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)**

Administrative Function	CPT Procedure Code: _____																
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other		
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	
PRE-PROCEDURE:																	
Retrieve previous patient medical records and slides, manage/recall patient database																	
Verify insurance/review coverage																	
Assemble and deliver slides with paperwork to pathologist																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-TIME (MIN)																	

**Worksheet Pa2: Time Spent (in Minutes) on Administrative Functions by Support Staff
for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)**

Administrative Function	CPT Procedure Code:																	
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other		Other	
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab
POST-PROCEDURE:																		
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance documentation)																		
Submit/receive material for consultation (where applicable)																		
Notify and complete report to referring physician (including responding to all post-examination inquiries from the physician)																		
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions)																		
Other (specify): _____																		
Other (specify): _____																		
Other (specify): _____																		
SUBTOTAL POST-TIME (MIN)																		
TOTAL TIME (MIN)																		

INSTRUCTIONS FOR WORKSHEET Pa3:

Medical Equipment Required to Perform Pathology Reference Procedures in Independent and Hospital Laboratories (by CPT Code)

Worksheet Pa3 (page 11) requests data on the *medical equipment* used in providing the pathology reference procedure. Please provide the following information:

1. **CPT Procedure Code:** Please write in the top row of Worksheet Pa3 the CPT code number and description of the pathology reference procedure for which you are providing medical equipment resource estimates.
2. **Type of Medical Equipment:** In the first column, list separately each piece of equipment that is used in the direct provision of the pathology procedure. You should only include medical equipment that is leased or owned by the practice. In addition, for purposes of this analysis, *only equipment which has a per unit acquisition cost greater than or equal to \$500 should be included on this worksheet.* Medical equipment with a unit acquisition cost under \$500 will be incorporated into the subsequent Survey of Practice Costs which will be conducted by Abt Associates. Examples of medical equipment include centrifuges and microscopes. Medical equipment also includes any reusable or non-disposable supplies with a per unit acquisition cost equal to or exceeding \$500 as noted above.
3. **Medical Equipment Description:** Please provide a description of each type of medical equipment. The description may include information on the brand or model number of the equipment or any specific features. This information will be used to obtain equipment price estimates from various sources; therefore, a sufficiently detailed description is necessary in order that we may obtain accurate cost estimates for each piece of equipment.
4. **Medical Equipment Turn-Around Time:** Defined as the total time (in minutes) that the equipment is "tied-up" during the pathology procedure and cannot be used for another specimen examination. This includes the time in which the equipment is being used during the examination, as well as the time required to clean/maintain the equipment following the procedure. Please provide, in the corresponding columns, separate estimates of the turn-around time for each type of equipment when the procedure is performed in the independent and hospital laboratory settings (See General Instructions #3 on page 2).

INSTRUCTIONS FOR WORKSHEET Pa4:

Disposable Medical Supplies Required to Perform Pathology Reference Procedures in Independent and Hospital Laboratories (by CPT Code)

Worksheet Pa4 requests data on the *disposable medical supplies* required to provide the pathology reference procedure. Please provide the following information:

1. **CPT Procedure Code:** Please write in the top row of Worksheet Pa4 the CPT code number and description of the pathology procedure for which you are providing disposable medical supply resource estimates.
2. **Supply Description:** In the first column, list separately each disposable medical supply that is used in the direct provision of the pathology procedure. Disposable medical supplies include those items that are purchased and provided by the practice for a procedure and are not separately reimbursable by Medicare. Examples of supplies which would be appropriate for inclusion on this worksheet include gloves, masks, slides, and reagents.
3. **Unit Price:** For each disposable supply that you list, please provide in the second column the unit price if readily available.
4. **Number of Each Supply Provided by Practice:** In the last two columns, record the quantity of each supply that the practice provides when the procedure is performed in independent and hospital laboratory settings (See General Instructions #3 on page 2), respectively. For supplies which are usually purchased and used as a pair (e.g., gloves), please report the unit price as the price for the pair and count the quantity as 1.

**Worksheet Pa4: Disposable Medical Supplies Required
to Perform Pathology Reference Procedures in Independent and Hospital Laboratories (by CPT Code)**

CPT Procedure Code: _____			
Supply description	Unit Price (if available)	Number of each supply provided by practice when performed in independent lab	Number of each supply provided by practice when performed in hospital lab
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
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_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____



Please provide the following information in case your medical society needs to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation





CPEP Worksheet E:

Utilization and Cost Data on Medical Equipment

The worksheets contained in packages G, P, and M asked for resource estimates for reference procedures with and without a global period and evaluation and management services, respectively. Worksheets G3, P3, and M3, included in these packages, requested data on the types of medical equipment used in providing a specific procedure and/or E&M service, as well as the total minutes that each piece of equipment is used.

Worksheet E is designed to collect data on the total annual utilization and maintenance costs for each type of medical equipment that was identified in all of the G3, P3, and/or M3 worksheets which you completed for specific procedures and/or E&M services. This worksheet is intended to collect medical equipment utilization data *across all procedures and E&M services provided by the practice*, not equipment utilization associated with a single procedure or E&M service.

In the first column of Worksheet E, you are asked to list all of the *different* types of medical equipment that you specified in each G3, P3, and/or M3 worksheet that you completed. For instance, if you completed one P3 worksheet for a procedure without a global period and one M3 worksheet for an evaluation and management service, you should list on Worksheet E each type of equipment included on Worksheets P3 and M3. Any equipment that is listed on both Worksheets P3 and M3 should only be listed once on Worksheet E. For each type of medical equipment, please provide the following information:

1. **Total Hours Used Per Week for All Procedures and Services:** Includes the total turn-around time (in hours per week) across all procedures and/or E&M services (not just the reference services) provided by the practice for which the medical equipment was used. As defined in the instructions for Worksheets G3, P3, and M3, turn-around time is the total time that the equipment is "tied-up" during the procedure or E&M service and cannot be used for another patient. Therefore, the total hours used per week across all services would be equal to the aggregate medical equipment turn-around time associated with all of the procedures and E&M services which require the use of this equipment. This estimate should be reported in the column labeled "Total Hrs. Used/Week for All Svcs."
2. **Total Weeks Used Per Year for All Services:** Includes the total weeks per year that the medical equipment was used in the provision of direct patient care for all procedures and E&M services performed by the practice. Weeks in which the equipment was undergoing maintenance and was otherwise "down", should not be included in your counts. Please record your estimates in the column labeled "Total Wks. Used/Year for All Svcs."
3. **Number of Procedures and Services Per Year Involving Use of Medical Equipment:** Please provide the total number of annual procedures and E&M services (performed by the practice) for which each piece of medical equipment was used in the column, "Number Svcs. Per Year that Med. Equipment Used".
4. **Annual Maintenance Cost:** Includes the service contract cost of each piece of equipment and any other maintenance costs, which are not part of a service contract and which are not procedure- or service-specific (e.g., do not include the costs associated with routine cleaning of equipment following each procedure, but do include any periodically scheduled maintenance or overhauls). Please provide in the last column the total annual costs of maintaining each piece of medical equipment.

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

Please remember to return this worksheet, along with the worksheets from packages G, P, and/or M that you have completed for specific procedures and/or E&M services, to your designated medical society representative.





CPEP Worksheet E: Utilization and Cost Data on Medical Equipment

Worksheets Pa1-Pa4 asked for resource estimates for pathology reference procedures. Worksheet Pa3 requested data on the types of medical equipment used in providing a pathology reference procedure, as well as the total minutes that each piece of equipment is used.

Worksheet E is designed to collect data on the total annual utilization and maintenance costs for each type of medical equipment that was identified in all of the Pa3 worksheets that you completed for specific pathology procedures. This worksheet is intended to collect medical equipment utilization data *across all procedures and/or services provided by the practice*, not equipment utilization associated with a single procedure.

In the first column of Worksheet E, you are asked to list all of the *different* types of medical equipment that you specified in each Worksheet Pa3 that you completed. For instance, if you completed two Pa3 worksheets for two different pathology reference procedures, you should list on Worksheet E each type of equipment included on the two Pa3 worksheets. Any equipment that is listed on both Pa3 worksheets should only be listed once on Worksheet E. For each type of medical equipment, please provide the following information:

1. **Total Hours Used Per Week for All Procedures and Services:** Includes the total turn-around time (in hours per week) across all procedures and/or services (not just the reference services) provided by the practice for which the medical equipment was used. As defined in the instructions for Worksheet Pa3, turn-around time is the total time that the equipment is "tied-up" during the procedure and/or service and cannot be used for another patient specimen examination. Therefore, the total hours used per week across all services would be equal to the aggregate medical equipment turn-around time associated with all of the procedures and/or services which require the use of this equipment. This estimate should be reported in the column labeled "Total Hrs. Used/Week for All Svcs."
2. **Total Weeks Used Per Year for All Services:** Includes the total weeks per year that the medical equipment was used in specimen examinations for all procedures and/or services performed by the practice. Weeks in which the equipment was undergoing maintenance and was otherwise "down" should not be included in your counts. Please record your estimates in the column labeled "Total Wks. Used/Year for All Svcs."
3. **Number of Procedures and Services Per Year Involving Use of Medical Equipment:** Please provide the total number of annual procedures and/or services (performed by the practice) for which each piece of medical equipment was used in the column, "Number Svcs. Per Year that Med. Equipment Used".
4. **Annual Maintenance Cost:** Includes the service contract cost of each piece of equipment and any other maintenance costs, which are not part of a service contract and which are not procedure- or service-specific (e.g., do not include the costs associated with routine cleaning of equipment following each procedure, but do include any periodically scheduled maintenance or overhauls). Please provide in the last column the total annual costs of maintaining each piece of medical equipment.

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

Please remember to return this worksheet, along with worksheets Pa1-Pa4 that you have completed for specific pathology procedures, to your designated medical society representative.

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Abt Associates Inc.

**SUMMARY TABLES
of Staff Time Estimates
for CPEP Worksheets G1 – G2.9 (from Package G)**

**Data Collection and Analysis for Generating Procedure Specific Practice Expense Estimates
HCFA Contract No. 500-95-0009**



Summary Tables of Staff Time Estimates for CPEP Worksheets G1 - G2.9

The attached summary tables were developed to report summary measures (mean, median, minimum, and maximum) of the data from the CPEP worksheets *that ask for staff time estimates for clinical and administrative functions* from package G. The worksheets that request staff time data include G1, G1.1-G1.9, G2, and G2.1-G2.9. The tables have been designed to correspond to these CPEP worksheets (i.e., Summary Table G1 corresponds to CPEP Worksheet G1, Summary Table G1.1 to CPEP worksheet G1.1, and so on). A list of the summary tables is provided below:

- **Summary Table G1:** Summary of Reported Times (in Minutes) Spent on *Clinical Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

- **Summary Tables G1.1-G1.9:** Summary of Reported Times (in Minutes) Spent on *Clinical Functions* by Support Staff for *Post-Procedure Office Evaluation and Management (E&M) Equivalent Services* Included in the Global Procedural Period (by CPT Code)

- **Summary Table G2:** Summary of Reported Times (in Minutes) Spent on *Administrative Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

- **Summary Tables G2.1-G2.9:** Summary of Reported Times (in Minutes) Spent on *Administrative Functions* by Support Staff for *Post-Procedure Office Evaluation and Management (E&M) Equivalent Services* Included in the Global Procedural Period (by CPT Code)

For each reference procedure for which the Society obtained staff estimates from one or more of its members, you should complete each of the tables listed above. For instance, Summary Table G1 should be completed to summarize the data reported in all of the G1 worksheets that were returned *for the same reference procedure*. Similarly, Summary Table G1.1 should be used to summarize the data provided in each of the G1.1 worksheets that were completed (by respondents) for that same procedure. If you are providing data for more than one procedure, please make copies of Summary Tables G1-G2.9. A separate set of tables G1-G2.9 must be completed for each procedure.

When completing the forms, please follow these instructions:

1. **CPT Procedure Code Number:** Please write in the top row of each summary table the CPT code number of the reference procedure for which you are providing summary measures. Please make sure that this information is on each page of each table.

2. **No. of Respondents to Worksheet:** Please indicate in the top row of each summary table, the number of completed CPEP worksheets (that were submitted by respondents) from which you are deriving the summary measures (described in #3-5 below). For instance, if two respondents completed Worksheet G1 (for the same procedure) and you are using their responses to calculate the summary measures, write "2" in the space provided.

As noted above, summary tables G1.1-G1.9 and G2.1-G2.9 focus on the staff time estimates reported in CPEP worksheets G1.1-G1.9 and G2.1-G2.9 for post-procedure office E&M equivalent services included in the procedure's global period.



These CPEP worksheets correspond to each consecutive E&M equivalent service (i.e., Worksheet G1.1 corresponds to the first E&M equivalent service, Worksheet G2.2 the second, and so on). Respondents were instructed to complete these worksheets based on the average number of post-procedure office E&M equivalent services indicated by the AMA data in Attachment A (List of Reference Services). Where the AMA data were not available for all procedures, respondents were instructed to determine, based on their recent clinical experience, the average number of post-procedure office E&M equivalent services performed during the global period and to complete the appropriate number of worksheets from the G1.1-G1.9 series. In these cases, it is possible that respondents provided different estimates of the average number of office E&M equivalent services included in the global period and completed a different number of worksheets (from G1.1-G1.9) for the same procedure. For those procedures for which the AMA data were not available (in Attachment A), please complete Table G (described below in #6).

3. **Staff Time Estimates for Each Function:** As noted above, the summary tables correspond to the CPEP worksheets (G1-G2.9) from Package G. Therefore, the functions and staff type categories listed on each summary table are the same as those specified on each of the CPEP worksheets. For each function, please calculate the *mean* of the staff times that were reported by all respondents for each staff type (in the office and out-of-office setting) and write the resulting value in the appropriate space on the summary tables. If a particular staff type is not involved in a function, respondents were instructed to write "0" in the space provided. Similarly, if a particular function does not apply to the procedure in question, they were instructed to write "0" in the spaces provided for each staff type. *All zeroes should be included in your calculations.* If a respondent left any spaces blank, count that response as a zero for the item in question.

If two respondents provided data for the same procedure and listed two different additional staff types (Type "X" and Type "Y") in the "Other" category on a particular worksheet, you should list each of these two staff types in the "Other" columns on the corresponding summary tables. A separate set of mean staff times for each function should be calculated for each staff type. In other words, there should be a mean staff time for each function for staff type "X" and a mean staff time for each function for staff type "Y". When calculating the means for each staff type, include *both* respondents in your denominator. For instance, when determining the mean for each function for staff type "X", the denominator would be 2 (to reflect the 2 respondents who completed the worksheet for that procedure). These steps should also be followed when respondents list different functions on the same worksheet for the same procedure. Each additional function should be listed in the "Other" categories on the summary tables and *all respondents* who completed that worksheet should be included in the denominator for calculating the mean staff time for each staff type.

4. **Staff Time Estimates for the Subtotals for Each Period:** For each staff type, respondents were asked to add-up the time estimates for the different functions within each procedural period (pre-, intra-, and post) and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. Please calculate the *mean, median, minimum, and maximum* of the "Subtotal" times that were reported by all respondents for each staff type and write the resulting values in the appropriate "Subtotal" field on each summary table. As explained above, in cases where respondents listed different additional staff types in the "Other" categories on a particular worksheet, all respondents should be included in the denominator when calculating the mean staff time for each staff type. When determining the median, minimum, and maximum, the subtotals for the respondent(s) who did not list the "Other" staff type(s) should be counted as "0".
5. **Total Staff Time Estimates:** Respondents were instructed to add together the subtotals for each period for each staff type and to write the resulting sums in the "Total Time" fields at the end of each worksheet. Please calculate the *mean, median, minimum, and maximum* of the "Total" times that were reported by all respondents for each staff type and write the resulting values in the appropriate "Total Time" field on each summary table. Please refer to the instructions in #4 for an explanation on how to derive these summary measures in cases where respondents listed different staff types in the "Other" categories on a particular worksheet (for the same procedure).
6. **Distribution of Average Number of Post-Procedure E&M Equivalent Services Reported for Procedures (Table G):** As noted in #2, Table G should be completed for procedures for which AMA data on the average number of post-procedure office E&M equivalent services were not available. Please record in the second column the number of respondents who reported each of the average number of post-procedure E&M equivalent services listed in the first column.



7. Please remember to provide your name, address, phone and fax number on the last page of this packet in case we need to contact you to clarify any responses.
8. Please make and retain a copy of all completed summary tables. If we have any questions regarding the summary tables, it will be helpful if you have a complete copy of all submitted documents.
9. **Medical Equipment and Medical Supply Worksheets from Package G:** Please remember to make copies of all of the completed worksheets that pertain to medical equipment and supplies from Package G and include them with the summary tables. These worksheets include G3 and G4. Please make sure that these copies are organized by respondent and that the contact information for the individual who completed the worksheets is attached to the copies. Each respondent should have provided a contact name, address, phone and fax number on the form which is found on the last page of Package G.
10. **Package E - Utilization and Cost data on Medical Equipment:** Please make copies of the worksheet contained in Package E and include it with the copies of the medical equipment and supply worksheets provided by each respondent.

Please return the summary tables and copies of the medical equipment and supply worksheets and Worksheet E *no later than December 6, 1995*.



SUMMARY TABLE G1:

**Summary of Reported Times (in Minutes) Spent on *Clinical Functions* by Support Staff for
Reference Procedures (with a Global Period)
Performed In Office and Out-of-Office Settings (by CPT Code)**



Summary Table G1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Reference Procedures
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code:		No. of Respondents to Worksheet G1:															
		RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
Clinical Function	Pre-Procedure Time	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
		Obtain medical history/review charts/review treatment plan															
Provide final pre-procedure education/instruction (to patient and family) and obtain patient's consent																	
Greet patient/provide gowning																	
Perform room prep/prepare or set-up medical equipment and supplies/"scrub" before procedure																	
Prep (e.g., dress, move, and position) patient/monitor patient/ prep wounds/set-up IV and/or other pre-procedure drug therapies																	
Obtain vital signs																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE TIME (MIN):																	
MEAN																	
MEDIAN																	
MINIMUM																	
MAXIMUM																	

Year	Month	Day	Event
1912	Jan	1	...
1912	Jan	2	...
1912	Jan	3	...
1912	Jan	4	...
1912	Jan	5	...
1912	Jan	6	...
1912	Jan	7	...
1912	Jan	8	...
1912	Jan	9	...
1912	Jan	10	...
1912	Jan	11	...
1912	Jan	12	...
1912	Jan	13	...
1912	Jan	14	...
1912	Jan	15	...
1912	Jan	16	...
1912	Jan	17	...
1912	Jan	18	...
1912	Jan	19	...
1912	Jan	20	...
1912	Jan	21	...
1912	Jan	22	...
1912	Jan	23	...
1912	Jan	24	...
1912	Jan	25	...
1912	Jan	26	...
1912	Jan	27	...
1912	Jan	28	...
1912	Jan	29	...
1912	Jan	30	...
1912	Jan	31	...

Summary Table G1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Reference Procedures
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet G1:																
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
Clinical Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
INTRA-PROCEDURE TIME:																	
Sedate/apply topical anesthesia																	
Assist in performing procedure																	
Record notes																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL INTRA TIME (MIN):																	
MEAN																	
MEDIAN																	
MINIMUM																	
MAXIMUM																	

Date	Description
1890	Jan 1
1890	Feb 1
1890	Mar 1
1890	Apr 1
1890	May 1
1890	Jun 1
1890	Jul 1
1890	Aug 1
1890	Sep 1
1890	Oct 1
1890	Nov 1
1890	Dec 1

Summary Table G1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Reference Procedures
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet G1:																
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
Clinical Function																	
POST-PROCEDURE TIME																	
Monitor patient following procedure (in office or in recovery room/stabilizing unit)																	
Clean room/equipment (including any equipment maintenance that must be done after the procedure)/ shut-down equipment																	
Provide post-procedure education/ instruction/counseling (to patient and family) regarding outcome of procedure and subsequent patient care requirements																	
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions																	
Review/read x-rays, lab and pathology reports																	
Arrange discharge/provide discharge instructions/complete nursing form																	
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills																	
Other (specify): _____																	

Date	Description	Amount
1912	Jan 1	100.00
1912	Feb 1	200.00
1912	Mar 1	300.00
1912	Apr 1	400.00
1912	May 1	500.00
1912	Jun 1	600.00
1912	Jul 1	700.00
1912	Aug 1	800.00
1912	Sep 1	900.00
1912	Oct 1	1000.00
1912	Nov 1	1100.00
1912	Dec 1	1200.00

Summary Table G1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Reference Procedures
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code:		No. of Respondents to Worksheet G1:															
		RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
Clinical Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
	POST-PROCEDURE TIME (CONTINUED)																
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST TIME (MIN):																	
MEAN																	
MEDIAN																	
MINIMUM																	
MAXIMUM																	
TOTAL TIME (MIN):																	
MEAN																	
MEDIAN																	
MINIMUM																	
MAXIMUM																	

SUMMARY TABLES G1.1-G1.9:

**Summary of Reported Times (in Minutes) Spent on *Clinical Functions* by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services
Included in the Global Procedural Period (by CPT Code)**

Summary Table G1.1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Worksheet G1.1: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #1											
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Review patient charts											
Greet patient/provide gowning											
Perform room prep/prepare or set-up medical equipment and supplies											
Prep (e.g., dress, move, and position) patient											
Obtain vital signs											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											
INTRA-SERVICE TIME:											
Assist in performing E&M service (where applicable)											
Obtain medical history											
Record notes											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL INTRA-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

Summary Table G1.1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Worksheet G1.1: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #1												
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME:												
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment												
Provide education/instruction/counseling (to patient and family) following E&M service												
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions												
Review/read x-rays, lab and pathology reports												
Arrange discharge/provide discharge instructions/complete nursing form												
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-SERVICE TIME (MIN):												
MEAN												
MEDIAN												
MINIMUM												
MAXIMUM												
TOTAL TIME (MIN):												
MEAN												
MEDIAN												
MINIMUM												
MAXIMUM												

Summary Table G1.2: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Worksheet G1.2: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #2											
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Review patient charts											
Greet patient/provide gowning											
Perform room prep/prepare or set-up medical equipment and supplies											
Prep (e.g., dress, move, and position) patient											
Obtain vital signs											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEDIAN											
MINIMUM											
MAXIMUM											
INTRA-SERVICE TIME:											
Assist in performing E&M service (where applicable)											
Obtain medical history											
Record notes											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL INTRA-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

Summary Table G1.2: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code:		No. of Respondents to Worksheet G1.2:									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #2									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME:											
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment											
Provide education/instruction/counseling (to patient and family) following E&M service											
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions											
Review/read x-rays, lab and pathology reports											
Arrange discharge/provide discharge instructions/complete nursing form											
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills											
Other (specify):											
Other (specify):											
Other (specify):											
SUBTOTAL POST-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											
TOTAL TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

Summary Table G1.3: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____ No. of Respondents to Worksheet G1.3: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #3										
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:										
Review patient charts										
Greet patient/provide gowning										
Perform room prep/prepare or set-up medical equipment and supplies										
Prep (e.g., dress, move, and position) patient										
Obtain vital signs										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL PRE-SERVICE TIME (MIN):										
	MEAN									
	MEDIAN									
	MINIMUM									
	MAXIMUM									
INTRA-SERVICE TIME:										
Assist in performing E&M service (where applicable)										
Obtain medical history										
Record notes										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL INTRA-SERVICE TIME (MIN):										
	MEAN									
	MEDIAN									
	MINIMUM									
	MAXIMUM									

Summary Table G1.3: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____ No. of Respondents to Worksheet G1.3: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #3										
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:										
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment										
Provide education/instruction/counseling (to patient and family) following E&M service										
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions										
Review/read x-rays, lab and pathology reports										
Arrange discharge/provide discharge instructions/complete nursing form										
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL POST-SERVICE TIME (MIN):										
MEAN										
MEDIAN										
MINIMUM										
MAXIMUM										
TOTAL TIME (MIN):										
MEAN										
MEDIAN										
MINIMUM										
MAXIMUM										

Summary Table G1.4 Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Worksheet G1.4: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #4												
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
PRESERVICE TIME												
Review patient charts												
Greet patient/provide gowning												
Perform room prep/prepare or set-up medical equipment and supplies												
Prep (e.g., dress, move, and position) patient												
Obtain vital signs												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL PRE-SERVICE TIME (MIN):												
MEAN												
MEDIAN												
MINIMUM												
MAXIMUM												
INTRASERVICE TIME												
Assist in performing E&M service (where applicable)												
Obtain medical history												
Record notes												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL INTRA-SERVICE TIME (MIN):												
MEAN												
MEDIAN												
MINIMUM												
MAXIMUM												

Summary Table G1.4 Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____ No. of Respondents to Worksheet G1.4: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #4										
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:										
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment										
Provide education/instruction/counseling (to patient and family) following E&M service										
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions										
Review/read x-rays, lab and pathology reports										
Arrange discharge/provide discharge instructions/complete nursing form										
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL POST-SERVICE TIME (MIN):										
MEAN										
MEDIAN										
MINIMUM										
MAXIMUM										
TOTAL TIME (MIN):										
MEAN										
MEDIAN										
MINIMUM										
MAXIMUM										

Summary Table G1.5: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____ No. of Respondents to Worksheet G1.5: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #5										
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:										
Review patient charts										
Greet patient/provide gowning										
Perform room prep/prepare or set-up medical equipment and supplies										
Prep (e.g., dress, move, and position) patient										
Obtain vital signs										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL PRE-SERVICE TIME (MIN):	MEAN									
	MEDIAN									
	MINIMUM									
	MAXIMUM									
INTRA-SERVICE TIME:										
Assist in performing E&M service (where applicable)										
Obtain medical history										
Record notes										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL INTRA-SERVICE TIME (MIN):	MEAN									
	MEDIAN									
	MINIMUM									
	MAXIMUM									

Summary Table G1.5: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code:		No. of Respondents to Worksheet G1.5:										
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #5										
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME:												
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment												
Provide education/instruction/counseling (to patient and family) following E&M service												
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions												
Review/read x-rays, lab and pathology reports												
Arrange discharge/provide discharge instructions/complete nursing form												
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills												
Other (specify):												
Other (specify):												
Other (specify):												
SUBTOTAL POST-SERVICE TIME (MIN):												
	MEAN											
	MEDIAN											
	MINIMUM											
	MAXIMUM											
TOTAL TIME (MIN):												
	MEAN											
	MEDIAN											
	MINIMUM											
	MAXIMUM											

Summary Table G1.6: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Worksheet G1.6:										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #6												
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
PRE-SERVICE TIME:												
Review patient charts												
Greet patient/provide gowning												
Perform room prep/prepare or set-up medical equipment and supplies												
Prep (e.g., dress, move, and position) patient												
Obtain vital signs												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL PRE-SERVICE TIME (MIN):												
	MEAN											
	MEDIAN											
	MINIMUM											
	MAXIMUM											
INTRA-SERVICE TIME:												
Assist in performing E&M service (where applicable)												
Obtain medical history												
Record notes												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL INTRA-SERVICE TIME (MIN):												
	MEAN											
	MEDIAN											
	MINIMUM											
	MAXIMUM											

Summary Table G1.6: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Worksheet G1.6: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #6												
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME:												
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment												
Provide education/instruction/counseling (to patient and family) following E&M service												
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions												
Review/read x-rays, lab and pathology reports												
Arrange discharge/provide discharge instructions/complete nursing form												
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-SERVICE TIME (MIN):												
MEAN												
MEDIAN												
MINIMUM												
MAXIMUM												
TOTAL TIME (MIN):												
MEAN												
MEDIAN												
MINIMUM												
MAXIMUM												

Summary Table G1.7: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____ No. of Respondents to Worksheet G1.7: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #7

Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:									
Review patient charts									
Greet patient/provide gowning									
Perform room prep/prepare or set-up medical equipment and supplies									
Prep (e.g., dress, move, and position) patient									
Obtain vital signs									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL PRE-SERVICE TIME (MIN):									
MEAN									
MEDIAN									
MINIMUM									
MAXIMUM									
INTRA-SERVICE TIME:									
Assist in performing E&M service (where applicable)									
Obtain medical history									
Record notes									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL INTRA-SERVICE TIME (MIN):									
MEAN									
MEDIAN									
MINIMUM									
MAXIMUM									

Summary Table G1.7: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Worksheet G1.7: _____									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #7									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME:											
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment											
Provide education/instruction/counseling (to patient and family) following E&M service											
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions											
Review/read x-rays, lab and pathology reports											
Arrange discharge/provide discharge instructions/complete nursing form											
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											
TOTAL TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

Summary Table G1.8: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code:		No. of Respondents to Worksheet G1.8:									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #8									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
PRE-SERVICE TIME:											
Review patient charts											
Greet patient/provide gowning											
Perform room prep/prepare or set-up medical equipment and supplies											
Prep (e.g., dress, move, and position) patient											
Obtain vital signs											
Other (specify):											
Other (specify):											
Other (specify):											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											
INTRA-SERVICE TIME:											
Assist in performing E&M service (where applicable)											
Obtain medical history											
Record notes											
Other (specify):											
Other (specify):											
Other (specify):											
SUBTOTAL INTRA-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

Summary Table G1.8: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____ No. of Respondents to Worksheet G1.8: _____												
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #8												
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other	
	In Office		In Office		In Office		In Office		In Office		In Office	
POST-SERVICE TIME:												
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment												
Provide education/instruction/counseling (to patient and family) following E&M service												
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions												
Review/read x-rays, lab and pathology reports												
Arrange discharge/provide discharge instructions/complete nursing form												
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-SERVICE TIME (MIN):												
MEAN												
MEDIAN												
MINIMUM												
MAXIMUM												
TOTAL TIME (MIN):												
MEAN												
MEDIAN												
MINIMUM												
MAXIMUM												



Summary Table G1.9: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____ No. of Respondents to Worksheet G1.9: _____												
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #9												
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
PRE-SERVICE TIME:												
Review patient charts												
Greet patient/provide gowning												
Perform room prep/prepare or set-up medical equipment and supplies												
Prep (e.g., dress, move, and position) patient												
Obtain vital signs												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL PRE-SERVICE TIME (MIN):	MEAN											
	MEDIAN											
	MINIMUM											
	MAXIMUM											
INTRA-SERVICE TIME:												
Assist in performing E&M service (where applicable)												
Obtain medical history												
Record notes												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL INTRA-SERVICE TIME (MIN):	MEAN											
	MEDIAN											
	MINIMUM											
	MAXIMUM											

Summary Table G1.9: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Worksheet G1.9: _____									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #9									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME:											
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment											
Provide education/instruction/counseling (to patient and family) following E&M service											
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions											
Review/read x-rays, lab and pathology reports											
Arrange discharge/provide discharge instructions/complete nursing form											
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN):	MEAN										
	MEDIAN										
	MINIMUM										
	MAXIMUM										
TOTAL TIME (MIN):	MEAN										
	MEDIAN										
	MINIMUM										
	MAXIMUM										

SUMMARY TABLE G2:

**Summary of Reported Times (in Minutes) Spent on *Administrative Functions* by Support Staff for
Reference Procedures (with a Global Period)
Performed in Office and Out-of-Office Settings (by CPT Code)**

**Summary Table G2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff
for Reference Procedures (with a Global Period)
Performed in Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code:													No. of Respondents to Worksheet G2:					
Administrative Function	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other			
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office		
PRE-PROCEDURE TIME:																		
Obtain referral from referring M.D.																		
Schedule patient/remind patient of appointment																		
Obtain medical records, manage/recall patient database, and assemble/develop chart																		
Pre-certify patient/conduct pre-procedure billing																		
Verify insurance/review coverage/register patient																		
Other (specify): _____																		
Other (specify): _____																		
Other (specify): _____																		
SUBTOTAL PRE-TIME (MIN):																		
MEAN																		
MEDIAN																		
MINIMUM																		
MAXIMUM																		

Year	Month	Day	Event	Location
1900	Jan	1	...	...
1900	Jan	2	...	...
1900	Jan	3	...	...
1900	Jan	4	...	...
1900	Jan	5	...	...
1900	Jan	6	...	...
1900	Jan	7	...	...
1900	Jan	8	...	...
1900	Jan	9	...	...
1900	Jan	10	...	...
1900	Jan	11	...	...
1900	Jan	12	...	...
1900	Jan	13	...	...
1900	Jan	14	...	...
1900	Jan	15	...	...
1900	Jan	16	...	...
1900	Jan	17	...	...
1900	Jan	18	...	...
1900	Jan	19	...	...
1900	Jan	20	...	...
1900	Jan	21	...	...
1900	Jan	22	...	...
1900	Jan	23	...	...
1900	Jan	24	...	...
1900	Jan	25	...	...
1900	Jan	26	...	...
1900	Jan	27	...	...
1900	Jan	28	...	...
1900	Jan	29	...	...
1900	Jan	30	...	...
1900	Jan	31	...	...

**Summary Table G2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff
for Reference Procedures (with a Global Period)
Performed in Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code:		No. of Respondents to Worksheet G2:															
		Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
Administrative Function		In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
POST-PROCEDURE TIME:																	
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)																	
Schedule post-op or return E&M services (excluding any E&M services associated with the global procedural period)/arrange for hospital readmission																	
Notify and complete report to referring M.D.s																	
Conduct billing activities (e.g., coordinate bill collection/rebiling, collect co-pays or deductibles, answer billing questions, post-certify patient)																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-TIME (MIN):																	
MEAN																	
MEDIAN																	
MINIMUM																	
MAXIMUM																	

Year	Q1	Q2	Q3	Q4	Total
2018	100	150	200	250	700
2019	120	180	220	280	800
2020	140	200	240	300	880
2021	160	220	260	320	960
2022	180	240	280	340	1040
2023	200	260	300	360	1120
2024	220	280	320	380	1200
2025	240	300	340	400	1280
2026	260	320	360	420	1360
2027	280	340	380	440	1440
2028	300	360	400	460	1520
2029	320	380	420	480	1600
2030	340	400	440	500	1680
2031	360	420	460	520	1760
2032	380	440	480	540	1840
2033	400	460	500	560	1920
2034	420	480	520	580	2000
2035	440	500	540	600	2080
2036	460	520	560	620	2160
2037	480	540	580	640	2240
2038	500	560	600	660	2320
2039	520	580	620	680	2400
2040	540	600	640	700	2480
2041	560	620	660	720	2560
2042	580	640	680	740	2640
2043	600	660	700	760	2720
2044	620	680	720	780	2800
2045	640	700	740	800	2880
2046	660	720	760	820	2960
2047	680	740	780	840	3040
2048	700	760	800	860	3120
2049	720	780	820	880	3200
2050	740	800	840	900	3280
2051	760	820	860	920	3360
2052	780	840	880	940	3440
2053	800	860	900	960	3520
2054	820	880	920	980	3600
2055	840	900	940	1000	3680
2056	860	920	960	1020	3760
2057	880	940	980	1040	3840
2058	900	960	1000	1060	3920
2059	920	980	1020	1080	4000
2060	940	1000	1040	1100	4080
2061	960	1020	1060	1120	4160
2062	980	1040	1080	1140	4240
2063	1000	1060	1100	1160	4320
2064	1020	1080	1120	1180	4400
2065	1040	1100	1140	1200	4480
2066	1060	1120	1160	1220	4560
2067	1080	1140	1180	1240	4640
2068	1100	1160	1200	1260	4720
2069	1120	1180	1220	1280	4800
2070	1140	1200	1240	1300	4880
2071	1160	1220	1260	1320	4960
2072	1180	1240	1280	1340	5040
2073	1200	1260	1300	1360	5120
2074	1220	1280	1320	1380	5200
2075	1240	1300	1340	1400	5280
2076	1260	1320	1360	1420	5360
2077	1280	1340	1380	1440	5440
2078	1300	1360	1400	1460	5520
2079	1320	1380	1420	1480	5600
2080	1340	1400	1440	1500	5680
2081	1360	1420	1460	1520	5760
2082	1380	1440	1480	1540	5840
2083	1400	1460	1500	1560	5920
2084	1420	1480	1520	1580	6000
2085	1440	1500	1540	1600	6080
2086	1460	1520	1560	1620	6160
2087	1480	1540	1580	1640	6240
2088	1500	1560	1600	1660	6320
2089	1520	1580	1620	1680	6400
2090	1540	1600	1640	1700	6480
2091	1560	1620	1660	1720	6560
2092	1580	1640	1680	1740	6640
2093	1600	1660	1700	1760	6720
2094	1620	1680	1720	1780	6800
2095	1640	1700	1740	1800	6880
2096	1660	1720	1760	1820	6960
2097	1680	1740	1780	1840	7040
2098	1700	1760	1800	1860	7120
2099	1720	1780	1820	1880	7200
2100	1740	1800	1840	1900	7280

**Summary Table G2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff
for Reference Procedures (with a Global Period)
Performed in Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code:	No. of Respondents to Worksheet G2:															
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
Administrative Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
TOTAL TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

SUMMARY TABLES G2.1-G2.9:

**Summary of Reported Times (in Minutes) Spent on *Administrative Functions* by Support Staff for
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services
Included in the Global Procedural Period (by CPT Code)**

Summary Table G2.1: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wksh. G2.1: _____									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #1									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

Summary Table G2.1: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____ No. of Respondents to Wksh. G2.1: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #1

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:								
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)								
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN):								
MEAN								
MEDIAN								
MINIMUM								
MAXIMUM								

TOTAL TIME (MIN):								
MEAN								
MEDIAN								
MINIMUM								
MAXIMUM								

Summary Table G2.2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wksh. G2.2: _____									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #2									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

Summary Table G2.2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____ No. of Respondents to Wksh. G2.2: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #2										
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:										
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)										
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL POST-SERVICE TIME (MIN):										
MEAN										
MEDIAN										
MINIMUM										
MAXIMUM										
TOTAL TIME (MIN):										
MEAN										
MEDIAN										
MINIMUM										
MAXIMUM										

Summary Table G2.3: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wksh. G2.3: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #3											
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

Summary Table G2.3: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wksh. G2.3: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #3											
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:											
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)											
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

TOTAL TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

Summary Table G2.4: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wksh. G2.4: _____									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #4									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											



Summary Table G2.4: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wksh. G2.4: _____									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #4									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME:											
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)											
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											
TOTAL TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

THE HISTORY OF THE

Summary Table G2.5: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wksh. G2.5: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #5											
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											



Summary Table G2.5: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wksh. G2.5: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #5											
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
Post-Service Time:											
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)											
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											
TOTAL TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											



Summary Table G2.6: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code:		No. of Respondents to Wksh. G2.6:									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #6									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify):											
Other (specify):											
Other (specify):											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											



Summary Table G2.6: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code:		No. of Respondents to Wksh. G2.6:									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #6									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME											
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)											
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN):											
	MEAN										
	MEDIAN										
	MINIMUM										
	MAXIMUM										
TOTAL TIME (MIN):											
	MEAN										
	MEDIAN										
	MINIMUM										
	MAXIMUM										



Summary Table G2.7: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wkst. G2.7: _____									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #7									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											

Year	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910
Population	1,000,000	1,050,000	1,100,000	1,150,000	1,200,000	1,250,000	1,300,000	1,350,000	1,400,000	1,450,000	1,500,000
Area (sq. miles)	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Population Density	10	10.5	11	11.5	12	12.5	13	13.5	14	14.5	15
Area (sq. miles)	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000	100,000
Population Density	10	10.5	11	11.5	12	12.5	13	13.5	14	14.5	15

Summary Table G2.7: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wksh. G2.7: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #7											
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:											
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)											
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											
TOTAL TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											



Summary Table G2.8: Summary of Reported Times (in Minutes) Spent On Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code:		No. of Respondents to Wksh. G2.8:									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #8									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify):											
Other (specify):											
Other (specify):											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											



Summary Table G2.8: Summary of Reported Times (in Minutes) Spent On Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code:		No. of Respondents to Wksh. G2.8:							
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #8									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:									
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)									
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission									
Other (specify):									
Other (specify):									
Other (specify):									
SUBTOTAL POST-SERVICE TIME (MIN):									
MEAN									
MEDIAN									
MINIMUM									
MAXIMUM									

TOTAL TIME (MIN):									
MEAN									
MEDIAN									
MINIMUM									
MAXIMUM									

11-10-11

Summary Table G2.9: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____		No. of Respondents to Wksh. G2.9: _____									
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #9									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN):											
MEAN											
MEDIAN											
MINIMUM											
MAXIMUM											



Summary Table G2.9: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code: _____ No. of Respondents to Wksh. G2.9: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #9										
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:										
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)										
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL POST-SERVICE TIME (MIN):										
	MEAN									
	MEDIAN									
	MINIMUM									
	MAXIMUM									

TOTAL TIME (MIN):										
	MEAN									
	MEDIAN									
	MINIMUM									
	MAXIMUM									



Table G:

**Distribution of the Average Number of
Post-Procedure Office Evaluation and Management (E&M) Equivalent Services
Included in Global Period (by CPT Code)**

<i>CPT Procedure Code:</i> _____	
Average # of Post-Procedure E&M Equivalent Services	No. of Respondents Reporting this Average
1	
2	
4	
4	
5	
6	
7	
8	
9	



Please provide the following information in case we need to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation





Abt Associates Inc.

**SUMMARY TABLES
of Staff Time Estimates
for CPEP Worksheets P1 and P2 (from Package P)**

Data Collection and Analysis for Generating Procedure Specific Practice Expense Estimates
HCFA Contract No. 500-95-0009





Summary Tables of Staff Time Estimates for CPEP Worksheets P1 and P2

The attached summary tables were developed to report summary measures (mean, median, minimum, and maximum) of the data from the CPEP worksheets that ask for staff time estimates for clinical and administrative functions from package P. The worksheets that request staff time data include P1 and P2. The tables have been designed to correspond to these CPEP worksheets (i.e., Summary Table P1 corresponds to CPEP Worksheet P1 and Summary Table P2 to CPEP Worksheet P2). The summary tables are as follows:

- **Summary Table P1:** Summary of Reported Times (in Minutes) Spent on *Clinical Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

- **Summary Table P2:** Summary of Reported Times (in Minutes) Spent on *Administrative Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

For each reference procedure for which the Society obtained staff estimates from one or more of its members, you should complete each of the tables listed above. Summary Table P1 should be completed to summarize the data reported in all of the P1 worksheets that were returned for the same reference procedure. Similarly, Summary Table P2 should be used to summarize the data provided in Worksheet P2. If you are providing data for more than one procedure, please make copies of Summary Tables P1 and P2. A separate set of tables must be completed for each procedure.

When completing the forms, please follow these instructions:

1. **CPT Procedure Code:** Please write in the top row of each summary table the CPT code number of the reference procedure (without a global period) for which you are providing summary measures. Please make sure that this information is on each page of each table.

2. **No. of Respondents to Worksheet:** Please indicate in the top row of each summary table, the number of completed CPEP worksheets (that were submitted by respondents) from which you are deriving the summary measures (described in #3-5 below). For instance, if two respondents completed Worksheet P1 (for the same procedure) and you are using their responses to calculate the summary measures, write "2" in the space provided.

3. **Staff Time Estimates for Each Function:** As noted above, the summary tables correspond to the CPEP worksheets from Package P. Therefore, the functions and staff type categories listed on each summary table are the same as those specified on each of the CPEP worksheets. For each function, please calculate the *mean* of the staff times that were reported by all respondents for each staff type (in the office and out-of-office setting) and write the resulting value in the appropriate space on the summary tables. If a particular staff type is not involved in a function, respondents were instructed to write "0" in the space provided. Similarly, if a particular function does not apply to the procedure in question, they were instructed to write "0" in the spaces provided for each staff type. *All zeroes should be included in your calculations.* If a respondent left any spaces blank, count that response as a zero for the item in question.

If two respondents provided data for the same procedure and listed two different additional staff types (Type "X" and Type "Y") in the "Other" category on a particular worksheet, you should list each of these two staff types in the "Other" columns on the corresponding summary tables. A separate set of mean staff times for each function should be calculated for each

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staff type. In other words, there should be a mean staff time for each function for staff type "X" and a mean staff time for each function for staff type "Y". When calculating the means for each staff type, include *both* respondents in your denominator. For instance, when determining the mean for each function for staff type "X", the denominator would be 2 (to reflect the 2 respondents who completed the worksheet for that procedure). These steps should also be followed when respondents list different functions on the same worksheet for the same procedure. Each additional function should be listed in the "Other" categories on the summary tables and *all respondents* who completed that worksheet should be included in the denominator for calculating the mean staff time for each staff type.

4. **Staff Time Estimates for the Subtotals for Each Period:** For each staff type, respondents were asked to add-up the time estimates for the different functions within each procedural period (pre-, intra-, and post) and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. Please calculate the *mean, median, minimum, and maximum* of the "Subtotal" times that were reported by all respondents for each staff type and write the resulting values in the appropriate "Subtotal" field on each summary table. As explained above, in cases where respondents listed different additional staff types in the "Other" categories on a particular worksheet, all respondents should be included in the denominator when calculating the mean staff time for each staff type. When determining the median, minimum, and maximum, the subtotals for the respondent(s) who did not list the "Other" staff type(s) should be counted as "0".
5. **Total Staff Time Estimates:** Respondents were instructed to add together the subtotals for each period for each staff type and to write the resulting sums in the "Total Time" fields at the end of each worksheet. Please calculate the *mean, median, minimum, and maximum* of the "Total" times that were reported by all respondents for each staff type and write the resulting values in the appropriate "Total Time" field on each summary table. Please refer to the instructions in #4 for an explanation on how to derive these summary measures in cases where respondents listed different staff types in the "Other" categories on a particular worksheet (for the same procedure).
6. Please remember to provide your name, address, phone and fax number on the last page of this packet in case we need to contact you to clarify any responses.
7. Please make and retain a copy of all completed summary tables. If we have any questions regarding the summary tables, it will be helpful if you have a complete copy of all submitted documents.
8. **Medical Equipment and Medical Supply Worksheets from Package P:** Please remember to make copies of all of the completed worksheets that pertain to medical equipment and supplies from Package P and include them with the summary tables. These worksheets include P3 and P4. Please make sure that these copies are organized by respondent and that the contact information for the individual who completed the worksheets is attached to the copies. Each respondent should have provided a contact name, address, phone and fax number on the form which is found at the last page of Package P.
9. **Package E - Utilization and Cost Data on Medical Equipment:** Please make copies of the worksheet contained in Package E and include it with the copies of the medical equipment and supply worksheets provided by each respondent.

Please return the summary tables and copies of the medical equipment and supply worksheets and Worksheet E *no later than December 6, 1995.*



SUMMARY TABLE P1:

**Summary of Reported Times (in Minutes) Spent on *Clinical Functions* by Support Staff for
Reference Procedures (without a Global Period)
Performed In Office and Out-of-Office Settings (by CPT Code)**



Summary Table P1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Reference Procedures (without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet P1:															
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
Clinical Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
PRE-PROCEDURE TIME:																
Obtain medical history/review charts/review treatment plan																
Provide final pre-procedure education/instruction (to patient and family) and obtain patient's consent																
Greet patient/provide gowning																
Perform room prep/prepare or set-up medical equipment and supplies/"scrub" before procedure																
Prep (e.g., dress, move, and position) patient/monitor patient/ prep wounds/set-up IV and/or other pre-procedure drug therapies																
Obtain vital signs																
Other (specify): _____																
Other (specify): _____																
Other (specify): _____																
SUBTOTAL PRE TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

Summary Table P1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Reference Procedures
(without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet P1:															
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
Clinical Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
INTRA-PROCEDURE TIME:																
Sedate/apply topical anesthesia																
Assist in performing procedure																
Record notes																
Other (specify): _____																
Other (specify): _____																
Other (specify): _____																
SUBTOTAL INTRA TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

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Summary Table P1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Reference Procedures (without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet P1:															
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
Clinical Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
POST-PROCEDURE TIME:																
Monitor patient following procedure (in office or in recovery room/stabilizing unit)																
Clean room/equipment (including any equipment maintenance that must be done after the procedure)/shut-down equipment																
Provide post-procedure, education/instruction/counseling (to patient and family) regarding outcome of procedure and subsequent patient care requirements																
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions																
Review/read x-rays, lab and pathology reports																
Arrange discharge/provide discharge instructions/complete nursing form																
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills																
Other (specify):																

Summary Table P1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Reference Procedures (without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet P1:															
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
Clinical Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
POST-PROCEDURE TIME (CONTINUED)																
Other (specify): _____																
Other (specify): _____																
SUBTOTAL POST TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																
TOTAL TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

Year	Month	Day	Event
1900	Jan	1	...
1900	Jan	2	...
1900	Jan	3	...
1900	Jan	4	...
1900	Jan	5	...
1900	Jan	6	...
1900	Jan	7	...
1900	Jan	8	...
1900	Jan	9	...
1900	Jan	10	...
1900	Jan	11	...
1900	Jan	12	...
1900	Jan	13	...
1900	Jan	14	...
1900	Jan	15	...
1900	Jan	16	...
1900	Jan	17	...
1900	Jan	18	...
1900	Jan	19	...
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1900	Jan	21	...
1900	Jan	22	...
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1900	Jan	24	...
1900	Jan	25	...
1900	Jan	26	...
1900	Jan	27	...
1900	Jan	28	...
1900	Jan	29	...
1900	Jan	30	...
1900	Jan	31	...
1900	Feb	1	...
1900	Feb	2	...
1900	Feb	3	...
1900	Feb	4	...
1900	Feb	5	...
1900	Feb	6	...
1900	Feb	7	...
1900	Feb	8	...
1900	Feb	9	...
1900	Feb	10	...
1900	Feb	11	...
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1900	Feb	23	...
1900	Feb	24	...
1900	Feb	25	...
1900	Feb	26	...
1900	Feb	27	...
1900	Feb	28	...
1900	Mar	1	...
1900	Mar	2	...
1900	Mar	3	...
1900	Mar	4	...
1900	Mar	5	...
1900	Mar	6	...
1900	Mar	7	...
1900	Mar	8	...
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1900	Mar	16	...
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1900	Mar	19	...
1900	Mar	20	...
1900	Mar	21	...
1900	Mar	22	...
1900	Mar	23	...
1900	Mar	24	...
1900	Mar	25	...
1900	Mar	26	...
1900	Mar	27	...
1900	Mar	28	...
1900	Mar	29	...
1900	Mar	30	...
1900	Mar	31	...

SUMMARY TABLE P2:

**Summary of Reported Times (in Minutes) Spent on *Administrative Functions* by Support Staff for
Reference Procedures (without a Global Period)
Performed in Office and Out-of-Office Settings (by CPT Code)**



**Summary Table P2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff
for Reference Procedures (without a Global Period)
Performed in Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code:	No. of Respondents to Worksheet P2:															
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
Administrative Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
PRE-PROCEDURE TIME:																
Obtain referral from referring M.D.																
Schedule patient/remind patient of appointment																
Obtain medical records, manage/recall patient database, and assemble/develop chart																
Pre-certify patient/conduct pre-procedure billing																
Verify insurance/review coverage/register patient																
Other (specify): _____																
Other (specify): _____																
Other (specify): _____																
SUBTOTAL PRE-TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

**Summary Table P2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff
for Reference Procedures (without a Global Period)
Performed in Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code:	No. of Respondents to Worksheet P2:																
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
Administrative Function																	
POST-PROCEDURE TIME:																	
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)																	
Schedule post-op or return E&M services (excluding any E&M services associated with the global procedural period)/arrange for hospital readmission																	
Notify and complete report to referring M.D.s																	
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions, post-certify patient)																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-TIME (MIN):																	
MEAN																	
MEDIAN																	
MINIMUM																	
MAXIMUM																	

**Summary Table P2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff
for Reference Procedures (without a Global Period)
Performed in Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code:	No. of Respondents to Worksheet P2:															
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
Administrative Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
TOTAL TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

Please provide the following information in case we need to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation





Abt Associates Inc.

**SUMMARY TABLES
of Staff Time Estimates
for CPEP Worksheets M1 and M2 (from Package M)**

Data Collection and Analysis for Generating Procedure Specific Practice Expense Estimates
HCFA Contract No. 500-95-0009



Summary Tables of Staff Time Estimates for for CPEP Worksheets M1 and M2

The attached summary tables were developed to report summary measures (mean, median, minimum, and maximum) of the data from the CPEP worksheets *that ask for staff time estimates for clinical and administrative functions* from package M. The worksheets that request staff time data include M1 and M2. The tables have been designed to correspond to these CPEP worksheets (i.e., Summary Table M1 corresponds to CPEP Worksheet M1 and Summary Table M2 to CPEP Worksheet M2). The summary tables are as follows:

- **Summary Table M1:** Summary of Reported Times (in Minutes) Spent on *Clinical Functions* by Support Staff for *Evaluation and Management (E&M) Reference Services* Performed in Office and Out-of-Office Settings (by CPT Code)
- **Summary Table M2:** Summary of Reported Times (in Minutes) Spent on *Administrative Functions* by Support Staff for *Evaluation and Management (E&M) Reference Services* Performed in Office and Out-of-Office Settings (by CPT Code)

For each E&M reference service for which the Society obtained staff estimates from one or more of its members, you should complete each of the tables listed above. Summary Table M1 should be completed to summarize the data reported in all of the M1 worksheets that were returned *for the same E&M reference service*. Similarly, Summary Table M2 should be used to summarize the data provided in Worksheet M2. If you are providing data for more than one service, please make copies of Summary Tables M1 and M2. A separate set of tables must be completed for each E&M reference service.

When completing the forms, please follow these instructions:

1. **CPT E&M Service Code Number:** Please write in the top row of each summary table the CPT code number of the E&M reference service for which you are providing summary measures. Please make sure that this information is on each page of each table.
2. **No. of Respondents to Worksheet:** Please indicate in the top row of each summary table, the number of completed CPEP worksheets (that were submitted by respondents) from which you are deriving the summary measures (described in #3-5 below). For instance, if two respondents completed Worksheet M1 (for the same E&M reference service) and you are using their responses to calculate the summary measures, write "2" in the space provided.
3. **Staff Time Estimates for Each Function:** As noted above, the summary tables correspond to the CPEP worksheets from Package M. Therefore, the functions and staff type categories listed on each summary table are the same as those specified on each of the CPEP worksheets. For each function, please calculate the *mean* of the staff times that were reported by all respondents for each staff type (in the office and out-of-office setting) and write the resulting value in the appropriate space on the summary tables. If a particular staff type is not involved in a function, respondents were instructed to write "0" in the space provided. Similarly, if a particular function does not apply to the E&M service in question, they were instructed to write "0" in the spaces provided for each staff type. *All zeroes should be included in your calculations.* If a respondent left any spaces blank, count that response as a zero for the item in question.

If two respondents provided data for the same E&M service and listed two different additional staff types (Type "X" and Type "Y") in the "Other" category on a particular worksheet, you should list each of these two staff types in the "Other"



columns on the corresponding summary tables. A separate set of mean staff times for each function should be calculated for each staff type. In other words, there should be a mean staff time for each function for staff type "X" and a mean staff time for each function for staff type "Y". When calculating the means for each staff type, include *both* respondents in your denominator. For instance, when determining the mean for each function for staff type "X", the denominator would be 2 (to reflect the 2 respondents who completed the worksheet for that E&M service). These steps should also be followed when respondents list different functions on the same worksheet for the same E&M service. Each additional function should be listed in the "Other" categories on the summary tables and *all respondents* who completed that worksheet should be included in the denominator for calculating the mean staff time for each staff type.

4. **Staff Time Estimates for the Subtotals for Each Period:** For each staff type, respondents were asked to add-up the time estimates for the different functions within each E&M service period (pre-, intra-, and post) and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. Please calculate the *mean, median, minimum, and maximum* of the "Subtotal" times that were reported by all respondents for each staff type and write the resulting values in the appropriate "Subtotal" field on each summary table. As explained above, in cases where respondents listed different additional staff types in the "Other" categories on a particular worksheet, all respondents should be included in the denominator when calculating the mean staff time for each staff type. When determining the median, minimum, and maximum, the "Subtotals" for the respondent(s) who did not list the "Other" staff type(s) should be counted as "0".
5. **Total Staff Time Estimates:** Respondents were instructed to add together the subtotals for each period for each staff type and to write the resulting sums in the "Total Time" fields at the end of each worksheet. Please calculate the *mean, median, minimum, and maximum* of the "Total" times that were reported by all respondents for each staff type and write the resulting values in the appropriate "Total Time" field on each summary table. Please refer to the instructions in #4 for an explanation on how to derive these summary measures in cases where respondents listed different staff types in the "Other" categories on a particular worksheet (for the same E&M service).
6. Please remember to provide your name, address, phone and fax number on the last page of this packet in case we need to contact you to clarify any responses.
7. Please make and retain a copy of all completed summary tables. If we have any questions regarding the summary tables, it will be helpful if you have a complete copy of all submitted documents.
8. **Medical Equipment and Medical Supply Worksheets from Package M:** Please remember to make copies of all of the completed worksheets that pertain to medical equipment and supplies from Package M and include them with the summary tables. These worksheets include M3 and M4. Please make sure that these copies are organized by respondent and that the contact information for the individual who completed the worksheets is attached to the copies. Each respondent should have provided a contact name, address, phone and fax number on the form which is found at the last page of Package M.
9. **Package E - Utilization and Cost data on Medical Equipment:** Please make copies of the worksheet contained in Package E and include it with the copies of the medical equipment and supply worksheets provided by each respondent.

Please return the summary tables and copies of the medical equipment and supply worksheets and Worksheet E *no later than December 6, 1995*.



SUMMARY TABLE M1:

**Summary of Reported Times (in Minutes) Spent on *Clinical Functions* by Support Staff for
Evaluation and Management (E&M) Reference Services
Performed in Office and Out-of-Office Settings (by CPT Code)**

Summary Table M1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Evaluation and Management (E&M) Reference Services Performed in Office and Out-of-Office Settings (by CPT Code)

CPT E&M Service Code:	No. of Respondents to Worksheet M1:													
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other	
Clinical Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
Review patient charts														
Greet patient/provide gowning														
Perform room prep/prepare or set-up medical equipment and supplies														
Prep patient (e.g., dress, move, and position) patient														
Obtain vital signs														
Other (specify): _____														
Other (specify): _____														
Other (specify): _____														
SUBTOTAL PRE-SVC TIME (MIN):														
MEAN														
MEDIAN														
MINIMUM														
MAXIMUM														

Summary Table M1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for
 Evaluation and Management (E&M) Reference Services
 Performed in Office and Out-of-Office Settings (by CPT Code)

CPT E&M Service Code:	No. of Respondents to Worksheet M1:											
	RN		LPN		Technician		Medical Secretary		Receptionist		Other	
Clinical Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
INTRA-SERVICE TIME:												
Assist in performing E&M service (where applicable)												
Obtain medical history												
Record notes												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL INTRA-SVC. TIME (MIN):												
MEAN												
MEDIAN												
MINIMUM												
MAXIMUM												



**Summary Table MI: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for
Evaluation and Management (E&M) Reference Services
Performed in Office and Out-of-Office Settings (by CPT Code)**

CPT E&M Service Code:	No. of Respondents to Worksheet MI:															
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
Clinical Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
TOTAL TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

SUMMARY TABLE M2:

**Summary of Reported Times (in Minutes) Spent on *Administrative Functions* by Support Staff for
Evaluation and Management (E&M) Services
Performed in Office and Out-of-Office Settings (by CPT Code)**



Summary Table M2: Summary of Reported Times (in Minutes) Spent on Administrative Functions for Evaluation and Management (E&M) Reference Services Performed in Office and Out-of-office Settings (by CPT Code)

CPT E&M Service Code:	No. of Respondents to Worksheet M2:															
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
Administrative Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
PRE-E&M SERVICE TIME:																
Obtain referral from referring M.D.																
Schedule patient/remind patient of appointment																
Obtain medical records, manage/recall patient database, and assemble/develop chart																
Pre-certify patient/conduct pre-procedure billing																
Verify insurance/review coverage/register patient																
Other (specify): _____																
Other (specify): _____																
Other (specify): _____																
SUBTOTAL PRE-TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																



Summary Table M2: Summary of Reported Times (in Minutes) Spent on Administrative Functions for Evaluation and Management (E&M) Reference Services Performed in Office and Out-of-office Settings (by CPT Code)

CPT E&M Service Code:	No. of Respondents to Worksheet M2:															
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
Administrative Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
POST-E&M SERVICE TIME:																
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)																
Schedule post-op or return E&M services (excluding any E&M services associated with the global procedural period)/arrange for hospital readmission																
Notify and complete report to referring M.D.s																
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions, post-certify patient)																
Other (specify): _____																
Other (specify): _____																
Other (specify): _____																
SUBTOTAL POST-TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

Date	Description	Debit	Credit	Balance

Summary Table M2: Summary of Reported Times (in Minutes) Spent on Administrative Functions for
 Evaluation and Management (E&M) Reference Services
 Performed in Office and Out-of-office Settings (by CPT Code)

CPT E&M Service Code:	No. of Respondents to Worksheet M2:															
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
Administrative Function	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
TOTAL TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

Please provide the following information in case we need to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation





Abt Associates Inc.

**SUMMARY TABLES
of Staff Time Estimates
for CPEP Worksheets Pa1 and Pa2 (from Package Pa)**

**Data Collection and Analysis for Generating Procedure Specific Practice Expense Estimates
HCFA Contract No. 500-95-0009**





Summary Tables of Staff Time Estimates for CPEP Worksheets Pa1 and Pa2

The attached summary tables were developed to report summary measures (mean, median, minimum, and maximum) of the data from the CPEP worksheets *that ask for staff time estimates for clinical and administrative functions* from Package Pa. The worksheets that request staff time data include Pa1 and Pa2. The tables have been designed to correspond to these CPEP worksheets (i.e., Summary Table Pa1 corresponds to CPEP Worksheet Pa1 and Summary Table Pa2 to CPEP Worksheet Pa2). The summary tables are as follows:

- **Summary Table Pa1:** Summary of Reported Times (in Minutes) Spent on *Clinical Functions* by Support Staff for *Pathology Reference Procedures* Performed in Independent and Hospital Laboratories (by CPT Code)
- **Summary Table Pa2:** Summary of Reported Times (in Minutes) Spent on *Administrative Functions* by Support Staff for *Pathology Reference Procedures* Performed in Independent and Hospital Laboratories (by CPT Code)

For each reference procedure for which the Society obtained staff estimates from one or more of its members, you should complete each of the tables listed above. Summary Table Pa1 should be completed to summarize the data reported in all of the Pa1 worksheets that were returned *for the same reference procedure*. Similarly, Summary Table Pa2 should be used to summarize the data provided in Worksheet Pa2. If you are providing data for more than one procedure, please make copies of Summary Tables Pa1 and Pa2. A separate set of tables must be completed for each procedure.

When completing the forms, please follow these instructions:

1. **CPT Procedure Code:** Please write in the top row of each summary table the CPT code number of the pathology reference procedure for which you are providing summary measures. Please make sure that this information is on each page of each table.
2. **No. of Respondents to Worksheet:** Please indicate in the top row of each summary table, the number of completed CPEP worksheets (that were submitted by respondents) from which you are deriving the summary measures (described in #3-5 below). For instance, if two respondents completed Worksheet Pa1 (for the same procedure) and you are using their responses to calculate the summary measures, write "2" in the space provided.
3. **Staff Time Estimates for Each Function:** As noted above, the summary tables correspond to the CPEP worksheets from Package Pa. Therefore, the functions and staff type categories listed on each summary table are the same as those specified on each of the CPEP worksheets. For each function, please calculate the *mean* of the staff times that were reported by all respondents for each staff type (in the independent and hospital laboratory settings) and write the resulting value in the appropriate space on the summary tables. If a particular staff type is not involved in a function, respondents were instructed to write "0" in the space provided. Similarly, if a particular function does not apply to the procedure in question, they were instructed to write "0" in the spaces provided for each staff type. *All zeroes should be included in your calculations.* If a respondent left any spaces blank, count that response as a zero for the item in question.

If two respondents provided data for the same procedure and listed two different additional staff types (Type "X" and Type "Y") in the "Other" category on a particular worksheet, you should list each of these two staff types in the "Other" columns



on the corresponding summary tables. A separate set of mean staff times for each function should be calculated for each staff type. In other words, there should be a mean staff time for each function for staff type "X" and a mean staff time for each function for staff type "Y". When calculating the means for each staff type, include *both* respondents in your denominator. For instance, when determining the mean for each function for staff type "X", the denominator would be 2 (to reflect the 2 respondents who completed the worksheet for that procedure). These steps should also be followed when respondents list different "Other" functions on the same worksheet for the same procedure. Each additional function should be listed in the "Other" categories on the summary tables and *all respondents* who completed that worksheet should be included in the denominator for calculating the mean staff time for each staff type.

4. **Staff Time Estimates for the Subtotals for Each Period:** For each staff type, respondents were asked to add-up the time estimates for the different functions within each procedural period (pre-, intra-, and post) and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. Please calculate the *mean, median, minimum, and maximum* of the "Subtotal" times that were reported by all respondents for each staff type and write the resulting values in the appropriate "Subtotal" field on each summary table. As explained above, in cases where respondents listed different additional staff types in the "Other" categories on a particular worksheet, all respondents should be included in the denominator when calculating the mean staff time for each staff type. When determining the median, minimum, and maximum, the subtotals for the respondent(s) who did not list the "Other" staff type(s) should be counted as "0".
5. **Total Staff Time Estimates:** Respondents were instructed to add together the subtotals for each period for each staff type and to write the resulting sums in the "Total Time" fields at the end of each worksheet. Please calculate the *mean, median, minimum, and maximum* of the "Total" times that were reported by all respondents for each staff type and write the resulting values in the appropriate "Total Time" field on each summary table. Please refer to the instructions in #4 for an explanation on how to derive these summary measures in cases where respondents listed different staff types in the "Other" categories on a particular worksheet (for the same procedure).
6. Please remember to provide your name, address, phone and fax number on the last page of this packet in case we need to contact you to clarify any responses.
7. Please make and retain a copy of all completed summary tables. If we have any questions regarding the summary tables, it will be helpful if you have a complete copy of all submitted documents.
8. **Medical Equipment and Medical Supply Worksheets from Package Pa:** Please remember to make copies of all of the completed worksheets that pertain to medical equipment and supplies from Package Pa and include them with the summary tables. These worksheets include Pa3 and Pa4. Please make sure that these copies are organized by respondent and that the contact information for the individual who completed the worksheets is attached to the copies. Each respondent should have provided a contact name, address, phone and fax number on the form which is found at the last page of Package Pa.
9. **Package E - Utilization and Cost Data on Medical Equipment:** Please make copies of the worksheet contained in Package E and include it with the copies of the medical equipment and supply worksheets provided by each respondent.

Please return the summary tables and copies of the medical equipment and supply worksheets and Worksheet E *no later than December 22, 1995*.



SUMMARY TABLE Pa1:

**Summary of Reported Times (in Minutes) Spent on *Clinical Functions* by Support Staff for
Pathology Reference Procedures
Performed in Independent and Hospital Laboratories (by CPT Code)**

Summary Table Pa1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet Pa1:																
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	
Clinical Function																	
PRE-PROCEDURE TIME:																	
Prepare specimen containers/preload fixative/label containers/distribute requisition form(s) to physician																	
Accession of specimen/prepare for examination																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE TIME (MIN):																	
MEAN																	
MEDIAN																	
MINIMUM																	
MAXIMUM																	

Summary Table Pal: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet Pal:																
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	
Clinical Function	INTRA-PROCEDURE TIME:																
Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections) and perform screening function (where applicable)																	
Prepare specimen for manual/automated processing																	
Clean-up exam area while performing examination																	
Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control functions, maintaining specimen tracking logs, and labeling)																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL INTRA TIME (MIN):																	
MEAN																	
MEDIAN																	
MINIMUM																	
MAXIMUM																	

Summary Table Pa1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet Pa1:																		
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		Other		
Clinical Function	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	
POST-PROCEDURE TIME:																			
Prepare, pack, and transport specimens and reports for in-house storage and external storage (where applicable)																			
Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste																			
Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)																			
Other (specify): _____																			
Other (specify): _____																			
Other (specify): _____																			
SUBTOTAL POST TIME (MIN):																			
MEAN																			
MEDIAN																			
MINIMUM																			
MAXIMUM																			

Date	Particulars	Debit	Credit

Summary Table Pa1: Summary of Reported Times (in Minutes) Spent on Clinical Functions by Support Staff for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet Pa1:															
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
Clinical Function	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab
TOTAL TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

SUMMARY TABLE Pa2:

**Summary of Reported Times (in Minutes) Spent on *Administrative Functions* by Support Staff for
Pathology Reference Procedures
Performed in Independent and Hospital Laboratories (by CPT Code)**



Summary Table Pa2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet Pa2:															
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
Administrative Function	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab
PRE-PROCEDURE TIME:																
Retrieve previous patient medical records and slides, manage/recall patient database																
Verify insurance/review coverage																
Assemble and deliver slides with paperwork to pathologist																
Other (specify): _____																
Other (specify): _____																
Other (specify): _____																
SUBTOTAL PRE-TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

Summary Table Pa2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet Pa2:																
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other		
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	
Administrative Function																	
POST-PROCEDURE TIME:																	
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance documentation)																	
Submit/receive material for consultation (where applicable)																	
Notify and complete report to referring physician (including responding to all post-examination inquiries from the physician)																	
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions)																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-TIME (MIN):																	
MEAN																	
MEDIAN																	
MINIMUM																	
MAXIMUM																	



Summary Table Pa2: Summary of Reported Times (in Minutes) Spent on Administrative Functions by Support Staff for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Procedure Code:	No. of Respondents to Worksheet Pa2:															
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab
Administrative Function																
TOTAL TIME (MIN):																
MEAN																
MEDIAN																
MINIMUM																
MAXIMUM																

Please provide the following information in case we need to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation









Abt Associates Inc.

Sample Cover Letter to CPEP Participants

December 18, 1995

CPEP Participant Name

CPEP Participant Address

Dear *CPEP Participant Name*:

The Health Care Financing Administration (HCFA) has engaged Abt Associates Inc. to collect and analyze data on the practice costs of providing Medicare Fee Schedule (MFS) services. HCFA will use these data to develop Congressionally-mandated resource-based practice expense RVUs. As part of this project, Abt will convene each of 15 Clinical Practice Expert Panels (CPEPs) two times. These CPEPs will be used to obtain information necessary for calculating *variable* practice cost estimates for MFS services.¹ These CPEPs have been organized along clinical service code groupings.

Several weeks ago, Abt asked over 100 medical societies to provide nominations of individuals to serve on these panels. Based on the recommendations submitted by the (*Society Name*), you have been selected to participate on the **Integumentary CPEP (CPEP C1)**. This CPEP is scheduled to convene on February 20, 1996 and February 21, 1996 in Baltimore, MD at the BWI Airport Marriott. A dinner session will be held on February 20, 1996 beginning at 6:30 p.m. A full-day session from 8:00 a.m. to 5:00 p.m. will be held the following day. Breakfast and lunch will be provided during this full-day session. Please complete the attached response form to indicate whether or not you will be available to attend this CPEP meeting. This form should be returned by FAX to (*Abt Contact and Phone Number*) **no later than Wednesday, December 27th, 1995**. If you do not have access to a FAX machine, you may contact this individual by phone at (*Abt Contact Phone Number*).

This letter describes the purpose of the CPEPs, as well as the specific functions that we will ask CPEP members to complete. To prepare for the first panel meeting, we are enclosing the following materials:

- Attachment A: Overview of Clinical Practice Expert Panels (CPEPs)
- Travel Expense Forms
- Attachment B: List of Reference Service Assignments
- Worksheet Packages (to be completed for each reference service assigned to your CPEP).

Each of these items is described below.

¹Variable practice costs include those expenses that are *directly* attributable to performing a particular service, such as nurse wages and medical supply costs. In addition to variable costs, practices also incur *overhead* costs that are *indirectly* related to the provision of services, such as rent and utilities. A national survey of medical practices will be conducted by Abt, beginning in January 1996, to collect aggregate practice expense data, including overhead costs.



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Purpose/Role of CPEPs

Attachment A summarizes Abt's methodology for compiling and analyzing practice expense data. It also explains the development of the CPEPs, as well as their role in the data collection process. The CPEPs will meet twice during this project.

- During the first CPEP meeting, the panels will develop resource profiles that identify and quantify each input (e.g., staff time, medical equipment, and supplies) required to perform reference services. Abt has developed a classification system that organizes MFS services into 229 families of clinically- and resource-homogeneous services and identifies a reference, or benchmark, service from each family. These service families have been allocated across 15 CPEPs, such that each CPEP is responsible for 10 - 36 service families. Panel members will develop itemized resource profiles for only the reference service in each family assigned to their CPEP. The profiles will be developed by consensus.
- During the second CPEP meeting (in the Spring, 1996), the panels will estimate variable costs for the remaining codes in each family by comparing their resource requirements to the reference service cost estimates. That is, CPEP members will extrapolate from each reference service cost estimate to the other codes in the service families assigned to their CPEP. The extrapolation will also be done by consensus.

After the completion of the extrapolation process and other data analyses, the final cost estimates will be circulated to CPEP members for review. The schedule for completing each of these functions is also provided in Attachment A.

Each of the CPEP meetings will be moderated by Abt staff. In organizing the CPEPs, Abt and HCFA included different types of practice staff (e.g., physicians, practice administrators, and non-physician clinical staff), nominated by a variety of specialties. Table 1, which is attached to this letter, lists the individuals who have been identified to serve on the Integumentary CPEP. This table also provides each CPEP member's address, phone number, and nominating society.

Reimbursement for Travel Expenses

CPEP members will be reimbursed for all transportation, lodging, and meal costs incurred in conjunction with attending the CPEP meetings. A travel expense form, as well as instructions for its completion, are enclosed. We ask that you track and record on this form all expenses associated with the first panel meeting. It is essential that you retain *all original* receipts of your expenses (e.g., plane tickets, restaurant charge slips) and submit them, along with the forms, to the Abt contact person indicated in the instructions. All hotel reservations will be processed by Abt staff. You should make your own travel or flight arrangements.

Preparation for the First CPEP Meeting (Attachment B and the Worksheet Packages)

Abt has developed standardized worksheet packages for three different types of services: procedures *with* a global period, procedures *without* a global period, and E&M services. Each package contains worksheets to collect data on the time required by support staff to perform clinical and administrative functions associated with the reference services. The worksheets also collect data on the medical equipment and supplies used. An additional package has been designed to request necessary data on the overall utilization of the medical equipment used in performing the reference services. The packages are organized as follows:

- **Package G** focuses on inputs (staff time, medical equipment and supplies) for reference procedures *with* a global period;



- **Package P** asks for inputs for reference procedures *without* a global period;
- **Package Pa** asks for inputs for *pathology* reference procedures;
- **Package M** solicits data on evaluation & management (E&M) reference services; and
- **Package E** requests information on the utilization and maintenance costs of the medical equipment that was listed for the different reference services in packages G, P, Pa, and/or M.

In preparation for the first panel meeting, we ask that you complete and return to Abt the appropriate set of worksheets for each reference service in your CPEP. The data collected by these worksheets will be compiled in summary tables by Abt Associates for use by the CPEPs in developing resource profiles. Note that you are not required to return the worksheets to Abt and your participation in the CPEP process will not be minimized if you choose not to return the completed worksheets. However, we encourage you to do so to facilitate the availability of accurate data during CPEP deliberations.

Attachment B lists the reference service selected from each family assigned to the Integumentary CPEP and provides its global period. The list also specifies the letter code of the worksheet package that should be completed for each service. In addition, data on the average number of post-procedure office E&M equivalent services included in the global period for some of the reference procedures are provided to assist in the completion of Package G. These data were supplied by the American Medical Association - Specialty Society Relative Value Update Committee (RUC). Procedures for which these data were not available are indicated by "NA" in the column labeled "Post-Proc. Office E&M Equiv. Svcs".

Worksheets should be completed for *all* of the reference services in your CPEP. If you are unfamiliar with a reference service, we encourage you to consult with colleagues to obtain the necessary data. For your convenience, we have provided you with multiple copies of the appropriate worksheet packages. These packages correspond to the reference services in your CPEP. We recognize that this workload may appear burdensome; however, completion of the worksheets prior to the CPEPs is *vital* to the success of the panel process.

General instructions for each set of worksheets are provided on the second page of each worksheet package. These general instructions are supplemented with worksheet-specific instructions which precede each worksheet. *It is very important that you read these instructions carefully before proceeding to record the resource estimates on the worksheets.*

If you want your data to be included in the tabulations, completed worksheets must be returned *no later than January 26, 1996* to the Abt staff member indicated on the first page of each worksheet package. (Note that the deadline indicated on the worksheets of January 19, 1996 is incorrect; this deadline has been extended to the 26th.) This individual is also available to answer any questions that you may have regarding the worksheets or logistics of the meeting.

In advance, thank you for your assistance and cooperation. We look forward to working with you on this important project.

Sincerely,

Abt Project Director

cc: Jesse Levy, Ph.D.





Abt Associates Inc.

55 Wheeler Street ■ Cambridge, MA 02138 ■ (617) 492-7100

Abt Associates Inc.

DATA COLLECTION AND ANALYSIS FOR GENERATING PROCEDURE-SPECIFIC PRACTICE EXPENSE ESTIMATES
HCFA CONTRACT No. 500-95-009

CPEP MEMBER RESPONSE FORM

To: ABT Contact

Ph: (ABT Contact Phone Number)

Fax: (ABT Contact Fax Number)

From: CPEP Member

CPEP Member Address

Tel: (CPEP Member Phone Number)

FAX: (CPEP Member Fax Number)

Please make any necessary changes to your address and contact information as listed above. If this is not your preferred mailing address or phone number, please provide your preferred contact information in the space at the bottom of this page.

Yes, I will be attending the **Integumentary** panel meetings on February 21, 1996 and February 20, 1996. Please make a hotel room reservation for me.

No, I will not be available to attend this meeting.

Please return this form via fax no later than **December 27, 1995**.

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary data collection techniques. The analysis focuses on identifying trends and patterns over time, which is crucial for making informed decisions.

The third part of the document provides a detailed breakdown of the results. It shows that there has been a significant increase in sales volume, particularly in the online channel. This is attributed to the implementation of the new marketing strategy and the improved user experience on the website.

Finally, the document concludes with a set of recommendations for future actions. It suggests continuing to invest in digital marketing and exploring new product lines to further drive growth. Regular monitoring and reporting will be essential to track the success of these initiatives.

**Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates
CPEP Meeting Travel Expense Form**

Name _____ Date: _____

Mailing Address _____

*NOTE: Please complete applicable items below and place this form and receipts in the attached enveloped.
Original receipts are required for all expenses over \$25.00. If receipts are lost or unavailable, a written explanation is mandatory. Original receipts of plane tickets are required, travel itineraries will not be accepted as receipts.*

Meeting Day 1 Date: _____	Meeting Day 2 Date: _____	Total
---------------------------------	---------------------------------	-------

1. Air/Train Transportation	_____	_____	_____
2. MILEAGE			
# miles driven	_____	_____	_____
x 0.30	_____	_____	_____
3. GROUND TRANSPORTATION (taxi, tolls, parking — list each fare separately)	_____	_____	_____
4. MEALS			
Breakfast	XXXXXXX	XXXXXXX	XXXXXXX
Lunch	_____	XXXXXXX	_____
Dinner	XXXXXXX	_____	_____
5. OTHER	_____	_____	_____
TOTAL EXPENSES	_____	_____	_____

All expenses on this report were actually incurred by me while attending the first Clinical practice Expert Panel (CPEP) Meeting associated with the project "Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates."

Signed _____ Date _____

FOR ABT USE ONLY
Charge Category: 6038 011

Approval _____ Date _____

Be Sure to Include Original Receipts for Items Over \$25.00 and Plane Tickets



Instructions for the Travel Expense Form

- Please substantiate all expenses by attaching the following items:
- Transportation tickets. Please provide actual ticket copies. *Travel agency invoices or credit slips alone are not sufficient.*
- Restaurant charges must be supported by charge slips or actual receipts when the amounts reported are in excess of \$25.00.

If receipts are not included with this report, a signed statement relating to date, place, purpose and cost of each expenditure must be attached to conform to Internal Revenue Service regulations.

We will make all hotel arrangements and reservations. The cost of the hotel rooms, excluding meals and incidentals, will be directly billed to Abt Associates Inc. Please do not pay for the hotel rooms yourself.

Please return to:

**Abt Associates
55 Wheeler Street
Cambridge, MA 02138**

Be Sure to Include Original Receipts for Items Over \$25.00 and Plane Tickets



**Data Collection and Analysis for Generating Procedure-Specific
Practice Expense Estimates**

HCFA Contract No. 500-95-0009

*Attachment A:
Overview of Clinical Practice Expert Panels (CPEPs)*

December 15, 1995



Abt Associates Inc.



1.0 INTRODUCTION

1.1 Background

In response to the Omnibus Budget Reconciliation Act of 1989 (OBRA-89), in 1992 the Health Care Financing Administration (HCFA) began phasing in the Medicare Fee Schedule (MFS). The MFS defines a predetermined payment for physician services that is based on three components: physician work, practice expense, and malpractice insurance costs. A relative value unit (RVU) is assigned to each of these three components. To determine the Medicare payment for a service, these RVUs are summed and multiplied by a geographic adjustment factor (GAF) and by a conversion factor, which translates the total RVUs into a dollar amount.

The physician work relative value units included in the MFS were developed using a resource-based approach that reflects the physician resources required to provide each service. However, under the original legislation enacting the Fee Schedule, the relative values for the practice expense and malpractice cost components were determined based on historical charge data predating the MFS. As a result, in the Social Security Act Amendments of 1994, Congress mandated that the Secretary of Health and Human Services "...develop a methodology for implementing in 1998 a resource-based system for determining practice expense relative value units for each physician service" covered by Medicare. In response to this legislation, HCFA issued a Request for Proposals and selected Abt Associates Inc. to conduct the study, "Data Collection and Analysis for Generating Procedure Specific Practice Expense Estimates." The objective of this project is to collect and analyze data on the practice resource requirements of providing MFS services. These data will be used to develop revised practice expense RVUs that represent the actual resources used to provide each service.

Abt will provide HCFA with databases that include all information collected through this study. In 1996, HCFA intends to award multiple contracts to further analyze these data and enable other health services researchers to test alternative methods for estimating physician practice expense RVUs. Ultimately, the payment revisions will be determined by HCFA after soliciting public comment in a Notice of Proposed Rulemaking. These changes are mandated by law to take effect January 1, 1998.



1.2 Overview of Approach

Abt, in conjunction with HCFA, has developed a two-pronged approach to collect data on the costs that make up practice expenses: overhead and variable costs.¹ During the first half of 1996, we will conduct a survey of 5,000 practices to collect data on aggregate practice expenses. These survey data will be used to help allocate the overhead costs to individual services. Information necessary for generating *variable* cost estimates for each service will be generated by the Clinical Practice Expert Panels (CPEPs) that are the subject of this overview.

Each CPEP will meet twice. During their first meeting, they will develop resource profiles that specify the inputs, (e.g. medical supplies, clinical personnel) required to provide selected *reference services*. These reference services have been selected from 229 service families into which MFS services are grouped. During a second meeting, CPEP members will develop variable cost estimates for the remaining codes in each family by extrapolating from the reference service cost estimates. The resulting variable costs will be added to the service-specific overhead costs (derived from the survey results) to determine the total practice costs of each MFS service. The project's process for developing service-specific practice expense is depicted in Exhibit 1.

1.3 Input from the Medical Community

Considerable effort has been devoted to secure participation from the medical community in designing this data collection approach. Abt has formed a Technical Expert Group (TEG), comprised of researchers and physicians, who have provided technical direction to the project. A Clinical Practice Expert Panel-Technical Expert Group (CPEP-TEG), composed of active clinicians and practice administrators, has also met to advise Abt and HCFA on all facets of the CPEP design and process. In addition, HCFA has organized two public meetings for medical societies, and throughout various stages of this project Abt has provided over 125 medical societies the opportunity to provide comments and recommendations on the following key aspects of the project:

¹Overhead costs include those fixed expenses that are incurred in the operation of the practice as a whole and are indirectly related to the provision of the service, such as rent and utilities. Variable costs include those expenses that are directly attributable to performing a particular service, such as nurse wages and medical supply costs. Thus, for a given service, the total practice expense equals the sum of the practice-wide overhead costs, allocated to the service-specific level, and the variable costs of providing that service.



- The practice expense survey;
- The grouping of MFS services into service families;
- The grouping of service families into CPEPs;
- Selection of reference services;
- Worksheets to collect variable practice expense data; and
- Nominations for CPEP membership.

The input obtained from all of these groups has been instrumental in devising the approach for the project.

In the sections that follow, we describe the structure of the CPEPs and how the CPEPs will function to develop variable cost estimates. Section 2.0 describes the structure and composition of the CPEPs. The primary functions of the CPEPs and process for convening the first panel are explained in Section 3.0.

2.0 STRUCTURE AND COMPOSITION OF THE CPEPs

The MFS contains over 6,000 services for which the CPEPs must develop variable cost estimates. To facilitate this task, Abt developed a classification system that organizes the MFS services into clinical and resource homogenous groups. These groups, referred to as service families, were, in turn, assigned to specific CPEPs. The classification system (described in detail in the Technical Appendix) resulted in 229 unique service families assigned across 15 CPEPs.

Some families have been assigned to more than one CPEP to provide built-in validation of the resource and variable cost estimates that will be developed by these panels. Evaluation and Management (E&M) service families, which are common to the entire medical community, are both grouped in an E&M services CPEP and assigned across all CPEPs to obtain data from a broad representation of specialties. A complete listing of all CPEPs and their total service family assignments is presented in Exhibit 2.

Clearly, detailed resource requirements cannot be completed for all services in the MFS. Therefore, a reference service from each service family was identified for which detailed resource profiles will be developed. In a second set of CPEP meetings, the practice expenses of the remaining codes in each family will be estimated by extrapolating from the reference services.



Reference services were selected using criteria determined after consultation with the CPEP-TEG:

- Commonly performed (i.e. high volume and high Medicare allowed charges relative to the other services in the family);
- Mid-range level of resource usage relative to other services in the family;
- Little or no change in definition or coding application over the last several years; and
- Little variation across physicians in the way the services are performed.

BMAD and other data were used to identify the specialties which provide the services in each CPEP, as well as to identify the percent of a specialty's services performed within each CPEP. Both of these factors were considered in determining the optimal composition of the CPEPs. In addition, several other factors were considered in formulating the CPEP composition. The CPEPs are structured such that no panel has a substantial majority of its representation from a single specialty. In addition, a primary care provider and a surgeon were assigned to each panel. We have also attempted to ensure that different types of practice staff (i.e. physicians, practice administrators, and other clinicians) are included on each CPEP. Similarly, we have attempted to achieve appropriate cross-specialty representation as well as geographic and practice type variation. Such broad representation will ensure that different practice characteristics are considered when defining the resource requirements for the reference services.

3.0 CPEP RESPONSIBILITIES

In providing input to the variable cost estimation process, the CPEPs will be asked to perform three primary tasks:

- Develop service-specific resource profiles for the reference services (Meeting 1);
- Extrapolate reference service variable cost estimates to the remainder of the codes in each family (Meeting 2); and,
- Validate the practice costs derived for all MFS services (mail review).



3.1 FIRST CPEP MEETING TO DEVELOP RESOURCE PROFILES

Abt has developed standardized worksheets to ensure that the various inputs are enumerated in the resource profiles. The worksheets are designed to collect data on the number of minutes spent on clinical and administrative functions by practice support staff. They also collect information on utilization of medical equipment and disposable medical supplies. In preparation for the first CPEP meeting, we are asking panel members to complete these worksheets for the reference services assigned to their CPEP.

The panel discussions will be structured and moderated by senior Abt Associates staff to achieve consensus among participants regarding the resource profiles for each reference service. Discussions will be directed at understanding and resolving any initially divergent views in order to ensure the agreement of all panel members. CPEP members' prior exposure to the worksheets and the types of data needed to develop resource profiles for each service should facilitate the consensus-building process. Abt has also provided over 125 medical societies with the opportunity to complete the worksheets.² Abt will prepare summary tables depicting the results of the data collected from both the CPEP members and the medical societies. These summary data will help to promote initial discussions at the panel meetings.

We expect that CPEP members will each enter the panel meetings with a perspective based on his/her own practice. The moderator will facilitate group discussions toward a consensus description of the "typical" resources required to render the service. In addition, panel members will be reminded to base their resource estimates on *recent* clinical practice.

3.2 ADDITIONAL FUNCTIONS OF THE CPEPS

Abt will collect standard prices (wages and supply prices) of the inputs specified in the resource profiles for each reference service. These prices will be applied to the data on resource profiles provided by the first CPEP meetings to compute variable cost estimates for all of the reference services. The extrapolation process conducted during the second CPEP panel meeting

² In HCFA's public meetings several medical societies raised concerns about the scope of representation on each CPEP, given that each of the 15 CPEPs can accommodate only 8-17 participants. In an effort to broaden the scope of data reviewed during each CPEP, Abt and HCFA decided to provide the societies with the opportunity to complete the worksheets and submit data on whichever reference services they deem relevant. The approach to collecting these data was left to the discretion of each society, allowing each organization to develop its data collection strategy based on both concerns of pragmatism and validity.



will require CPEP members to evaluate the variable costs of the remaining services within each group relative to the reference service for the family.

Abt will subsequently combine the resulting variable cost estimates with the service-specific overhead cost estimates derived from the survey of medical practices to calculate the total practice costs of each MFS service. The CPEP members will be asked to complete the final task of reviewing the total practice expense determined for each service, focusing particularly on the cost relationships across services.

3.3 SCHEDULE OF CPEP ACTIVITIES

The schedule of the CPEP activities that were described in section 3.1 and 3.2 is listed below.

CPEP Summary Schedule

Panel	Schedule
First Series of CPEP Meetings	February 1996
Second Series of CPEP Meetings	June 1996
Validation Activities (completed via mail review)	January 1997



EXHIBIT 1
PRACTICE EXPENSE DATA GENERATION
 MEDICARE FEE SCHEDULE
 Abt Associates Inc.

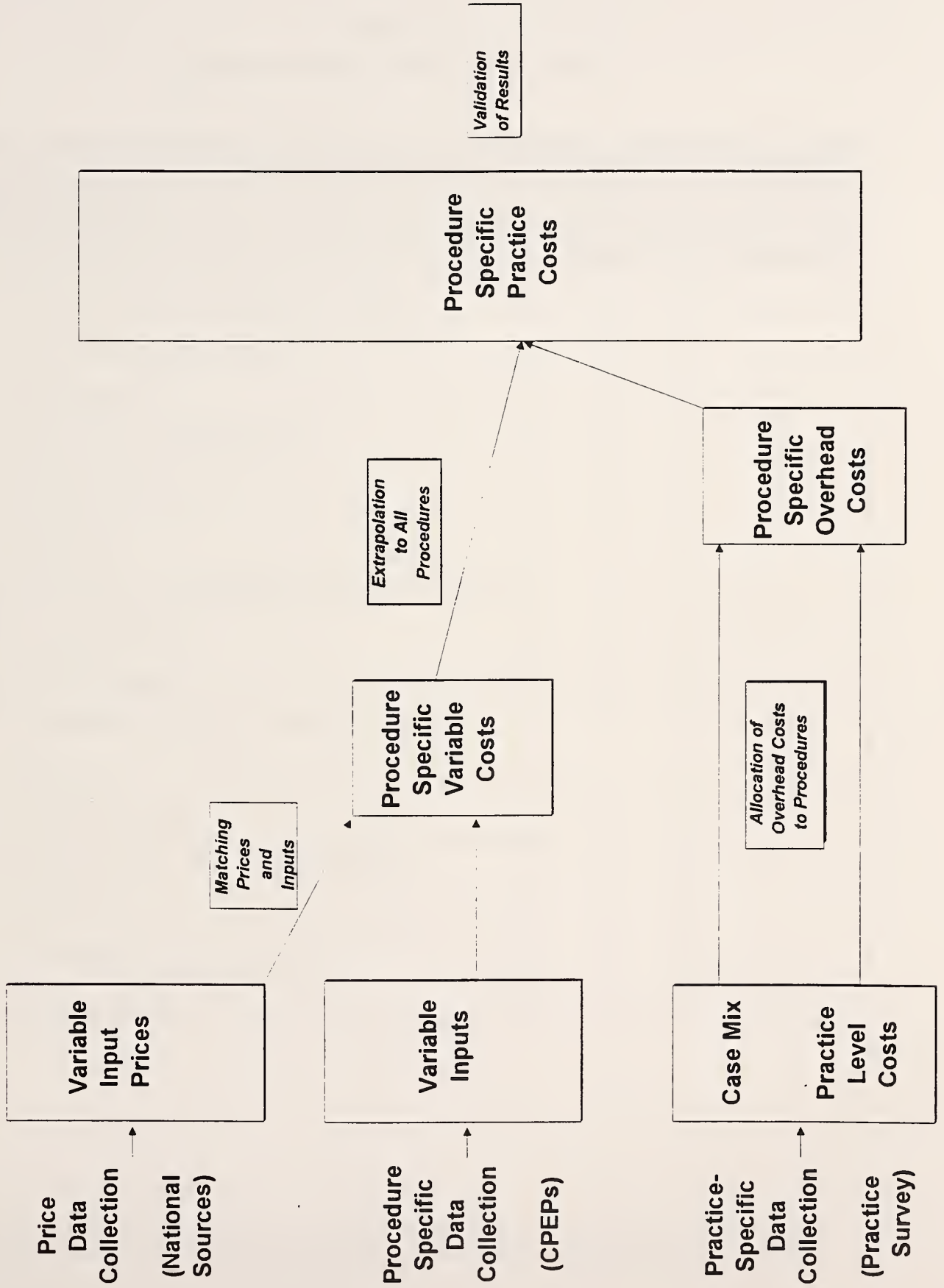




Exhibit 2:
Summary of Clinical Practice Expert Panels

CPEP	Description	Unique # of Service Families³	Total # of Service Families⁴
1	Integumentary and Physical Medicine	12	17
2	Male Genital and Urinary	19	23
3	Orthopaedics	24	29
4	Obstetrics and Gynecology	18	22
5	Ophthalmology	16	19
6	Radiology	17	19
7	Evaluation and Management and Other Services	15	19
8	General Surgery	25	36
9	Otolaryngology	16	22
10	Miscellaneous Internal Medicine and Other Services	17	22
11	Gastroenterology	8	12
12	Cardiothoracic and Vascular Surgery	9	16
13	Cardiology	14	19
14	Anesthesiology and Pathology	9	10
15	Neurosurgery	10	14

³ The classification of MFS services into service families and CPEPs resulted in the creation of 229 mutually exclusive and exhaustive clinical and resource homogenous service family groupings assigned across 15 CPEPs.

⁴For validation purposes, certain service families have been assigned to multiple CPEPs resulting in 299 service family assignments allocated across the 15 CPEPs.



TECHNICAL APPENDIX



A1.0 BACKGROUND ON CPEP STRUCTURE AND COMPOSITION

To formulate the Clinical Practice Expert Panels (CPEPs), Abt completed the following steps:

- Identified all services in the MFS to be included in the analysis;
- Grouped clinical- and resource-homogeneous services into service families;
- Assigned related service families to appropriate Clinical Practice Expert Panels (CPEPs);
- Selected a reference service from each family that would serve as the benchmark for estimating variable costs for the remaining codes in each family; and,
- Identified individuals to serve as CPEP members.

Each of these steps was performed with extensive input from HCFA medical staff, Abt's clinical consultants, the TEG and CPEP-TEG, as well as numerous medical societies. Below, we describe in greater detail how these steps were implemented in defining the CPEPs.

A1.1 IDENTIFYING SERVICES TO BE GROUPED

To determine the specific set of service codes for which practice expenses will be measured, Abt consulted with staff in HCFA's Bureau of Policy Development. The HCPCS coding system has three levels, level 1 CPT-4 (numeric codes), level 2 (alphanumeric national codes), and level 3 (alphanumeric local codes). All HCPCS level 1 and level 2 codes⁵ are designated by HCFA with a status indicator, which shows whether the HCPCS code is in the fee schedule, and whether it is separately payable if the service is covered. Of the 8,538 services with status codes, the following codes are currently used:

A= Active code (5,875 codes)

B= Bundled into another service (41 codes)

C= Carrier-priced (161 codes)

D= Deleted codes (134 codes)

E= Excluded from the fee schedule by regulation (437 codes)

⁵ Except for enteral and parental therapy, durable medical equipment, orthotics, and temporary codes for non-physician services or items.



- G= Not valid for Medicare (29 codes)
- H= Deleted modifier (1)
- N= Non-covered service (140 codes)
- P= Bundled or excluded codes (107 codes)
- R= Restricted coverage (482 codes)
- T= Injections (4 codes)
- X= Exclusion by Law (1,160 codes)

HCFA concluded that the practice expenses for selected services with status indicators A (5,873), B (3), C (45), G (4), N (30), R (39), and T (4), as well as 253 anesthesia codes, which are paid under a separate fee schedule, were to be evaluated as part of this project. Therefore, in total, there are 6,251 codes that will be valued in this study. Approximately 850 of these codes have technical/professional component modifiers that will require analysis of their separate components.

A1.2 GROUPING SERVICES INTO SERVICE FAMILIES

Abt, in conjunction with HCFA, has developed a method for categorizing these services into useful groups (called families) for analysis. The services have been grouped into service families based upon the following criteria:

- The codes in each family have relatively comparable variable costs;
- The codes within a family are clinically related, to the extent necessary and feasible (to ensure that panelists are familiar with all or most of the services in a family, such that constructive discussions will be possible);
- Assignment of services to families is based only on HCPCS/CPT-4 coding, rather than patient or physician-specific factors (so that unique HCPCS code payment rates are defined); and,
- Each family has a reasonable/manageable number of services that will undergo extrapolation.



In addition to these criteria, to the extent possible, codes assigned to a family are performed predominantly in the same setting (e.g., simple skin procedures all performed in ambulatory settings.)

In order to properly implement the criteria, Abt initially combined and modified portions of two existing classification systems: the Ambulatory Patient Groups (APG) system developed by 3M and the Berenson-Eggers-Holohan (Urban Institute) system.⁶ Abt applied the useful elements of these two systems, as well as the criteria listed above, to arrange the MFS services into appropriate service families. This initial classification system was reviewed by Abt staff to verify that all codes identified for inclusion in this study were accounted for and assigned into families. HCFA clinical staff, Abt's clinical consultants, as well as over 125 medical societies, also reviewed the initial classification system to determine the extent to which services had been grouped based on resource and clinical homogeneity. Many modifications were incorporated into the system based upon their feedback, including reassigning codes to families, merging families with similar codes, and dividing families that contained a wide range of services into smaller groups for analysis.

A1.3 ASSIGNING SERVICE FAMILIES TO CPEPS

In order to organize the families defined by Abt's classification system into a format useful for analysis, related service families were assigned to CPEPs. The following guidelines were used to define the CPEPs and their service family assignments:

- Ensure high-volume providers of a service are represented on a panel reviewing a service;
- Allow for cross-specialty representation on a panel;

⁶Each of these systems has advantages and disadvantages for the purposes of classifying services into families. The APG system, with nine major categories and 297 APGs, is useful to the extent that it groups procedures performed on an outpatient basis according to resource and clinical homogeneity. However, it does not take into account the practice resources of inpatient services and classifies evaluation and management (E&M) codes by diagnosis. Conversely, the BEH system, which collapses CPT codes into over 100 categories, assigns inpatient and E&M services into groups of services with similar clinical characteristics and resource requirements that could be incorporated in a meaningful classification scheme for estimating practice expenses.



- Maintain CPEP members familiarity with services in the family and CPEP; and,
- Ensure that each panel has a reasonable number of services to evaluate (neither too many nor too few).

Abt used the Part B Medicare Annual Data (BMAD) Procedure File to determine the total number of services performed by each specialty in each service family. Because some specialties (e.g. pediatrics, OB/GYN), are not well represented in the BMAD data, other sources such as MEDSTAT private payment data, were used as well. Top specialty providers in each service family were identified. Families with similar top specialty providers were then grouped into CPEPs. Organizing the families in this manner ensures that panel members, who have been selected based in part on the specialty composition of the CPEP, are familiar with most of the services in the families assigned to the CPEP. This will help to promote constructive dialogue during the panel meetings on the services in question.

Some families have been assigned to more than one CPEP to provide built-in validation of the resource and variable cost estimates that will be developed by these panels. Abt's clinical consultants recommended many of these redundancy assignments. In addition to being assigned to CPEP # 7, service families consisting of evaluation and management services (E&M), which are common to the entire medical community, were assigned across all CPEPs to obtain data from a wide range of specialties. Assignments of E&M service families to CPEPs were identified by using BMAD data to determine the main E&M service families that are provided by the specialties comprising a CPEP. In establishing these validity assignments, Abt staff tried to maintain a manageable workload for each CPEP.

The initial assignment of service families to CPEPs was reviewed by Abt's clinical consultants, HCFA clinical staff, the TEG, the CPEP-TEG, and the medical societies. Numerous revisions to the classification system were made based on these comments. The resulting classification system contains 229 unique service families allocated across 15 CPEPs, with each CPEP having between 8 and 25 service families. Including the validity assignments, there are 299 service families assigned across the 15 CPEPS with each CPEP having between 10 and 36 service families.



A1.4 SELECTING REFERENCE SERVICES

A reference service has been selected from each service family to serve as the benchmark for extrapolating the variable practice costs to the other codes in each family. (Several families have two reference services due to either the large size of the family or the nature of the services within the family that would make extrapolation from one reference service extremely difficult.) Reference services were chosen to be representative of all the codes within a particular family. To ensure that appropriate reference services were identified, the CPEP-TEG was convened to assist in developing guidelines for selecting these services. Abt, with the input of this panel, established the following criteria (listed in order of importance):

- The service should be commonly-performed (i.e., high-volume and high Medicare allowed charges relative to the other services in the family);
- The service should have a mid-range level of resource usage relative to the other codes in the family;
- The service should be a code whose definition or coding application has not changed in the last several years; and
- The variation across physicians in the way the service is performed should be minimal.

A preliminary list of reference services was compiled based on recommendations submitted by numerous medical societies. Abt's clinical consultants and HCFA medical staff reviewed the candidate reference services suggested by these societies and made final selections based upon the above criteria.

A1.5 SELECTING CPEP MEMBERS

In general, the number of representatives from a specialty that were selected to serve on a CPEP was determined from both the fraction of the CPEP's total volume and annual Medicare allowed charges accounted for by the specialty, and the percentage of the specialty's total volume and charges in that CPEP. The specialty categories were based on the AMA's detailed self-designated specialty categorization system, to which were added non-physician providers of services. The actual number of representatives from each specialty that were assigned to a CPEP was a function of the total number of specialties in a CPEP and the relative volumes of services



performed by each specialty in a CPEP. In addition, a primary care provider and a surgeon were assigned to each CPEP. These assignments were carefully made to ensure that no panel had a substantial majority of its representation from a single specialty. A preliminary list of the specialty assignments for each CPEP was prepared by Abt and reviewed by Abt's clinical consultants and HCFA staff.

To recruit potential CPEP members, Abt Associates has worked with over 125 medical societies to identify physicians, non-physician clinicians (e.g. nurses, technicians), and practice administrators to participate in the CPEPs. Panelists have been selected according to the following criteria:

- Appropriate cross-specialty representation;
- Sufficient geographic variation;
- Mix of different practice types; and
- Knowledge of costs associated with providing services.

Selecting panel members in this manner addressed variation in practice styles across different specialties, geographic locations, and practice settings.





Abt Associates Inc.

Attachment B:

List of Reference Service Assignments

Data Collection and Analysis for Generating Procedure Specific Practice Expense Estimates
HCFA Contract No. 500-95-0009

CPT Five-digit codes, descriptions and other data only are copyright 1994 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in CPT. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for data contained or not contained herein.



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CPEP C 1 - Integumentary and Physical Medicine

<i>Service Family</i>	<i>Reference Service</i>	<i>Global</i>	<i>Post-Proc. Office E&M Equiv. Svcs.</i>	<i>Worksheet Packages to Complete</i>
Incision and Drainage				
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	010	n/a	G E
Simple Excision and Biopsy				
11642	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 1.1 to 2.0 cm	010	n/a	G E
Complex Excision and Debridement				
11643	Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0 cm	010	n/a	G E
Nail Procedures				
11730	Avulsion of nail plate, partial or complete, simple; single	000		P E
Simple Skin Repair				
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	010	n/a	G E
Complex Skin Repairs Including Integument Grafts, Transfer and Rearrangement				
15100	Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); 100 sq cm or less, or each one percent of body area of infants and children (except 15050)	090	n/a	G E
Simple Debridement, Excision and Destruction				
17000	Destruction by any method, including laser, with or without surgical curettage, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; one les	010	n/a	G E
Dermabrasion and Cryotherapy				
17340	Cryotherapy (CO2 slush, liquid N2) for acne	010	n/a	G E
Breast Procedures				
19240	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	090	n/a	G E
Muscle Strength and Range of Motion Testing				
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	XXX		P E
Photochemotherapy				
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	XXX		P E
Physical Therapy				
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	XXX		P E
Office Visits - New Patient				
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX		M E
Office Visits - Established Patient				
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M E



CPEP C 1 - Integumentary and Physical Medicine

Service Family

Reference Service

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Worksheet Packages to Complete

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M E

Nursing Facility Care, Subsequent

99312 Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; XXX

M E

Occupational Therapy

Q0109 Occupational therapy evaluation XXX

P E



CPEP C 2 - Male Genital and Urinary

Service Family

Reference Service

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Svcs.

Worksheet Packages to Complete

Urinary Tract Biopsy

50200 Renal biopsy; percutaneous, by trocar or needle

000

P E

Major Procedure - Renal

50230 Nephrectomy, including partial ureterectomy, any approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy

090

n/a

G E

Renal Extracorporeal Shock Wave Lithotripsy

50590 Lithotripsy, extracorporeal shock wave

090

n/a

G E

Renal/Urinary Tract Endoscopy

50980 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus

000

P E

Urinary Tract Motility Studies - Simple

51725 Simple cystometrogram (CMG) (eg, spinal manometer)

000

P E

Urinary Tract Motility Studies - Complex

51795 Voiding pressure studies (VP); bladder voiding pressure, any technique

000

P E

Simple Cystourethroscopy

52000 Cystourethroscopy (separate procedure)

000

P E

Moderate Cystourethroscopy

52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

000

P E

Nephrostomy, Complex Cystourethroscopy, and Litholapaxy

52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)

000

P E

Major Transurethral Procedure

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)

090

n/a

G E

Simple Urethral Procedures

53265 Excision or fulguration; urethral caruncle

010

n/a

G E

Complex Urethral Procedures

53420 Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage

090

n/a

G E

Urethral Catherization and Dilation - Complex

53620 Dilation of urethral stricture by passage of filiform and follower, male; initial

000

P E

Urethral Catherization and Dilation -Simple

53670 Catheterization, urethra; simple

000

P E

Simple Penile Procedures

54161 Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn

010

n/a

G E

Complex Penile Procedures

54332 One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap

090

n/a

G E



CPEP C 2 - Male Genital and Urinary

Service Family

Reference Service

Global

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Worksheet Packages to Complete

Insertion of Penile Prosthesis

54405	Insertion of inflatable (multi-component) penile prosthesis, including placement of pump, cylinders, and/or reservoir	090	n/a	G E
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Testicular and Epididymal Procedures

54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	090	n/a	G • E
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Major Procedure -Urinary tract except kidney

55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	090	n/a	G E
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Hysterectomy - Urology

57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	090	n/a	G E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX		M E
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Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX		M E
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CPEP C 3 - Orthopaedics

<i>Service Family</i>	<i>Reference Service</i>	<i>Global</i>	<i>Post-Proc. Office E&M Equiv. Svcs.</i>	<i>Worksheet Packages to Complete</i>
Arthrocentesis and Ligament or Tendon Injection				
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	000		P E
Orthopaedics - Miscellaneous				
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	090	n/a	G E
Orthopaedics - Spine				
22842	Posterior instrumentation; segmental fixation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires)	000		P E
Orthopaedics - Shoulder Joint and Surrounding Structures				
23420	Repair of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	090	5	G E
Closed Treatment of Fracture and Dislocation of Finger, Toe and Trunk				
23500	Closed treatment of clavicular fracture; without manipulation	090	n/a	G E
Bone or Joint Manipulation under Anesthesia				
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	090	n/a	G E
Orthopaedics - Elbow Joint and Surrounding Structures				
24105	Excision, olecranon bursa	090	n/a	G E
Orthopaedics - Upper Arm				
24516	Open treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	090	n/a	G E
Orthopaedics - Forearm				
25000	Tendon sheath incision; at radial styloid (eg, for deQuervain's disease)	090	n/a	G E
Orthopaedics - Wrist Joint and Surrounding Structures				
25111	Excision of ganglion, wrist (dorsal or volar); primary	090	n/a	G E
Closed Treatment of Fracture and Dislocation except Finger, Toe and Trunk				
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation	090	n/a	G E
Orthopaedics - Hand				
26055	Tendon sheath incision (eg, for trigger finger)	090	n/a	G E
Orthopaedics - Pelvis				
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	090	n/a	G E
Hip Replacement				
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	090	3	G E
Hip Fracture Repair				
27244	Open treatment of intertrochanteric, pertrochanteric or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	090	n/a	G E
Orthopaedics - Hip Procedures (except hip replacement or hip fracture repair)				
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	090	n/a	G E



CPEP C 3 - Orthopaedics

Service Family

Reference Service

Global Post-Proc. Office E&M
Equiv. Svcs.

Worksheet Packages to Complete

Knee Replacement

27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing ("total knee replacement") 090 n/a

G	E
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Orthopaedics - Thigh

27590 Amputation, thigh, through femur, any level; 090 n/a

G	E
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Orthopaedics - Lower Leg/Ankle

27814 Open treatment of bimalleolar ankle fracture, with or without internal or external fixation 090 n/a

G	E
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Open or Percutaneous Treatment of Fractures

27822 Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip 090 n/a

G	E
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Orthopaedics - Lower Leg

27880 Amputation, leg, through tibia and fibula; 090 n/a

G	E
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Orthopaedics - Foot

28292 Hallux valgus (bunion) correction, with or without sesamoidectomy; Keller, McBride or Mayo type procedure 090 6

G	E
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Cast and Strapping

29405 Application of short leg cast (below knee to toes); 000

P	E
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Orthopaedics - Knee Joint and Surrounding Structures (except knee replacement)

29881 Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) 090 n/a

G	E
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Major Procedure - Expior/Decompr/Excis Disc

63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar 090 3

G	E
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Physical Therapy

97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility XXX

P	E
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Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c XXX

M	E
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Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M	E
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Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M	E
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CPEP C 4 - OB/GYN

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Simple Urethral Procedures

53265 Excision or fulguration: urethral caruncle 010 n/a

G	E
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Simple Laparoscopic Procedures

56300 Laparoscopy, diagnostic (separate procedure) 010 1

G	E
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Complex Laparoscopic Procedures

56308 Laparoscopy, surgical; with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy) 010 n/a

G	E
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Hysteroscopy

56351 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C 000

P	E
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Intrauterine Insertion and Removal

57160 Insertion of pessary 000

P	E
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Hysterectomy - Urology

57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele 090 n/a

G	E
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Complex Female Reproductive Procedures

57260 Combined anteroposterior colporrhaphy; 090 n/a

G	E
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Colposcopy

57454 Colposcopy (vaginocopy); with biopsy(s) of the cervix and/or endocervical curettage 000

P	E
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Simple Female Reproductive Procedures

57500 Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) 000

P	E
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Miscellaneous Female Reproductive

58100 Endometrial and/or endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) 000

P	E
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Dilation and Curettage

58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) 010 1

G	E
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Hysterectomy

58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); 090 2

G	E
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Major Procedure - Female Reproductive

58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure) 090 n/a

G	E
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Hysterectomy - Oncology

58951 Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy 090 n/a

G	E
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Artificial Fertilization

58970 Follicle puncture for oocyte retrieval, any method 000

P	E
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Pregnancy Related Tests

59025 Fetal non-stress test 000

P	E
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CPEP C 4 - OB/GYN

Service Family

Reference Service

Global Post-Proc.
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Worksheet Packages to Complete

Pregnancy Hospital Procedures

59300 Episiotomy or vaginal repair, by other than attending physician 000 P E

Delivery Services and Postpartum Care

59400 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care MMM G

Spontaneous and Therapeutic Abortion

59812 Treatment of incomplete abortion, any trimester, completed surgically 090 n/a G E

Obstetrical Ultrasound

76805 Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation) XXX P E

Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c XXX M E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX M E



CPEP C 5 - Ophthalmology

Service Family

Reference Service

Global Post-Proc. Office E&M
Equiv. Svcs.

Worksheet Packages to Complete

Minor Ophthalmological Injection, Scraping and Tests

65222 Removal of foreign body, external eye; corneal, with slit lamp 000

P	E
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Simple Anterior Segment Eye Procedures

65420 Excision or transposition of pterygium; without graft 090 n/a

G	E
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Complex Anterior Segment Eye Procedures

65755 Keratoplasty (corneal transplant); penetrating (in pseudophakia) 090 n/a

G	E
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Moderate Anterior Segment Eye Procedures

66170 Fistulization of sclera for glaucoma; trabeculectomy ab extemo in absence of previous surgery 090 9

G	E
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Laser Eye Procedures

66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages) 090 2

G	E
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Cataract Procedures

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification) 090 4

G	E
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Vitrectomy

67010 Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy 090 n/a

G	E
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Complex Posterior Segment Eye Procedures

67108 Repair of retinal detachment, one or more sessions; with vitrectomy, any method, with or without air or gas tamponade, with or without focal endolaser photocoagulation, may include procedures 67101-67107 and/or removal of lens by same technique 090 n/a

G	E
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Simple Posterior Segment Eye Procedures

67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy 090 n/a

G	E
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Strabismus, Eye and Muscle Procedures

67314 Strabismus surgery, recession or resection procedure (patient not previously operated on); one vertical muscle (excluding superior oblique) 090 n/a

G	E
---	---

Simple Repair and Plastic Procedures of Eye

67840 Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure 010 n/a

G	E
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Complex Repair and Plastic Procedures of Eye

67904 Repair of blepharoptosis; (tarso)levator resection or advancement, external approach 090 3

G	E
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Minor Ophthalmological Tests and Procedures

76519 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation XXX

P	E
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Ophthalmology Evaluation and Management

92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient XXX

P	E
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Fitting of Contact Lenses and Spectacles

92353 Fitting of spectacle prosthesis for aphakia; multifocal XXX

P	E
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CPEP C 5 - Ophthalmology

Service Family

Reference Service

Global Post-Proc. Office E&M
Equiv. Svcs.

Worksheet Packages to Complete

Provision of Vision Aids

92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	XXX	P E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX	M E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M E
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CPEP C 6 - Radiology**Service Family****Reference Service**

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Worksheet Packages to Complete

Angioplasty and Transcatheter Procedures, other than Coronary

35474 Transluminal balloon angioplasty, percutaneous; femoral-popliteal

000

P E

Vascular Radiology except for Venography of Extremity

36200 Introduction of catheter, aorta

XXX

P E

75625 Aortography, abdominal, by serialography, radiological supervision and interpretation

XXX

P E

Superficial Needle Biopsy and Aspiration

47000 Biopsy of liver, needle; percutaneous

000

P E

Myelography and Diskography

62284 Injection procedure for myelography and/or computerized axial tomography, spinal (other than C1-C2 and posterior fossa)

000

P E

72265 Myelography, lumbosacral, radiological supervision and interpretation

XXX

P E

Computerized Axial Tomography

70470 Computerized axial tomography, head or brain: without contrast material, followed by contrast material(s) and further sections

XXX

P E

Plain Film

71020 Radiologic examination, chest, two views, frontal and lateral;

XXX

P E

Magnetic Resonance Imaging

72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material

XXX

P E

Digestive Radiology

74280 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon

XXX

P E

Miscellaneous Radiological Procedures with Contrast

74400 Urography (pyelography), intravenous, with or without KUB, with or without tomography;

XXX

P E

Mammography

76091 Mammography; bilateral

XXX

P E

Diagnostic Ultrasound except Obstetrical

76700 Echography, abdominal, B-scan and/or real time with image documentation; complete

XXX

P E

Obstetrical Ultrasound

76805 Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)

XXX

P E

Therapeutic Radiation Treatment Preparation

77290 Therapeutic radiology simulation-aided field setting; complex

XXX

P E

Radiation Therapy and Hyperthermia

77413 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 6-10 MeV

XXX

P E

77430 Weekly radiation therapy management; complex

XXX

P E

Simple Diagnostic Nuclear Medicine

78215 Liver and spleen imaging; static only

XXX

P E



CPEP C 6 - Radiology

Service Family

Reference Service

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Worksheet Packages to Complete

Intermediate Diagnostic Nuclear Medicine

78306 Bone and/or joint imaging; whole body

XXX

P E

Nuclear Cardiology

78465 Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative

XXX

P E

Complex Diagnostic Nuclear Medicine

78596 Pulmonary quantitative differential function (ventilation/perfusion) study

XXX

P E

Therapeutic Nuclear Medicine

79000 Radiopharmaceutical therapy, hyperthyroidism; initial, including evaluation of patient

XXX

P E

CPEP C 7 - Evaluation and Management

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Cast and Strapping

29405 Application of short leg cast (below knee to toes); 000

Simple Immunology Tests

86580 Skin test; tuberculosis, intradermal XXX

Neuropsychological Testing

90830 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour XXX

Specialist - Psychiatry

90844 Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately 45 to 50 minutes XXX

Electroconvulsive Therapy

90870 Electroconvulsive therapy (includes necessary monitoring); single seizure 000

Cardiogram

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report XXX

Respiratory Therapy

94664 Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation XXX

Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c XXX

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

Hospital Visit - Initial

99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordin XXX

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of XXX

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX



CPEP C 7 - Evaluation and Management

<i>Service Family</i>	<i>Reference Service</i>	<i>Global</i>	<i>Post-Proc. Office E&M Equiv. Svcs.</i>	<i>Worksheet Packages to Complete</i>
Emergency Room Visit				
99283	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Course	XXX		M E
Hospital Visit - Critical Care				
99291	Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour	XXX		M E
Nursing Facility Care, Initial				
99302	Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complex	XXX		M E
Nursing Facility Care, Subsequent				
99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination;	XXX		M E
Home Visit, New Patient				
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or	XXX		M E
Home Visit, Established Patient				
99352	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate c	XXX		M E



CPEP C 8 - General Surgery

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Simple Incision and Excision of Breast

19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions	090	2	G E
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Breast Procedures

19240	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	090	n/a	G E
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Needle and Catheter Biopsy, Aspiration, Lavage and Intubation

32020	Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)	000		P E
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Major Procedure - Respiratory

32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	090	2	G E
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Transplants

33945	Heart transplant, with or without recipient cardiectomy	090	3	G E
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Major Vascular Procedures

35301	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision	090	2	G E
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35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	090	n/a	G E
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Minor Vascular Repair and Fistula Construction

36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft	090	n/a	G E
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Deep Lymph Structure Procedures

38745	Axillary lymphadenectomy; complete	090	n/a	G E
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Spleen and Lymph Nodes

38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	090	n/a	G E
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Diaphragm

39530	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal	090	n/a	G E
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Esophagus

43324	Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)	090	n/a	G E
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Gastric Procedures

43610	Excision, local; ulcer or benign tumor of stomach	090	3	G E
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Tube Change

43760	Change of gastrostomy tube	000		P E
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Small Intestinal Procedures

44120	Enterectomy, resection of small intestine; single resection and anastomosis	090	n/a	G E
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Colectomy

44140	Colectomy, partial; with anastomosis	090	3	G E
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Colectomy, Complex

44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	090	4	G E
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CPEP C 8 - General Surgery

Service Family*Reference Service*Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Appendectomy and Miscellaneous Abdominal Procedures44950 Appendectomy; 090 2

G	E
---	---

Proctectomy and Rectal Repairs45110 Proctectomy; complete, combined abdominoperineal, with colostomy 090 n/a

G	E
---	---

Lower Gastrointestinal Endoscopy45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure) 000

P	E
---	---

Simple Anal and Rectal Procedures46221 Hemorrhoidectomy, by simple ligature (eg, rubber band) 010 n/a

G	E
---	---

Complex Anal and Rectal Procedures46260 Hemorrhoidectomy, internal and external, complex or extensive; 090 3

G	E
---	---

Superficial Needle Biopsy and Aspiration47000 Biopsy of liver, needle; percutaneous 000

P	E
---	---

Cholecystectomy47610 Cholecystectomy with exploration of common duct; 090 n/a

G	E
---	---

Hepatic and Bile Duct Procedures Except Cholecystectomy47780 Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract 090 n/a

G	E
---	---

Pancreatic Procedures48140 Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy 090 n/a

G	E
---	---

Hepatectomy and Pancreatectomy48150 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy 090 5

G	E
---	---

Hernia Procedures49505 Repair initial inguinal hernia, age 5 years or over; reducible 090 1

G	E
---	---

Testicular and Epididymal Procedures54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach 090 n/a

G	E
---	---

Simple Laparoscopic Procedures56300 Laparoscopy, diagnostic (separate procedure) 010 1

G	E
---	---

General Complex Laparoscopic56341 Laparoscopy, surgical; cholecystectomy with cholangiography 090 n/a

G	E
---	---

Major Procedure - Endocrine60240 Thyroidectomy, total or complete 090 2

G	E
---	---

Office Visits - New Patient99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c XXX

M	E
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CPEP C 8 - General Surgery

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svc.

Worksheet Packages to Complete

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making

XXX

M E

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of

XXX

M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age

XXX

M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi

XXX

M E



CPEP C 9 - Otolaryngology

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Complex Facial Procedures (exc. nose and sinus)

21015 Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp 090 n/a

Simple Facial Procedures (exc. nose and sinus)

21320 Closed treatment of nasal bone fracture; with stabilization 010 n/a

Simple Nose and Sinus Procedures

30200 Injection into turbinate(s), therapeutic 000

Complex Nose and Sinus Procedures

30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft 090 n/a

Laryngeal and Tracheal Procedures

31360 Laryngectomy; total, without radical neck dissection 090 4

Endoscopy of Upper Airway

31575 Laryngoscopy, flexible fiberoptic; diagnostic 000

Other ENT Procedures

38500 Biopsy or excision of lymph node(s); superficial (separate procedure) 010 n/a

Deep Lymph Structure Procedures

38745 Axillary lymphadenectomy; complete 090 n/a

Simple Oral and Pharyngeal Procedures

40520 Excision of lip; V-excision with primary direct linear closure 090 n/a

Complex Oral and Pharyngeal Procedures

40525 Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan) 090 n/a

Salivary Gland and Duct Procedures

42415 Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve 090 n/a

Major Procedure - Endocrine

60240 Thyroidectomy, total or complete 090 2

Complex Repair and Plastic Procedures of Eye

67904 Repair of blepharoptosis: (tarso)levator resection or advancement, external approach 090 3

Simple Ear Procedures

69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia 010 n/a

Complex Ear Procedures

69641 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction 090 n/a

Cochlear Device Implantation

69930 Cochlear device implantation, with or without mastoidectomy 090 3

Speech Therapy

92507 Speech, language or hearing therapy, with continuing medical supervision; individual XXX



CPEP C 9 - Otolaryngology

Service Family

Reference Service

Global *Post-Proc. Office E&M Equiv. Svcs.* **Worksheet Packages to Complete**

Otorhinolaryngologic Function Tests

92542 Positional nystagmus test, minimum of 4 positions, with recording XXX P E

Simple Audiometry

92557 Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination) XXX P E

Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c XXX M E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX M E



CPEP C10 - Miscellaneous Internal Medicine and Other Services

Service Family**Reference Service**Global
Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Endoscopy of the Lower Airway

31622 Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or brushing

000

P E

Needle and Catheter Biopsy, Aspiration, Lavage and Intubation

32020 Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)

000

P E

Introduction of Needle and Catheter

36000 Introduction of needle or intracatheter, vein

XXX

P E

Blood and Transfusion

36430 Transfusion, blood or blood components

XXX

P E

Spinal Tap

62270 Spinal puncture, lumbar, diagnostic

000

P E

Bone Marrow Procedures

85095 Bone marrow; aspiration only

XXX

P E

Infusion Therapy except Chemotherapy

90780 IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour

XXX

P E

Hemodialysis and Peritoneal Dialysis

90921 End stage renal disease (ESRD) related services per full month; for patients twenty years of age and over

XXX

P E

Exercise Tolerance Tests

93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report

XXX

P E

Pulmonary Services

94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), and/or maximal voluntary ventilation

XXX

P E

Ventilator Management

94656 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day

XXX

P E

Respiratory Therapy

94664 Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation

XXX

P E

Allergy Tests

95024 Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, specify number of tests

XXX

P E

Immunotherapy

95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection

XXX

P E

Allergy Immunotherapy

95165 Professional services for the supervision and provision of antigens for allergen immunotherapy; single or multiple antigens, multiple dose vial(s), (specify number of doses)

XXX

P E

Electroencephalogram

95819 Electroencephalogram (EEG) including recording awake and asleep, with hyperventilation and/or photic stimulation

XXX

P E



CPEP C10 - Miscellaneous Internal Medicine and Other Services

Service Family

Reference Service

Global Post-Proc. Office E&M
Equiv. Svcs.

Worksheet Packages to Complete

Nerve and Muscle Tests

95900 Nerve conduction, velocity and/or latency study; motor, each nerve XXX P E

Extended EEG Studies

95951 Monitoring for identification and lateralization of cerebral seizure focus by attached electrodes; combined electroencephalographic (EEG) and video recording and interpretation, each 24 hours XXX P E

Chemotherapy

96410 Chemotherapy administration, intravenous; infusion technique, up to one hour XXX P E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX M E

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of XXX M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX M E



CPEP C11 - Gastroenterology

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv. Svc.

Worksheet Packages to Complete

Diagnostic Upper GI Endoscopy or Intubation

43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple 000

P E

Therapeutic Upper GI Endoscopy or Intubation

43246 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube 000

P E

ERCP and Miscellaneous GI Endoscopy Procedures

43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000

P E

Esophageal Dilatation without Endoscopy

43450 Dilatation of esophagus, by unguided sound or bougie, single or multiple passes 000

P E

Proctosigmoidoscopy and Sigmoidoscopy

45330 Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000

P E

Lower Gastrointestinal Endoscopy

45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure) 000

P E

Anoscopy

46600 Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000

P E

Alimentary Tests and Simple Tube Placement

91010 Esophageal motility study; 000

P E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M E

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of XXX

M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M E



CPEP C12 - Cardiothoracic and Vascular**Service Family****Reference Service**Global
Post-Proc.
Office E&M
Equiv.
Svc.

Worksheet Packages to Complete

Endoscopy of the Lower Airway

31622 Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or brushing

000

P E

Major Procedure - Respiratory

32480 Removal of lung, other than total pneumonectomy; single lobe (lobectomy)

090

2

G E

Thoracoscopy

32602 Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy

000

P E

Pacemaker Insertion

33208 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

090

n/a

G E

Heart and Great Vessels

33405 Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft

090

n/a

G E

CABG

33533 Coronary artery bypass, using arterial graft(s); single arterial graft

090

n/a

G E

Pediatric Cardiovascular Procedures

33692 Complete repair tetralogy of Fallot without pulmonary atresia;

090

2

G E

Major Vascular Procedures

35301 Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision

090

2

G E

35585 In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery

090

n/a

G E

Removal and Revision of Vascular Devices

36535 Removal of implantable venous access port and/or subcutaneous reservoir

010

n/a

G E

Minor Vascular Repair and Fistula Construction

36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft

090

n/a

G E

Vascular Ligation

37720 Ligation and division and complete stripping of long or short saphenous veins

090

n/a

G E

Diaphragm

39530 Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal

090

n/a

G E

Esophagus

43324 Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)

090

n/a

G E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making

XXX

M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age

XXX

M E



CPEP C12 - Cardiothoracic and Vascular

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M E



CPEP C13 - Cardiology

Service Family

Reference Service

Global
Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Resuscitation and Cardioversion

31500 Intubation, endotracheal, emergency procedure

000

P E

Pacemaker Insertion

33208 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

090

n/a

G E

Angioplasty and Transcatheter Procedures, other than Coronary

35474 Transluminal balloon angioplasty, percutaneous; femoral-popliteal

000

P E

Placement of Transvenous Catheters

36489 Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2

000

P E

Nuclear Cardiology

78465 Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative

XXX

P E

Coronary Angioplasty

92982 Percutaneous transluminal coronary balloon angioplasty; single vessel

000

P E

Cardiogram

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

XXX

P E

Exercise Tolerance Tests

93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report

XXX

P E

Phonocardiogram

93201 Phonocardiogram with or without ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)

XXX

P E

Minor Cardiac and Vascular Tests

93230 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis

XXX

P E

Echocardiography

93307 Echocardiography, real-time with image documentation (2D) with or without M-mode recording; complete

XXX

P E

Diagnostic Cardiac Catheterization

93510 Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous

000

P E

Cardiac Electrophysiologic Tests

93620 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; with induction of arrhythmia (This cod

000

P E

Pacemaker Analysis

93736 Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis

XXX

P E



CPEP C13 - Cardiology

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Cardiac Rehabilitation

93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	000	P E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M E
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Hospital Visit - Subsequent

99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of	XXX	M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M E
-------	--	-----	-----

Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX	M E
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CPEP C14 - Anesthesiology/Pathology

Service Family**Reference Service**
 Global
 Post-Proc.
 Office E&M
 Equiv.
 Svcs.

Worksheet Packages to Complete

Anesthesia

- 00562 Anesthesia for procedures on heart, pericardium, and great vessels of chest; with pump oxygenator
- 01210 Anesthesia for open procedures involving hip joint; not otherwise specified

P E

P E

Other Anesthesia Services

- 62278 Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, single 000

P E

Pathology

- 85060 Blood smear, peripheral, interpretation by physician with written report XXX

PA E

Simple Immunology Tests

- 86580 Skin test; tuberculosis, intradermal XXX

P E

Cytopathology

- 88108 Cytopathology, fluids, washings or brushings, except cervical or vaginal; concentration technique, smears and interpretation (eg, Saccomanno technique) XXX

PA E

Pap Smears

- 88151 Cytopathology, smears, cervical or vaginal, up to three smears; requiring interpretation by physician XXX

PA E

Surgical Pathology

- 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 Breast, Reduction Mammoplasty Bronchus, Biopsy C XXX

PA E

Complex Pathology

- 88307 LEVEL V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curettings Bone Fragment(s), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Mastectomy - Partial/Simple Cervix, Conization Colon, S XXX

PA E

Special Stains

- 88342 Immunocytochemistry (including tissue immunoperoxidase), each antibody XXX

PA E

Hospital Visit - Critical Care

- 99291 Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour XXX

M E



CPEP C15 - Neurosurgery

Service Family*Reference Service*

Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Orthopaedics - Spine

22842 Posterior instrumentation; segmental fixation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires) 000

P E

Nervous System Injections, Stimulations or Cranial Tap

61055 Cisternal or lateral cervical (C1-C2) puncture; with injection of drug or other substance for diagnosis or treatment (eg, C1-C2) 000

P E

Major Procedure - Twist Drill, Burr Hole, Trephine

61154 Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural 090

n/a

G E

Major Procedure - Craniectomy or Craniotomy

61312 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural 090

4

G E

Major Procedure - Intracranial Surgery and Skull Procedures

61700 Surgery of intracranial aneurysm, intracranial approach; carotid circulation 090

4

G E

Neurostimulator and Ventricular Shunt Implantation

62223 Creation of shunt; ventriculo-peritoneal, -pleural, other terminus 090

3

G E

Major Procedure - Expior/Decomp/Excis Disc

63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar 090

3

G E

Major Procedure - Spine and Spinal Cord

63276 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic 090

n/a

G E

Revision and Removal of Neurological Device

63685 Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling 090

n/a

G E

Nerve Repair and Destruction

64721 Neuroplasty and/or transposition; median nerve at carpal tunnel 090

3

G E

Major Procedure - Other Nerve

64818 Sympathectomy, lumbar 090

n/a

G E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M E





CPEP Worksheets G1-G4: Reference Procedures with a Global Period

The purpose of the CPEP (Clinical Practice Expert Panel) worksheets is to collect data on the resource inputs required to provide the reference services, which have been selected from each of the service families defined in Abt Associates' classification system. The reference services include various procedures and evaluation and management (E&M) services from the Medicare Fee Schedule. Worksheets G1-G4 focus on reference procedures with a *global* period. Completion of the worksheets is an important part of the HCFA-sponsored study to develop estimates of the practice costs of providing Medicare Fee Schedule services. Each CPEP member has been asked to complete the worksheets for the reference services assigned to his/her CPEP. The data provided by CPEP members will be tabulated by Abt Associates and presented at the CPEP meetings for detailed review and for subsequent use in computing *practice cost* estimates for each reference service. Since this study is designed to measure practice costs as defined by the Medicare program (See General Instructions #2 on page 2), it is essential that the resource estimates that you provide correspond to the Medicare definition of practice cost.

The worksheets ask for specific data on the time required of non-physician practice staff, as well as information on the medical equipment and disposable medical supplies used in performing the reference procedures. A list of the worksheets is provided below:

- **Worksheet G1:** Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet G1.1-G1.9:** Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Post-Procedure Office Evaluation and Management (E&M) Equivalent Services* Included in the Global Procedural Period (by CPT Code)
- **Worksheet G2:** Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet G2.1-G2.9:** Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Post-Procedure Office Evaluation and Management (E&M) Equivalent Services* Included in the Global Procedural Period (by CPT Code)
- **Worksheet G3:** *Medical Equipment* Required to Perform *Reference Procedures and Their Global Office E&M Equivalent Services* (by CPT Code)
- **Worksheet G4:** *Disposable Medical Supplies* Required to Perform *Reference Procedures and Their Global Office E&M Equivalent Services* (by CPT Code)

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

Please read the General Instructions on the following page and the worksheet-specific instructions, which are provided before each worksheet, before proceeding to complete the forms. Please return all worksheets no later than January 19, 1996.



GENERAL INSTRUCTIONS

Please follow these general instructions when completing the CPEP worksheets:

1. Base all resource estimates (i.e., staff time, equipment and supply requirements) for each reference procedure on *recent clinical* practice and on the *typical patient/service* across all age groups (i.e., not just the Medicare population).
2. The resource estimates should reflect only those resources for which the practice bears practice cost (as defined by the Medicare Program) in providing a reference service. Thus, the labor of any clinical staff who bill directly to Medicare (e.g., physicians, doctors of osteopathy, chiropractors, optometrists, podiatrists, dentists, physical therapists, clinical social workers and psychologists) and any supplies that are separately reimbursable by Medicare should not be included in your estimates.
3. Worksheets G1, G2, G3, and G4 ask you to provide separate resource estimates for the reference procedure when it is performed in the office and out-of-office settings. These resource estimates should be recorded in the columns labeled "In Office" and "Out-of-Office", respectively. *Out-of-office settings* include outpatient hospital/clinic, ambulatory surgery center (ASC), inpatient hospital, nursing homes and all other non-office sites. If the reference procedure is only performed in the out-of-office setting, please write "NA" (not applicable) in the column for the office setting and vice versa. If a particular staff type is not involved in the functions for the in- or out-of-office setting, please write "0" in the space provided for that staff type. If the staff time, equipment, and supply requirements for the reference procedure vary across the different out-of-office sites (e.g., ASC versus inpatient hospital), please make a copy of the blank worksheets and provide separate resource estimates for the different out-of-office settings on each sheet. In the top right-hand corner of each worksheet, please indicate for which out-of-office setting the data are being reported.
4. Worksheets G1 and G2 ask for staff time estimates for clinical and administrative functions, respectively. These worksheets focus on staff time requirements for the *procedure itself*. Staff time requirements for clinical and administrative functions for the *post-procedure office E&M equivalent services included in the procedure's global period* are requested in Worksheets G1.1-G1.9 and G2.1-G2.9, respectively. The American Medical Association - Specialty Society Relative Value Update Committee (RUC) has provided data on the average number of post-procedure office E&M equivalent services for *some* of the reference procedures. These data are listed on the List of Reference Service Assignments (Attachment B) under the column labeled "Post-Proc. Office E&M Equiv. Svcs." For those procedures for which the AMA data are available, *please complete Worksheets G1.1-G1.9 and G2.1-G2.9 based on the average number of post-procedure office E&M equivalent services listed on Attachment B*. For instance, if there are 3 post-procedure office E&M equivalent services associated with a procedure (based on the AMA-RUC data), complete *only* Worksheets G1.1 - G1.3. Procedures for which the AMA data are not available are indicated by "NA". For these procedures, please determine, based on your recent clinical experience, the average number of post-procedure office E&M equivalent services performed during the procedure's global period and complete the corresponding number of worksheets.
5. Attachment B lists all of the reference services that have been assigned to your CPEP. Next to each service is a letter code corresponding to the worksheet package that should be completed for each reference service. Please complete Worksheets G1-G4 for each reference procedure that is coded with the letter "G". If you are unfamiliar with a reference service, we encourage you to collaborate with colleagues to obtain the necessary data. A separate set of Worksheets G1-G4 should be completed for each procedure with the "G" code. For your convenience, multiple copies of Worksheets G1-G4 have been provided to correspond with the number of services having this code in your CPEP. Please remember to write the CPT code number of the reference procedure for which you are providing data in the top row of each worksheet.
6. Please use actual facility records or other available data whenever possible and complete the worksheets as thoroughly as possible.
7. Please remember to provide your name, address, phone and fax number on the last page of this packet in case we need to contact you to clarify any responses.
8. Please make and retain a copy of all completed worksheets and any additional information that you have chosen to include. If we have any questions on the worksheets, it will be helpful if you have a complete copy of all submitted documents.



INSTRUCTIONS FOR WORKSHEET G1:

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

Worksheet G1 (pages 5-8) is designed to collect data on the staff requirements for performing *clinical functions* associated with the *reference procedures* (with a global period) assigned to your CPEP. For a given procedure, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the clinical functions specified on Worksheet G1. This information should be provided for the reference procedure when it is done in the office and out-of-office settings (See General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet G1 the CPT code number of the reference procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet G1.
2. **Staff Type:** Worksheet G1 is intended to collect time data for only those staff who *directly support* clinical (patient care) functions and who are *employed or contracted by the practice and are not primary providers* (i.e., do not bill directly to Medicare). The second row of Worksheet G1 contains common types of practice support staff who meet this definition: registered nurses (RNs), licensed practical nurses (LPNs), and technicians (e.g., x-ray, ultrasound, lab technician). Medical secretaries or receptionists are also listed because they perform certain clinical functions, such as greeting the patient and providing gowning, in some practices. If there are other types of staff, who meet the criteria noted above, and are involved in performing clinical functions, please write the staff types in the "Other" columns, and provide the appropriate time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if 2 RNs are involved in the function for "assist in performing procedure" and one spends 10 minutes on that function, while the other spends 20 minutes on that function, 30 minutes (10 + 20) should be reported for the RN staff type. If the practice provides its own staff for *out-of-office* procedures (i.e., practice brings its own OR team to a surgery done in the hospital), the time required by these staff should be recorded in each of the functions for the out-of-office setting.
4. **Procedural Periods:** The clinical functions are divided into three distinct procedural periods: pre-procedure, intra-procedure, and post-procedure. Each period is defined as follows:

Pre-Procedure:

All functions performed from the day (24 hours) before the procedure until the time of the procedure. It does not include the consultation or evaluation at which the decision to provide the procedure was made.

Intra-Procedure:

All functions performed while the procedure is being done (e.g., skin-to-skin time).

Post-Procedure:

All functions performed after the procedure is complete in the operating/procedure room, excluding any functions associated with post-procedure office evaluation and management (E&M) equivalent services included in the procedure's global period.

If one or more of the functions defined in each procedural period do not apply to the procedure in question, please write "0" in the space provided for each staff type. Conversely, if there is a clinical function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.



INSTRUCTIONS FOR WORKSHEET G1 (continued):

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

In addition, to the extent that certain functions are done outside the time frame defined by the global period indicated above and they are not billed through a separate service, you should include the time associated with performing these functions in your time estimates. For example, certain activities related to patient education may occur after the visit at which the decision to perform surgery is made, but before the 24-hour pre-procedure period. In this case, the time associated with providing the patient education should be included on Worksheet G1.

5. **Subtotal and Total Time Estimates (Minutes):** For each staff type, please add-up the time estimates for the different clinical functions within each procedural period (pre-, intra-, and post-) for the office and out-of-office settings and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. The subtotals for each period should then be added together, and the resulting sums should be recorded in the "Total Time" fields at the end of Worksheet G1. Please review the clinical face validity of the "Total Time" estimates and make adjustments where appropriate before submitting your final numbers.



Worksheet G1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
 (with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

Clinical Function	CPT Procedure Code Number:																
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
Obtain medical history/review charts/review treatment plan																	
Provide final pre-procedure education/instruction (to patient and family) and obtain patient's consent																	
Greet patient/provide gowning																	
Perform room prep/prepare or set-up medical equipment and supplies/"scrub" before procedure																	
Prep (e.g., dress, move, and position) patient/monitor patient/ prep wounds/set-up IV and/or other pre-procedure drug therapies																	
Obtain vital signs																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-PROC. TIME (MIN)																	

Worksheet G1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
 (with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code Number:																	
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
INTRA-PROCEDURE TIME:																	
Sedate/apply topical anesthesia																	
Assist in performing procedure																	
Record notes																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL INTRA-PROC. TIME (MIN)																	



**Worksheet G1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code Number: _____																			
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other				
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office			
POST-PROCEDURE TIME:																			
Monitor patient following procedure (in office or in recovery room/stabilizing unit)																			
Clean room/equipment (including any equipment maintenance that must be done after the procedure)/shut-down equipment																			
Provide post-procedure education/instruction/counseling (to patient and family) regarding outcome of procedure and subsequent patient care requirements																			
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions																			
Review/read x-rays, lab and pathology reports																			
Arrange discharge/provide discharge instructions/complete nursing form																			
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills																			
Other (specify): _____																			



**Worksheet G1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(with a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code Number: _____																	
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
POST-PROCEDURE TIME (CONTINUED)																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-PROC. TIME (MIN)																	
TOTAL TIME (MIN)																	



INSTRUCTIONS FOR WORKSHEETS G1.1-G1.9:

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

Worksheets G1.1 - G1.9 (pages 10-27) are designed to collect data on the staff requirements for the *post-procedure office evaluation and management (E&M) equivalent services* that are included in *the global procedural period* defined for the procedure for which you provided data in Worksheet G1. You are asked to report, as you did on Worksheet G1, the total minutes that different types of staff (employed or contracted by the practice) spend on specified clinical functions for each post-procedure office E&M equivalent service. Worksheets G1.1 - G1.9 correspond to each consecutive E&M equivalent service performed during the global period (i.e., Worksheet G1.1 corresponds to the first E&M equivalent service, Worksheet G1.2 the second, and so on). The post-procedure E&M equivalent service number is also provided in the second row of worksheets G1.1 - G1.9. As indicated in the General Instructions (Page 2, #4), you should complete worksheets G1.1 - G1.9 *based on the average number of post-procedure office E&M equivalent services listed on Attachment B*. For those procedures for which the AMA data are not available, please determine, based on your recent clinical experience, the average number of post-procedure office E&M equivalent services performed during the procedure's global period and complete the corresponding number of worksheets. If the number of post procedure office E&M equivalent services exceeds 9, please make copies of the blank worksheets and record in the second row of the worksheet the appropriate E&M equivalent service number. Since the focus of Worksheets G1.1 - G1.9 is post-procedure office E&M equivalent services, only staff time estimates for the office setting are required. In completing Worksheets G1.1 - G1.9, please follow these guidelines:

1. **Associated Procedure Code Number:** Please write in the top row of the Worksheets the CPT code number of the reference procedure that is associated with the post-procedure office E&M equivalent services. For procedures for which the AMA data are available, please record the average number of post-procedure office E&M equivalent services, which are listed for that procedure on Attachment B. For procedures for which the AMA data are not available, please record the average number of post-procedure office E&M equivalent services that you have determined (based on your recent clinical experience) for the procedure.
2. **Variation in the Time Required for the Post-Procedure Office E&M Equivalent Services:** To the extent that there is variation in the time spent by staff across the different post-procedure office E&M equivalent services included in the global period; such variation should be reflected in the time estimates reported for each service. If the staff time requirements do not vary across the E&M equivalent services, please write "same as previous E&M equivalent service" across the worksheet.
3. **Staff Type and Time Estimates (Minutes):** Please refer to the Instructions for Worksheet G1 (page 3, #2 and #3) for an explanation of staff types and directions on how to account for the time that different staff types spend on each function.
4. **E&M Equivalent Service Periods:** The clinical functions are divided into three distinct periods: pre-service, intra-service, and post-service. Each period is defined as follows:

Pre-Service: All functions performed before and in preparation for the post-procedure office E&M equivalent service.

Intra-Service: All functions performed during the post-procedure office E&M equivalent service or while the patient is being examined.

Post-Service: All functions performed after completion of the post-procedure office E&M equivalent service and until the pre-service period of the next post-procedure office E&M equivalent service, such as reviewing test results and providing education or counseling to the patient.

If one or more of the functions defined in each period do not apply to the post-procedure office E&M equivalent service in question, please write "0" in the space provided for each staff type. Conversely, if there is a clinical function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet G1 on page 4 (#5).



CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #1									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:									
Review patient charts									
Greet patient/provide gowning									
Perform room prep/prepare or set-up medical equipment and supplies									
Prep (e.g., dress, move, and position) patient									
Obtain vital signs									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL PRE-SERVICE TIME (MIN)									
INTRA-SERVICE TIME:									
Assist in performing E&M service (where applicable)									
Obtain medical history									
Record notes									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL INTRA-SERVICE TIME (MIN)									
POST-SERVICE TIME:									
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment									
Provide education/instruction/counseling (to patient and family) following E&M service									
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions									



Worksheet G1.1: Time Spent (in Minutes) on Clinical Functions by Support Staff for
 Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equiv. Svc:										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #1												
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME (CONTINUED):												
Review/read x-rays, lab and pathology reports												
Arrange discharge/provide discharge instructions/complete nursing form												
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-SERVICE TIME (MIN)												
TOTAL TIME (MIN)												



Worksheet G1.2: Time Spent (in Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #2										
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:										
Review patient charts										
Greet patient/provide gowning										
Perform room prep/prepare or set-up medical equipment and supplies										
Prep (e.g., dress, move, and position) patient										
Obtain vital signs										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL PRE-SERVICE TIME (MIN)										
INTRA-SERVICE TIME:										
Assist in performing E&M service (where applicable)										
Obtain medical history										
Record notes										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL INTRA-SERVICE TIME (MIN)										
POST-SERVICE TIME:										
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment										
Provide education/instruction/counseling (to patient and family) following E&M service										
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions										

Date	Description	Amount	Balance

Worksheet G1.2: Time Spent (in Minutes) on Clinical Functions by Support Staff for
 Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equip. Svcs: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #2												
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME (CONTINUED):												
Review/read x-rays, lab and pathology reports												
Arrange discharge/provide discharge instructions/complete nursing form												
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-SERVICE TIME (MIN)												
TOTAL TIME (MIN)												



Worksheet G1.3: Time Spent (In Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number:		Average No. of Post-Procedure Office E&M Equiv. Svcs:						
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #3						
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Review patient charts								
Greet patient/provide gowning								
Perform room prep/prepare or set-up medical equipment and supplies								
Prep (e.g., dress, move, and position) patient								
Obtain vital signs								
Other (specify):								
Other (specify):								
Other (specify):								
SUBTOTAL PRE-SERVICE TIME (MIN)								
INTRA-SERVICE TIME:								
Assist in performing E&M service (where applicable)								
Obtain medical history								
Record notes								
Other (specify):								
Other (specify):								
Other (specify):								
SUBTOTAL INTRA-SERVICE TIME (MIN)								
POST-SERVICE TIME:								
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment								
Provide education/instruction/counseling (to patient and family) following E&M service								
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions								



Worksheet G1.3: Time Spent (In Minutes) on Clinical Functions by Support Staff for
 Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #3									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME (CONTINUED):									
Review/read x-rays, lab and pathology reports									
Arrange discharge/provide discharge instructions/complete nursing form									
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL POST-SERVICE TIME (MIN)									
TOTAL TIME (MIN)									



Worksheet G1.4: Time Spent (in Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number:		Average No. of Post-Procedure Office E&M Equiv. Svcs:						
		POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #4						
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME								
Review charts								
Greet patient/provide gowning								
Perform room prep/prepare or set-up medical equipment and supplies								
Prep (e.g., dress, move, and position) patient								
Obtain vital signs								
Other (specify):								
Other (specify):								
Other (specify):								
SUBTOTAL PRE-SERVICE TIME (MIN)								
INTRA-SERVICE TIME								
Assist in performing E&M service (where applicable)								
Obtain medical history								
Record notes								
Other (specify):								
Other (specify):								
Other (specify):								
SUBTOTAL INTRA-SERVICE TIME (MIN)								
POST-SERVICE TIME								
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment								
Provide education/instruction/counseling (to patient and family) following E&M service								
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions								



CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____																			
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #4																			
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other				
	In Office		In Office		In Office		In Office		In Office		In Office		In Office		In Office				
POST-SERVICE TIME (CONTINUED):																			
Review/read x-rays, lab and pathology reports																			
Arrange discharge/provide discharge instructions/complete nursing form																			
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills																			
Other (specify): _____																			
Other (specify): _____																			
Other (specify): _____																			
SUBTOTAL POST-SERVICE TIME (MIN)																			
TOTAL TIME (MIN)																			



CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equiv. Svcs:									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #5											
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Review patient charts											
Greet patient/provide gowning											
Perform room prep/prepare or set-up medical equipment and supplies											
Prep (e.g., dress, move, and position) patient											
Obtain vital signs											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN)											
INTRA-SERVICE TIME:											
Assist in performing E&M service (where applicable)											
Obtain medical history											
Record notes											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL INTRA-SERVICE TIME (MIN)											
POST-SERVICE TIME:											
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment											
Provide education/instruction/counseling (to patient and family) following E&M service											
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions											



CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Sves: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #5									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME (CONTINUED):									
Review/read x-rays, lab and pathology reports									
Arrange discharge/provide discharge instructions/complete nursing form									
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL POST-SERVICE TIME (MIN)									
TOTAL TIME (MIN)									



CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #6										
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:										
Review patient charts										
Greet patient/provide gowning										
Perform room prep/prepare or set-up medical equipment and supplies										
Prep (e.g., dress, move, and position) patient										
Obtain vital signs										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL PRE-SERVICE TIME (MIN)										
INTRA-SERVICE TIME:										
Assist in performing E&M service (where applicable)										
Obtain medical history										
Record notes										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL INTRA-SERVICE TIME (MIN)										
POST-SERVICE TIME:										
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment										
Provide education/instruction/counseling (to patient and family) following E&M service										
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions										



CPT Procedure Code Number: _____										Average No. of Post-Procedure Office E&M Equiv. Svcs: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #6																			
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		Other		
	In Office		In Office		In Office		In Office		In Office		In Office		In Office		In Office		In Office		
POST-SERVICE TIME (CONTINUED):																			
Review/read x-rays, lab and pathology reports																			
Arrange discharge/provide discharge instructions/complete nursing form																			
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills																			
Other (specify): _____																			
Other (specify): _____																			
Other (specify): _____																			
SUBTOTAL POST-SERVICE TIME (MIN)																			
TOTAL TIME (MIN)																			



Worksheet G1.7: Time Spent (in Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____

Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #7

Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
PRE-SERVICE TIME:																	
Review patient charts																	
Greet patient/provide gowning																	
Perform room prep/prepare or set-up medical equipment and supplies																	
Prep (e.g., dress, move, and position) patient																	
Obtain vital signs																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-SERVICE TIME (MIN)																	

INTRA-SERVICE TIME:

Assist in performing E&M service (where applicable)																	
Obtain medical history																	
Record notes																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL INTRA-SERVICE TIME (MIN)																	

POST-SERVICE TIME:

Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment																	
Provide education/instruction/counseling (to patient and family) following E&M service																	
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions																	



Worksheet G1.7: Time Spent (in Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equiv. Svcs: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #7												
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other	Other	
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	
POST-SERVICE TIME (CONTINUED):												
Review/read x-rays, lab and pathology reports												
Arrange discharge/provide discharge instructions/complete nursing form												
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-SERVICE TIME (MIN)												
TOTAL TIME (MIN)												



CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equip. Svcs: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #8										
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:										
Review patient charts										
Greet patient/provide gowning										
Perform room prep/prepare or set-up medical equipment and supplies										
Prep (e.g., dress, move, and position) patient										
Obtain vital signs										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL PRE-SERVICE TIME (MIN)										
INTRA-SERVICE TIME:										
Assist in performing E&M service (where applicable)										
Obtain medical history										
Record notes										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL INTRA-SERVICE TIME (MIN)										
POST-SERVICE TIME:										
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment										
Provide education/instruction/counseling (to patient and family) following E&M service										
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions										



Worksheet G1.8: Time Spent (in Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #8									
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office

POST-SERVICE TIME (CONTINUED):									
Review/read x-rays, lab and pathology reports									
Arrange discharge/provide discharge instructions/complete nursing form									
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL POST-SERVICE TIME (MIN)									

TOTAL TIME (MIN)									
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CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svs: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #9										
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:										
Review patient charts										
Greet patient/provide gowning										
Perform room prep/prepare or set-up medical equipment and supplies										
Prep (e.g., dress, move, and position) patient										
Obtain vital signs										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL PRE-SERVICE TIME (MIN)										
INTRA-SERVICE TIME:										
Assist in performing E&M service (where applicable)										
Obtain medical history										
Record notes										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL INTRA-SERVICE TIME (MIN)										
POST-SERVICE TIME:										
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment										
Provide education/instruction/counseling (to patient and family) following E&M service										
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions										



Worksheet G1.9: Time Spent (in Minutes) on Clinical Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #9										
Clinical Function	RN	LPN	Technician	Medical Secretary	Receptionist	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME (CONTINUED):										
Review/read x-rays, lab and pathology reports										
Arrange discharge/provide discharge instructions/complete nursing form										
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL POST-SERVICE TIME (MIN)										
TOTAL TIME (MIN)										



INSTRUCTIONS FOR WORKSHEET G2:

Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Reference Procedures* (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

Worksheet G2 (pages 29-30) is designed to collect data on the staff requirements for performing the *administrative functions* associated with the reference procedures. For a given procedure, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the administrative functions specified in Worksheet G2. This information should be provided for the reference procedure when it is done in the office and out-of-office settings (see General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet G2 the CPT code number of the procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet G2.
2. **Staff Type:** Worksheet G2 is intended to collect time data for those support staff who are employed or contracted by the practice and who are involved in overseeing the *non-medical aspects* of the practice. They include middle to lower management staff in the following departments: accounting, medical records administration, quality assurance, utilization review, etc. Clerical staff, who provide support for business functions (e.g., answer billing questions, schedule appointments, provide secretarial services) and who do not provide direct patient care, are also included in this staff category. The second row of Worksheet G2 contains common types of support staff who perform non-medical or administrative functions: medical and scheduling secretaries, receptionists, insurance/billing personnel, and practice managers. If there are other types of staff, who meet the criteria noted above, and are involved in performing administrative functions, please write the staff types in the "Other" columns and provide the appropriate time estimates. In addition, if a portion of the clinical staff's (e.g., registered nurses and licensed practical nurses) time is devoted to performing administrative functions, please write these staff types in the "Other" columns and record the corresponding time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if medical secretaries are involved in the function for "obtaining medical records and assembling/developing chart" and one spends 10 minutes on that function, while the other spends 15 minutes on that function, 25 minutes (10 + 15) should be reported for the medical secretary staff type.
4. **Procedural Periods:** The administrative functions are divided into the time before the procedure is performed (pre-procedure) and the time after the procedure is performed (post-procedure). By definition, administrative functions are not part of the intra-procedure period which involves direct patient care or contact. As explained in the Instructions for Worksheet G1, to the extent that certain administrative functions (associated with the procedure) are performed outside the time frame defined by the global procedural period, the time spent on these functions should be included in the staff time estimates. For example, if the scheduling occurs after the visit at which the decision to perform the procedure is made, but prior to the 24-hour pre-service period, the time required to complete this function should be reported on Worksheet G2.

If one or more of the functions defined in each period do not apply to the procedure in question, please write "0" in the space provided for each staff type. Conversely, if there is an administrative function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet G1 on page 4 (#5) for an explanation of the "Subtotal" fields at the end of each period and the "Total Time" fields at the end of Worksheet G2.



**Worksheet G2: Time Spent (in Minutes) on Administrative Functions by Support Staff
for Reference Procedures (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)**

Administrative Function		CPT Procedure Code Number:															
		Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
		In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
PRE-PROCEDURE TIME:																	
Obtain referral from referring M.D.																	
Schedule patient/remind patient of appointment																	
Obtain medical records, manage/recall patient database, and assemble/develop chart																	
Pre-certify patient/conduct pre-procedure billing																	
Verify insurance/review coverage/register patient																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-TIME (MIN)																	



Worksheet G2: Time Spent (in Minutes) on Administrative Functions by Support Staff
for Reference Procedures (with a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

Administrative Function	CPT Procedure Code Number:																
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
POST-PROCEDURE TIME:																	
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)																	
Schedule post-op or return E&M services (excluding any E&M equivalent services associated with the global procedural period)/arrange for hospital readmission																	
Notify and complete report to referring M.D.s																	
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions, post-certify patient)																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-TIME (MIN)																	

TOTAL TIME (MIN)																	
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INSTRUCTIONS FOR WORKSHEET G2.1-G2.9:

Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Post-Procedure Office Evaluation and Management (E&M) Equivalent Services* Included in the Global Procedural Period (by CPT Code)

Worksheets G2.1 - G2.9 (pages 32-40) are designed to collect data on the staff time required to perform *administrative functions* for each *post-procedure office evaluation and management equivalent service* that is *included in the global procedural period* defined for the procedure for which you provided data in Worksheets G1 and G2. You are asked to report, as you did on Worksheet G2, the total minutes that different types of staff (employed or contracted by the practice) spend on specified administrative functions. This information must be provided for *each post-procedure office E&M equivalent service*. The post-procedure E&M equivalent service number is provided in the second row of Worksheets G2.1 - G2.9. As noted in the instructions for Worksheet G1.1 - G1.9, for those procedures for which AMA data are available in Attachment B, *you should complete the worksheets based on the average number of post-procedure office E&M equivalent services shown in that Attachment*. For procedures for which the AMA data are not available ("NA"), please determine, based on your recent clinical experience, the average number of post-procedure office E&M equivalent services associated with the procedure and complete the corresponding number of worksheets. If the number of post-procedure office E&M equivalent services exceeds 9, please make copies of the blank worksheets and write in the second row the appropriate E&M equivalent service number. In completing Worksheets G2.1 - G2.9, please follow these guidelines:

1. **Associated Procedure Code Number:** Please write in the top row of the Worksheets the CPT code number of the reference procedure that is associated with the post-procedure office E&M equivalent services for which you are providing data. For procedures for which the AMA data are available, please record the average number of post-procedure office E&M equivalent services, which are listed for that procedure on Attachment B. For procedures for which the AMA data are not available, please record the average number of post-procedure office E&M equivalent services that you have determined (based on your recent clinical experience) for the procedure.
2. **Variation in the Time Required for the Post-Procedure Office E&M Equivalent Services:** To the extent that there is variation in the time spent by staff on administrative functions across the different post-procedure office visits, such variation should be reflected in the time estimates reported for each service. If the staff time requirements do not vary across the E&M equivalent services, please write "same as previous E&M equivalent service" across the worksheet.
3. **Staff Type and Time Estimates (in Minutes):** Please refer to the Instructions for Worksheet G2 on page 28 (#2 and #3) for an explanation of the types of staff that should be included on Worksheets G2.1 - G2.9 and directions on how to account for the time that different staff types spend on each function.
4. **E&M Equivalent Service Periods:** The administrative functions are divided into the time before the E&M equivalent service is performed (pre-service) and the time after the service is performed (post-service). By definition, administrative functions are not part of the intra-service period which involves direct patient care or contact.

If one or more of the functions defined in each period do not apply to the post-procedure E&M equivalent service in question, please write "0" in the space provided for each staff type. Conversely, if there is an administrative function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet G1 on page 4 (#5) for an explanation of the "Subtotal" fields at the end of each period and the "Total Time" fields at the end of each of the G2.1 - G2.9 worksheets.



Worksheet G2.1: Time Spent (in Minutes) on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equiv. Svs:									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #1											
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify):											
Other (specify):											
Other (specify):											
SUBTOTAL PRE-SERVICE TIME (MIN)											
POST-SERVICE TIME:											
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)											
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission											
Other (specify):											
Other (specify):											
Other (specify):											
SUBTOTAL POST-SERVICE TIME (MIN)											
TOTAL TIME (MIN)											



Worksheet G2.2: Time Spent (in Minutes) on Administrative Functions by Support Staff for
 Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #2

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Schedule patient/remind patient of appointment								
Obtain medical records, manage/recall patient database, and assemble/develop chart								
Register patient								
Other (specify):								
Other (specify):								
Other (specify):								
SUBTOTAL PRE-SERVICE TIME (MIN)								

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:								
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)								
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission								
Other (specify):								
Other (specify):								
Other (specify):								
SUBTOTAL POST-SERVICE TIME (MIN)								

TOTAL TIME (MIN)								
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Worksheet G2.3: Time Spent (in Minutes) on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #3

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Schedule patient/remind patient of appointment								
Obtain medical records, manage/recall patient database, and assemble/develop chart								
Register patient								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL PRE-SERVICE TIME (MIN)								
POST-SERVICE TIME:								
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)								
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN)								
TOTAL TIME (MIN)								



Worksheet G2.4: Time Spent (in Minutes) on Administrative Functions by Support Staff for
 Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equiv. Svc's: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #4											
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN)											
POST-SERVICE TIME:											
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)											
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN)											
TOTAL TIME (MIN)											



Worksheet G2.5: Time Spent (in Minutes) on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svc: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #5

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Schedule patient/remind patient of appointment								
Obtain medical records, manage/recall patient database, and assemble/develop chart								
Register patient								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL PRE-SERVICE TIME (MIN)								
POST-SERVICE TIME:								
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)								
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN)								

TOTAL TIME (MIN)								
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Worksheet G2.6: Time Spent (in Minutes) on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____		Average No. of Post-Procedure Office E&M Equiv. Svcs:									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #6											
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:											
Schedule patient/remind patient of appointment											
Obtain medical records, manage/recall patient database, and assemble/develop chart											
Register patient											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL PRE-SERVICE TIME (MIN)											
POST-SERVICE TIME:											
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)											
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission											
Other (specify): _____											
Other (specify): _____											
Other (specify): _____											
SUBTOTAL POST-SERVICE TIME (MIN)											
TOTAL TIME (MIN)											



CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____									
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #7									
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:									
Schedule patient/remind patient of appointment									
Obtain medical records, manage/recall patient database, and assemble/develop chart									
Register patient									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL PRE-SERVICE TIME (MIN)									
POST-SERVICE TIME:									
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)									
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission									
Other (specify): _____									
Other (specify): _____									
Other (specify): _____									
SUBTOTAL POST-SERVICE TIME (MIN)									
TOTAL TIME (MIN)									

Worksheet G2.8: Time Spent (in Minutes) on Administrative Functions by Support Staff for Post-Procedure Office Evaluation and Management (E&M) Equivalent Services Included in the Global Procedural Period (by CPT Code)

CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____										
POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #8										
Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:										
Schedule patient/remind patient of appointment										
Obtain medical records, manage/recall patient database, and assemble/develop chart										
Register patient										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL PRE-SERVICE TIME (MIN)										
POST-SERVICE TIME:										
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)										
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission										
Other (specify): _____										
Other (specify): _____										
Other (specify): _____										
SUBTOTAL POST-SERVICE TIME (MIN)										
TOTAL TIME (MIN)										



CPT Procedure Code Number: _____ Average No. of Post-Procedure Office E&M Equiv. Svcs: _____

POST-PROCEDURE OFFICE E&M EQUIVALENT SERVICE #9

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
PRE-SERVICE TIME:								
Schedule patient/remind patient of appointment								
Obtain medical records, manage/recall patient database, and assemble/develop chart								
Register patient								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL PRE-SERVICE TIME (MIN)								

Administrative Function	Medical Secretary	Scheduling Secretary	Receptionist	Insurance/Billing Staff	Practice Manager	Other	Other	Other
	In Office	In Office	In Office	In Office	In Office	In Office	In Office	In Office
POST-SERVICE TIME:								
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)								
Schedule subsequent post-procedure E&M services (that are included in global procedural period) and arrange for hospital readmission								
Other (specify): _____								
Other (specify): _____								
Other (specify): _____								
SUBTOTAL POST-SERVICE TIME (MIN)								

TOTAL TIME (MIN)								
-------------------------	--	--	--	--	--	--	--	--



INSTRUCTIONS FOR WORKSHEET G3:

Medical Equipment Required to Perform Reference Procedures and Their Global Office E&M Equivalent Services (by CPT Code)

Worksheet G3 (page 42) requests data on the *medical equipment* used in providing each of the reference procedures. Please provide the following information:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet G3 the CPT code number of the reference procedure for which you are providing medical equipment resource estimates.
2. **Type of Medical Equipment:** In the first column, list separately each piece of equipment that is used in the direct provision of the reference procedure. *Please remember to include any equipment used during the post-procedure office E&M equivalent services, as well as during the procedure itself.* You should only include medical equipment that is leased or owned by the practice. In addition, for purposes of this analysis, *only equipment that has a per unit acquisition cost greater than or equal to \$500 should be included on this worksheet.* Medical equipment with a unit acquisition cost under \$500 will be incorporated into the subsequent Survey of Practice Costs which will be conducted by Abt Associates. Examples of medical equipment include x-ray machines, EKG machines, oxygen set-ups, dilators, treadmills, endoscopes, colonoscopes, and sigmoidoscopes, and other diagnostic or therapeutic equipment. Medical equipment also includes any reusable or non-disposable supplies with a per unit acquisition cost equal to or exceeding \$500 as noted above.
3. **Medical Equipment Description:** Please provide a description of each type of medical equipment. The description may include information on the brand or model number of the equipment or any specific features. This information will be used to obtain equipment price estimates from various sources; therefore, a sufficiently detailed description is necessary in order that we may obtain accurate cost estimates for each piece of equipment.
4. **Medical Equipment Turn-Around Time:** Defined as the total time (in minutes) that the equipment is "tied-up" during the procedure and cannot be used for another patient. This includes the time in which the equipment is being used on the patient, as well as the time required to clean the equipment following the procedure. Please provide, in the corresponding columns, separate estimates of the turn-around time for each type of equipment when the procedure is performed in the office and out-of-office setting (See General Instructions #3 on page 2).





INSTRUCTIONS FOR WORKSHEET G4:

Disposable Medical Supplies Required to Perform Reference Procedures and Their Global Office E&M Equivalent Services (by CPT Code)

Worksheet G4 (page 44) requests data on the *disposable medical supplies* required to provide each reference procedure. Please provide the following information:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet G4 the CPT code number of the reference procedure for which you are providing disposable medical supply resource estimates.
2. **Disposable Medical Supply Description:** In the first column, list separately each disposable medical supply that is used in the direct provision of the procedure. *Please remember to include any disposable medical supplies used during the post-procedure office E&M equivalent services, as well as during the procedure itself.* You should include disposable medical supplies that are purchased and provided by the practice for a procedure and are not separately reimbursable by Medicare. Examples of supplies which would be appropriate for inclusion on this worksheet include paper pillow case, sheet, and patient drape, band-aids, gloves, masks, medicine cup, and needle. Any supplies that are furnished to Medicare beneficiaries but are not covered by Medicare *should not* be included on Worksheet G4. If you are uncertain as to whether or not Medicare covers a particular supply, you may include it on Worksheet G4 and write "unsure of coverage" next to the supply's description. We will verify Medicare coverage for supplies.
3. **List Price:** For each disposable supply that you list, please provide in the second column the list price per unit if readily available.
4. **Number/Amount of Each Supply Provided by Practice:** In the last two columns, record the quantity of each supply that the practice provides when the procedure is performed in the office and out-of-office setting (See General Instructions #3 on page 2), respectively. For supplies which are usually purchased and used as a pair (e.g., gloves), please report the list price as the price for the pair and count the quantity as 1.





Please provide the following information in case we need to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation





CPEP Worksheets P1-P4: Reference Procedures without a Global Period

The purpose of the CPEP (Clinical Practice Expert Panel) worksheets is to collect data on the resource inputs required to provide the reference services, which have been selected from each of the service families defined in Abt Associates' classification system. The reference services include various procedures and evaluation and management (E&M) services from the Medicare Fee Schedule. Worksheets P1-P4 focus on *procedures without* a global period. Completion of the worksheets is an important part of the HCFA-sponsored study to develop estimates of the practice costs of providing Medicare Fee Schedule services. Each CPEP member has been asked to complete the worksheets for the reference services assigned to his/her CPEP. The data provided by CPEP members will be tabulated by Abt Associates and presented at the CPEP meetings for detailed review and for subsequent use in computing *practice cost* estimates for each reference service. Since this study is designed to measure practice costs as defined by the Medicare program (See General Instructions #2 on page 2), it is essential that the resource estimates that you provide correspond to the Medicare definition of practice cost.

The worksheets ask for specific data on the time required of non-physician practice staff, as well as information on the medical equipment and disposable medical supplies used in performing the reference procedures. A list of the worksheets is provided below:

- **Worksheet P1:** Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet P2:** Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet P3:** *Medical Equipment* Required to Perform *Reference Procedures* (without a Global Period) in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet P4:** *Disposable Medical Supplies* Required to Perform *Reference Procedures* (without a Global Period) in Office and Out-of-Office Settings (by CPT Code)

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

*Please read the General Instructions on the following page and the worksheet-specific instructions, which are provided before each worksheet, before proceeding to complete the forms. Please return all worksheets **no later than January 19, 1996.***



GENERAL INSTRUCTIONS

Please follow these general instructions when completing the CPEP worksheets:

1. Base all resource estimates (i.e., staff time, equipment and supply requirements) for each reference procedure on *recent clinical* practice and on the *typical patient/service* across all age groups (i.e., not just the Medicare population).
2. The resource estimates should reflect only those resources for which the practice bears practice cost (as defined by the Medicare Program) in providing a reference service. Thus, the labor of any clinical staff who bill directly to Medicare (e.g., physicians, doctors of osteopathy, chiropractors, optometrists, podiatrists, dentists, physical therapists, clinical social workers and psychologists) and any supplies that are separately reimbursable by Medicare should not be included in your estimates.
3. Worksheets P1-P4 ask you to provide separate resource estimates for the reference procedure when it is performed in the office and out-of-office settings. These resource estimates should be recorded in the columns labeled "In Office" and "Out-of-Office", respectively. *Out-of-office settings* include outpatient hospital/clinic, ambulatory surgery center (ASC), inpatient hospital, nursing homes and all other non-office sites. If the reference procedure is only performed in the out-of-office setting, please write "NA" (not applicable) in the column for the office setting and vice versa. If a particular staff type is not involved in the functions for the in- or out-of-office setting, please write "0" in the space provided for that staff type. If the staff time, equipment, and supply requirements for the reference procedure vary across the different out-of-office sites (e.g., ASC versus inpatient hospital), please make a copy of the blank worksheets and provide separate resource estimates for the different out-of-office settings on each sheet. In the top right-hand corner of each worksheet, please indicate for which out-of-office setting the data are being reported.
4. For procedures with a professional (PC) and technical (TC) global component, estimate and record the resource requirements of the global component (PC+ TC) in the "in-office" column. Report the resource requirements of the professional component (PC) separately in the "out-of-office" column, regardless of where the service is actually provided.
5. Attachment B lists all of the reference services that have been assigned to your CPEP. Next to each service is a letter code corresponding to the worksheet package that should be completed for each reference service. Please complete Worksheets P1-P4 for each reference procedure that is coded with the letter "P". If you are unfamiliar with a reference service, we encourage you to collaborate with colleagues to obtain the necessary data. A separate set of Worksheets P1-P4 should be completed for each procedure with the "P" code. For your convenience, multiple copies of Worksheets P1-P4 have been provided to correspond with the number of services having this code in your CPEP. Please remember to write the CPT code number of the reference procedure for which you are providing data in the top row of each worksheet.
6. Please use actual facility records or other available data whenever possible and complete the worksheets as thoroughly as possible.
7. Please remember to provide your name, address, phone and fax number on the last page of this packet in case we need to contact you to clarify any responses.
8. Please make and retain a copy of all completed worksheets and any additional information that you have chosen to include. If we have any questions on the returned worksheets, it will be helpful if you have a complete copy of all submitted documents.



INSTRUCTIONS FOR WORKSHEET P1:

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

Worksheet P1 (pages 5-8) is designed to collect data on the staff requirements for performing *clinical functions* associated with the *reference procedures* (without a global period) assigned to your CPEP. For a given procedure, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the clinical functions specified on Worksheet P1. This information should be provided for the reference procedure when it is done in the office and out-of-office settings (See General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet P1 the CPT code number of the reference procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet P1.
2. **Staff Type:** Worksheet P1 is intended to collect time data for only those staff who *directly support* clinical (patient care) functions and who are *employed or contracted by the practice and are not primary providers* (i.e., do not bill directly to Medicare). The second row of Worksheet P1 contains common types of practice support staff who meet this definition: registered nurses (RNs), licensed practical nurses (LPNs), and technicians (e.g., x-ray, ultrasound, lab technician). Medical secretaries or receptionists are also listed because they perform certain clinical functions, such as greeting the patient and providing gowning, in some practices. If there are other types of staff, who meet the criteria noted above, and are involved in performing clinical functions, please write these staff types in the "Other" columns, and provide the appropriate time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if 2 RNs are involved in the function for "assist in performing procedure" and one spends 10 minutes on that function, while the other spends 20 minutes on that function, 30 minutes (10 + 20) should be reported for the RN staff type. If the practice provides its own staff for *out-of-office* procedures (e.g., practice brings its own nurse(s) to a procedure done in the hospital), the time required by these staff should be recorded in each of the functions for the out-of-office setting.
4. **Procedural Periods:** The clinical functions are divided into three distinct procedural periods: pre-procedure, intra-procedure, and post-procedure. Each period is defined as follows:

Pre-Procedure:	All functions performed from the day (24 hours) before the procedure until the time of the procedure. It does not include the consultation or evaluation at which the decision to provide the procedure was made.
Intra-Procedure:	All functions performed while the procedure is being done (e.g., skin-to-skin time).
Post-Procedure:	All functions performed after the procedure is complete in the operating/procedure room.

If one or more of the functions defined in each procedural period do not apply to the procedure in question, please write "0" in the space provided for each staff type. Conversely, if there is a clinical function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

In addition, to the extent that certain functions are done outside the time frame defined by the pre-procedure period indicated above and they are not billed through a separate service, you should include the time associated with performing these functions in your time estimates. For example, certain activities related to patient education may occur after the visit at which the decision to perform the procedure is made, but before the 24-hour pre-procedure period. In this case, the time associated with providing the patient education should be included on Worksheet



INSTRUCTIONS FOR WORKSHEET P1 (continued):

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

5. **Subtotal and Total Time Estimates (Minutes):** For each staff type, please add-up the time estimates for the different clinical functions within each procedural period (pre-, intra-, and post-) for the office and out-of-office settings and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. The subtotals for each period should then be added together, and the resulting sums should be recorded in the "Total Time" fields at the end of Worksheet P1. Please review the clinical face validity of the "Total Time" estimates and make adjustments where appropriate before submitting your final numbers.



**Worksheet P1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code Number:																	
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
PRE-PROCEDURE TIME																	
Obtain medical history/review charts/review treatment plan																	
Provide final pre-procedure education/instruction (to patient and family) and obtain patient's consent																	
Greet patient/provide gowning																	
Perform room prep/prepare or set-up medical equipment and supplies/"scrub" before procedure																	
Prep (e.g., dress, move, and position) patient/monitor patient/ prep wounds/set-up IV and/or other pre-procedure drug therapies																	
Obtain vital signs																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-PROC. TIME (MIN)																	

Worksheet P1: Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Reference Procedures*
 (without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code Number:												
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other	
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
INTRA-PROCEDURE TIME:												
Sedate/apply topical anesthesia												
Assist in performing procedure												
Record notes												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL INTRA-PROC. TIME (MIN)												

**Worksheet P1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)**

CPT Procedure Code Number:																	
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
POST-PROCEDURE TIME:																	
Monitor patient following procedure (in office or in recovery room/stabilizing unit)																	
Clean room/equipment (including any equipment maintenance that must be done after the procedure)/ shut-down equipment																	
Provide post-procedure education/instruction/counseling (to patient and family) regarding outcome of procedure and subsequent patient care requirements																	
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions																	
Review/read x-rays, lab and pathology reports																	
Arrange discharge/provide discharge instructions/complete nursing form																	
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills																	
Other (specify): _____																	

Date	Description	Amount
1890	Jan 1	100.00
1890	Feb 1	150.00
1890	Mar 1	200.00
1890	Apr 1	250.00
1890	May 1	300.00
1890	Jun 1	350.00
1890	Jul 1	400.00
1890	Aug 1	450.00
1890	Sep 1	500.00
1890	Oct 1	550.00
1890	Nov 1	600.00
1890	Dec 1	650.00
1891	Jan 1	700.00
1891	Feb 1	750.00
1891	Mar 1	800.00
1891	Apr 1	850.00
1891	May 1	900.00

Worksheet P1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Reference Procedures
(without a Global Period) Performed In Office and Out-of-Office Settings (by CPT Code)

CPT Procedure Code Number: _____												
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other	
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
POST-PROCEDURE TIME (CONTINUED)												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-PROC. TIME (MIN)												
TOTAL TIME (MIN)												

INSTRUCTIONS FOR WORKSHEET P2:

Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Reference Procedures* (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

Worksheet P2 (pages 10-11) is designed to collect data on the staff requirements for performing the *administrative functions* associated with the reference procedures (without a global period). For a given procedure, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the administrative functions specified in Worksheet P2. This information should be provided for the reference procedure when it is done in the office and out-of-office settings (see General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet P2 the CPT code number of the procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet P2.
2. **Staff Type:** Worksheet P2 is intended to collect time data for those support staff who are employed or contracted by the practice and who are involved in overseeing the *non-medical aspects* of the practice. They include middle to lower management staff in the following departments: accounting, medical records administration, quality assurance, utilization review, etc. Clerical staff, who provide support for business functions (e.g., answer billing questions, schedule appointments, provide secretarial services) and who do not provide direct patient care, are also included in this staff category. The second row of Worksheet P2 contains common types of support staff who perform non-medical or administrative functions: medical and scheduling secretaries, receptionists, insurance/billing personnel, and practice managers. If there are other types of staff, who correspond to the definition noted above, and are involved in performing administrative functions, please write the staff types in the "Other" columns and provide the appropriate time estimates. In addition, if a portion of the clinical staff's (e.g., registered nurses and licensed practical nurses) time is devoted to performing administrative functions, please write these staff types in the "Other" columns and record the corresponding time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if medical secretaries are involved in the function for "obtaining medical records and assembling/developing chart" and one spends 10 minutes on that function, while the other spends 15 minutes on that function, 25 minutes (10 + 15) should be reported for the medical secretary staff type.
4. **Procedural Periods:** The administrative functions are divided into the time before the procedure is performed (pre-procedure) and the time after the procedure is performed (post-procedure). By definition, administrative functions are not part of the intra-procedure period which involves direct patient care or contact. As explained in the Instructions for Worksheet P1, to the extent that certain administrative functions (associated with the procedure) are performed outside the time frame defined by the pre-procedural period, the time spent on these functions should be included in the staff time estimates. For example, if the scheduling occurs after the visit at which the decision to perform the procedure is made, but prior to the 24-hour pre-service period, the time required to complete this function should be reported on Worksheet P2.

If one or more of the functions defined in each period do not apply to the procedure in question, please write "0" in the space provided for each staff type. Conversely, if there is an administrative function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet P1 on page 4 (#5) for an explanation of the "Subtotal" fields at the end of each period and the "Total Time" fields at the end of Worksheet P2.



Worksheet P2: Time Spent (in Minutes) on Administrative Functions by Support Staff for Reference Procedures
 (without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

Administrative Function	CPT Procedure Code Number: _____																
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
PRE-PROCEDURE TIME:																	
Obtain referral from referring M.D.																	
Schedule patient/remind patient of appointment																	
Obtain medical records, manage/recall patient database, and assemble/develop chart																	
Pre-certify patient/conduct pre-procedure billing																	
Verify insurance/review coverage/register patient																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-TIME (MIN)																	

Worksheet P2: Time Spent (in Minutes) on Administrative Functions by Support Staff for Reference Procedures
(without a Global Period) Performed in Office and Out-of-Office Settings (by CPT Code)

Administrative Function	CPT Procedure Code Number:																
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
POST-PROCEDURE TIME:																	
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)																	
Schedule post-op or return E&M services (excluding any E&M services associated with the global procedural period)/arrange for hospital readmission																	
Notify and complete report to referring M.D.s																	
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions, post-certify patient)																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-TIME (MIN)																	
TOTAL TIME (MIN)																	



INSTRUCTIONS FOR WORKSHEET P3:

Medical Equipment Required to Perform Reference Procedures (without a Global Period) in Office and Out-of-Office Settings (by CPT Code)

Worksheet P3 (page 13) requests data on the *medical equipment* used in providing each of the reference procedures. Please provide the following information:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet P3 the CPT code number of the reference procedure for which you are providing medical equipment resource estimates.
2. **Type of Medical Equipment:** In the first column, list separately each piece of equipment that is used in the direct provision of the reference procedure. You should only include medical equipment that is leased or owned by the practice. In addition, for purposes of this analysis, *only equipment that has a per unit acquisition cost greater than or equal to \$500 should be included on this worksheet.* Medical equipment with a unit acquisition cost under \$500 will be incorporated into the subsequent Survey of Practice Costs which will be conducted by Abt Associates. Examples of medical equipment include x-ray machines, EKG machines, oxygen set-ups, dilators, treadmills, endoscopes, colonoscopes, and sigmoidoscopes, and other diagnostic or therapeutic equipment. Medical equipment also includes any reusable or non-disposable supplies with a per unit acquisition cost equal to or exceeding \$500 as noted above.
3. **Medical Equipment Description:** Please provide a description of each type of medical equipment. The description may include information on the brand or model number of the equipment or any specific features. This information will be used to obtain equipment price estimates from various sources; therefore, a sufficiently detailed description is necessary in order that we may obtain accurate cost estimates for each piece of equipment.
4. **Medical Equipment Turn-Around Time:** Defined as the total time (in minutes) that the equipment is "tied-up" during the procedure and cannot be used for another patient. This includes the time in which the equipment is being used on the patient, as well as the time required to clean the equipment following the procedure. Please provide, in the corresponding columns, separate estimates of the turn-around time for each type of equipment when the procedure is performed in the office and out-of-office setting (See General Instructions #3 on page 2).

INSTRUCTIONS FOR WORKSHEET P4:

Disposable Medical Supplies Required to Perform Reference Procedures in Office and Out-of-Office Settings (by CPT Code)

Worksheet P4 (page 15) requests data on the *disposable* medical supplies required to provide each reference procedure. Please provide the following information:

1. **CPT Procedure Code Number:** Please write in the top row of Worksheet P4 the CPT code number of the reference procedure for which you are providing disposable medical supply resource estimates.
2. **Disposable Medical Supply Description:** In the first column, list separately each disposable medical supply that is used in the direct provision of the procedure. Disposable medical supplies include those items that are purchased and provided by the practice for a procedure and are not separately reimbursable by Medicare. Examples of supplies which would be appropriate for inclusion on this worksheet include paper pillow case, sheet, and patient drape, band-aids, gloves, masks, medicine cup, and needle. Any supplies that are furnished to Medicare beneficiaries but are not covered by Medicare *should not* be included on Worksheet P4. However, if you are uncertain as to whether or not Medicare covers a particular supply, you may include it on Worksheet P4 and write "unsure of coverage" next to the supply's description. We will verify Medicare coverage for supplies.
3. **List Price:** For each disposable supply that you list, please provide in the second column the list price per unit if readily available.
4. **Number/Amount of Each Supply Provided by Practice:** In the last two columns, record the quantity of each supply that the practice provides when the procedure is performed in the office and out-of-office setting (See General Instructions #3 on page 2), respectively. For supplies which are usually purchased and used as a pair (e.g., gloves), please report the list price as the price for the pair and count the quantity as 1.





Please provide the following information in case we need to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation





CPEP Worksheets M1-M4: Evaluation and Management (E&M) Reference Services

The purpose of the CPEP (Clinical Practice Expert Panel) worksheets is to collect data on the resource inputs required to provide the reference services, which have been selected from each of the service families defined in Abt Associates' classification system. The reference services include various procedures and evaluation and management (E&M) services from the Medicare Fee Schedule. Worksheets M1-M4 focus on the *evaluation and management (E&M)* reference services. Completion of the worksheets is an important part of the HCFA-sponsored study to develop estimates of the practice costs of providing Medicare Fee Schedule services. Since this study is designed to measure practice costs as defined by the Medicare program (See General Instructions #2 on page 2), it is essential that the resource estimates that you provide correspond to the Medicare definition of practice cost. The data provided by CPEP members will be tabulated by Abt Associates and presented at the CPEP meetings for detailed review and for subsequent use in computing *practice cost* estimates for each reference service. Since this study is designed to measure practice costs as defined by the Medicare program (See General Instructions #2 on page 2), it is essential that the resource estimates that you provide correspond to the Medicare definition of practice cost.

The worksheets ask for specific data on the time required of non-physician practice staff, as well as information on the medical equipment and disposable medical supplies used in performing the reference services. A list of the worksheets is provided below:

- **Worksheet M1:** Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Evaluation and Management (E&M) Reference Services* Performed in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet M2:** Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Evaluation and Management (E&M) Reference Services* Performed in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet M3:** *Medical Equipment* Required to Perform *Evaluation and Management (E&M) Reference Services* in Office and Out-of-Office Settings (by CPT Code)
- **Worksheet M4:** *Disposable Medical Supplies* Required to Perform *Evaluation and Management (E&M) Reference Services* in Office and Out-of-Office Settings (by CPT Code)

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

*Please read the General Instructions on the following page and the worksheet-specific instructions, which are provided before each worksheet, before proceeding to complete the forms. Please return all worksheets **no later than January 19, 1996.***

GENERAL INSTRUCTIONS

Please follow these general instructions when completing the CPEP worksheets:

1. Base all resource estimates (i.e., staff time, equipment and supply requirements) for each evaluation and management (E&M) reference service on *recent clinical* practice and on the *typical patient/service* across all age groups (i.e., not just the Medicare population).
2. The resource estimates should reflect only those resources for which the practice bears practice cost (as defined by the Medicare Program) in providing a reference service. Thus, the labor of any clinical staff who bill directly to Medicare (e.g., physicians, doctors of osteopathy, chiropractors, optometrists, podiatrists, dentists, physical therapists, clinical social workers and psychologists) and any supplies which are separately reimbursable by Medicare should not be included in your estimates.
3. Worksheets M1-M4 ask you to provide separate resource estimates for the E&M reference service when it is performed in the office and out-of-office settings. These resource estimates should be recorded in the columns labeled "In Office" and "Out-of-Office", respectively. *Out-of-office settings* include outpatient hospital/clinic, ambulatory surgery center (ASC), inpatient hospital, nursing homes and all other non-office sites. If the reference service is only performed in the office setting, please write "NA" (not applicable) in the column for the out-of-office setting and vice versa. If a particular staff type is not involved in the functions for the in- or out-of-office setting, please write "0" in the space provided for that staff type. If the staff time, equipment, and supply requirements for the reference service vary across the different out-of-office sites (e.g., ASC versus inpatient hospital), please make a copy of the blank worksheets and provide separate resource estimates for the different out-of-office settings on each sheet. In the top right-hand corner of each worksheet, please indicate for which out-of-office setting the data are being reported.
4. Attachment B lists all of the reference services that have been assigned to your CPEP. Next to each service is a letter code corresponding to the worksheet package that should be completed for each reference service. Please complete Worksheets M1-M4 for each reference service that is coded with the letter "M". If you are unfamiliar with a reference service, we encourage you to collaborate with colleagues to obtain the necessary data. A separate set of Worksheets M1-M4 should be completed for each service with the "M" code. For your convenience, multiple copies of Worksheets M1-M4 have been provided to correspond with the number of services having this code in your CPEP. Please remember to write the CPT code number of the reference service for which you are providing data in the top row of each worksheet.
5. Please use actual facility records or other available data whenever possible and complete the worksheets as thoroughly as possible.
6. Please remember to provide your name, address, phone and fax number on the last page of this packet in case we need to contact you to clarify any responses.
7. Please make and retain a copy of all completed worksheets and any additional information that you have chosen to include. If we have any questions on the returned worksheets, it will be helpful if you have a complete copy of all submitted documents.

INSTRUCTIONS FOR WORKSHEET M1:

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Evaluation and Management (E&M) Reference Services* Performed in Office and/or Out-of-Office Settings (by CPT Code)

Worksheet M1 (pages 4-6) is designed to collect data on the staff requirements for performing *clinical functions* associated with the *evaluation and management (E&M) reference services* assigned to your CPEP. For a given E&M service, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the clinical functions specified on Worksheet M1. This information should be provided for the E&M service when it is done in the office and out-of-office settings (See General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT E&M Service Code Number:** Please write in the top row of Worksheet M1 the CPT code number of the E&M service for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet M1.
2. **Staff Type:** Worksheet M1 is intended to collect time data for only those staff who *directly support* clinical (patient care) functions and who are *employed or contracted by the practice and are not primary providers* (i.e., do not bill directly to Medicare). The second row of Worksheet M1 contains common types of practice support staff who meet this definition: registered nurses (RNs), licensed practical nurses (LPNs), and technicians (e.g., x-ray, ultrasound, lab technician). Medical secretaries or receptionists are also listed because they perform certain clinical functions, such as greeting the patient and providing gowning, in some practices. If there are other types of staff, who correspond to the definition noted above, and are involved in performing clinical functions, please write the staff types in the "Other" columns, and provide the appropriate time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if 2 RNs are involved in the function for "assist in performing E&M service" and one spends 10 minutes on that function, while the other spends 5 minutes on that function, 15 minutes (10 + 5) should be reported for the RN staff type. If the practice provides its own staff for *out-of-office* E&M services, the time required by these staff should be recorded in each of the functions for the out-of-office setting.
4. **E&M Service Periods:** The clinical functions are divided into three distinct E&M service periods: pre-service, intra-service, and post-service. Each period is defined as follows:

Pre-Service: All functions performed before and in preparation for the E&M service.

Intra-Service: All functions performed during the E&M service or while the patient is being examined.

Post-Service: All functions performed after the E&M service has been completed, such as reviewing test results and providing education or counseling to the patient.

If one or more of the functions defined in each E&M service period do not apply to the service in question, please write "0" in the space provided for each staff type. Conversely, if there is a clinical function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

5. **Subtotal and Total Time Estimates (Minutes):** For each staff type, please add-up the time estimates for the different clinical functions within each E&M service period (pre-, intra-, and post-) for the office and out-of-office setting and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. The subtotals for each period should then be added together, and the resulting sums should be recorded in the "Total Time" fields at the end of Worksheet M1. Please review the clinical face validity of the "Total Time" estimates and make adjustments where appropriate before submitting your final numbers.

Worksheet M1: Time Spent (in Minutes) on Clinical Functions by Support Staff for
 Evaluation and Management (E&M) Reference Services
 Performed in Office and Out-of-Office Settings (by CPT Code)

Clinical Function	CPT E&M Service Code Number:																
	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
PRE-SERVICE TIME:																	
Review patient charts																	
Greet patient/provide gowning																	
Perform room prep/prepare or set-up medical equipment and supplies																	
Prep (e.g., dress, move, and position) patient																	
Obtain vital signs																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-SERVICE TIME (MIN)																	

Worksheet MI: Time Spent (in Minutes) on Clinical Functions by Support Staff for
 Evaluation and Management (E&M) Reference Services
 Performed in Office and Out-of-Office Settings (by CPT Code)

CPT E&M Service Code Number: _____																	
Clinical Function	RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other		
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	
INTRA-SERVICE TIME:																	
Assist in performing E&M service (where applicable)																	
Obtain medical history																	
Record notes																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL INTRA-SERVICE TIME																	

Worksheet M1: Time Spent (in Minutes) on Clinical Functions by Support Staff for
 Evaluation and Management (E&M) Reference Services
 Performed in Office and Out-of-Office Settings (by CPT Code)

Clinical Function		CPT E&M Service Code Number:															
		RN		LPN		Technician		Medical Secretary		Receptionist		Other		Other		Other	
		In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
POST-SERVICE TIME:																	
Clean room/equipment (including any equipment maintenance that must be done after the E&M service)/shut-down equipment																	
Provide education/ instruction/ counseling (to patient and family) following E&M service																	
Complete diagnostic medical forms, lab slips, X-ray requisitions, prescriptions																	
Review/read x-rays, lab and pathology reports																	
Arrange discharge/provide discharge instructions/complete nursing form																	
Conduct follow up phone calls to patient/respond to incoming calls from patient/call-in prescription refills																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-SVC. TIME (MIN)																	
TOTAL TIME (MIN)																	

INSTRUCTIONS FOR WORKSHEET M2:

Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Evaluation and Management (E&M) Reference Services* Performed in Office and Out-of-Office Settings (by CPT Code)

Worksheet M2 (pages 8-9) is designed to collect data on the staff requirements for performing the *administrative functions* associated with the evaluation and management (E&M) reference services. For a given E&M service, you are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the administrative functions specified in Worksheet M2. This information should be provided for the procedure or E&M service when it is done in the office and out-of-office settings (see General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT E&M Service Code Number:** Please write in the top row of Worksheet M2 the CPT code number of the E&M service for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet M2.
2. **Staff Type:** Worksheet M2 is intended to collect time data for those support staff who are employed or contracted by the practice and who are involved in overseeing the *non-medical aspects* of the practice. They include middle to lower management staff in the following departments: accounting, medical records administration, quality assurance, utilization review, etc. Clerical staff, who provide support for business functions (e.g., answer billing questions, schedule appointments, provide secretarial services) and who do not provide direct patient care, are also included in this staff category. The second row of Worksheet M2 contains common types of support staff who perform non-medical or administrative functions: medical and scheduling secretaries, receptionists, insurance/billing personnel, and practice managers. If there are other types of staff, who correspond to the definition noted above, and are involved in performing administrative functions, please write these staff types in the "Other" columns and provide the appropriate time estimates. In addition, if a portion of the clinical staff's (e.g., registered nurses and licensed practical nurses) time is devoted to performing administrative functions, please write the staff types in the "Other" columns and record the corresponding time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more practice staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes you record should reflect the time spent by all of the staff members for that "staff type". For example, if 2 medical secretaries are involved in the function for "obtaining medical records and assembling/developing chart" and one spends 10 minutes on that function, while the other spends 15 minutes on that function, then 25 minutes (10 + 15) should be reported for the medical secretary staff type.
4. **E&M Service Periods:** The administrative functions are divided into the time before the E&M service is performed (pre-service time) and the time after the E&M service is performed (post-service) time. By definition, administrative functions are not part of the intra-service period which involves direct patient care or contact. If one or more of the functions defined in each period do not apply to the service in question, please write "0" in the space provided for each staff type. Conversely, if there is an administrative function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.
5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet M1 on page 3 (#5) for an explanation of the "Subtotal" fields at the end of each period and the "Total Time" fields at the end of Worksheet M2.

**Worksheet M2: Time Spent in Minutes on Administrative Functions by Support Staff
for Evaluation and Management (E&M) Reference Services
Performed in Office and out of Office settings (by CPT code)**

CPT E&M Service Code Number:														
Administrative Function	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other	
	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
PRE-E&M SERVICE TIME:														
Obtain referral from referring M.D.														
Schedule patient/remind patient of appointment														
Obtain medical records, manage/recall patient database, and assemble/develop chart														
Pre-certify patient/conduct pre-procedure billing														
Verify insurance/review coverage/register patient														
Other (specify): _____														
Other (specify): _____														
Other (specify): _____														
SUBTOTAL PRE-TIME (MIN)														

**Worksheet M2: Time Spent in Minutes on Administrative Functions by Support Staff
for Evaluation and Management (E&M) Reference Services
Performed in Office and out of Office settings (by CPT code)**

Administrative Function		CPT E&M Service Code Number:															
		Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other	
		In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office	In Office	Out of Office
POST-E&M SERVICE TIME:																	
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance filings)																	
Schedule post-op or return E&M services (excluding any E&M services associated with the global procedural period)/arrange for hospital readmission																	
Notify and complete report to referring M.D.s																	
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions, post-certify patient)																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL POST-TIME (MIN)																	
TOTAL TIME (MIN)																	

INSTRUCTIONS FOR WORKSHEET M3:

Medical Equipment Required to Perform Evaluation and Management (E&M) Reference Services in Office and Out-of-Office Settings (by CPT Code)

Worksheet M3 (page 11) requests data on the medical equipment used in providing the E&M reference services. Please provide the following information:

1. **CPT E&M Service Code Number:** Please write in the top row of Worksheet M3 the CPT code number of the E&M service for which you are providing medical equipment resource estimates.
2. **Type of Medical Equipment:** In the first column, list separately each piece of equipment that is used in the *direct* provision of the E&M service. You should only include medical equipment that is leased or owned by the practice. This also includes any reusable or non-disposable supplies. In addition, for purposes of this analysis, *only pieces of equipment (or reusable supplies) that have a per unit acquisition cost greater than or equal to \$500 should be included on Worksheet M3.* If none of the equipment used during the E&M service has an acquisition cost greater than \$500, please write "no equipment with acquisition cost greater than \$500" across Worksheet M3. Medical equipment with a unit acquisition cost under \$500 will be incorporated into the subsequent Survey of Practice Costs which will be conducted by Abt Associates.
3. **Medical Equipment Description:** Please provide a description of each type of medical equipment. The description may include information on the brand or model number of the equipment or any specific features. This information will be used to obtain equipment price estimates from various sources; therefore, a sufficiently detailed description is necessary in order that we may obtain accurate cost estimates for each piece of equipment.
4. **Medical Equipment Turn-Around Time:** Defined as the total time (in minutes) that the equipment is "tied-up" during the E&M service and cannot be used for another patient. This includes the time in which the equipment is being used on the patient, as well as the time required to clean the equipment following the E&M service. Please provide, in the corresponding columns, separate estimates of the turn-around time for each type of equipment when the service is performed in the office and out-of-office setting (See General Instructions #3 on page 2).





INSTRUCTIONS FOR WORKSHEET M4:

Disposable Medical Supplies Required to Perform Evaluation and Management (E&M) Reference Services in Office and Out-of-Office Settings (by CPT Code)

Worksheet M4 (page 13) requests data on the *disposable medical supplies* required to provide each reference service. Please provide the following information:

1. **CPT E&M Service Code Number:** Please write in the top row of Worksheet M4 the CPT code number of the E&M service for which you are providing disposable medical supply resource estimates.
2. **Disposable Medical Supply Description:** In the first column, list separately each disposable medical supply that is used in the direct provision of the E&M service. Disposable medical supplies include those items that are purchased and provided by the practice for the E&M service and are not separately reimbursable by Medicare. Examples of supplies which would be appropriate for inclusion on this worksheet include paper pillow case, sheet, and patient drape, band-aids, gloves, masks, medicine cup, and needle. Any supplies that are furnished to Medicare beneficiaries but are not covered by Medicare *should not* be included on Worksheet M4. However, if you are uncertain as to whether or not Medicare covers a particular supply, you may include it on Worksheet M4 and write "unsure of coverage" next to the supply's description. We will verify Medicare coverage for supplies.
3. **List Price:** For each disposable supply that you list, please provide in the second column the list price per unit if readily available.
4. **Number/Amount of Each Supply Provided by Practice:** In the last two columns, record the quantity of each supply that the practice provides when the service is performed in the office and out-of-office setting (See General Instructions #3 on page 2), respectively. For supplies which are usually purchased and used as a pair (e.g., gloves), please report the list price as the price for the pair and count the quantity as 1.



Please provide the following information in case we need to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation





CPEP Worksheets Pa1-Pa4: Pathology Reference Procedures

The purpose of the CPEP (Clinical Practice Expert Panel) worksheets is to collect data on the resource inputs required to provide the reference services, which have been selected from each of the service families defined by the Abt Associates classification system. The reference services include various procedures and evaluation and management (E&M) services from the Medicare Fee Schedule. Worksheets Pa1-Pa4 focus on *pathology* reference procedures. Completion of these worksheets is an important part of the HCFA-sponsored study to develop estimates of the practice costs of providing Medicare Fee Schedule services. Each CPEP member has been asked to complete the worksheets for the reference services assigned to his/her CPEP. The data provided by CPEP members will be tabulated by Abt Associates and presented at the CPEP meetings for detailed review and for subsequent use in computing *practice cost* estimates for each reference service. Since this study is designed to measure practice costs as defined by the Medicare program (See General Instructions #2 on page 2), it is essential that the resource estimates that you provide correspond to the Medicare definition of practice cost.

The worksheets ask for specific data on the time required of non-physician practice staff, as well as information on the medical equipment and disposable medical supplies used in performing the pathology reference procedures. A list of the worksheets is provided below:

- **Worksheet Pa1:** Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Pathology Reference Procedures* Performed in Independent and Hospital Laboratories (by CPT Code)
- **Worksheet Pa2:** Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Pathology Reference Procedures* Performed in Independent and Hospital Laboratories (by CPT Code)
- **Worksheet Pa3:** *Medical Equipment* Required to Perform *Pathology Reference Procedures* in Independent and Hospital Laboratories (by CPT Code)
- **Worksheet Pa4:** *Disposable Medical Supplies* Required to Perform *Pathology Reference Procedures* in Independent and Hospital Laboratories (by CPT Code)

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

*Please read the General Instructions on the following page and the worksheet-specific instructions, which are provided before each worksheet, before proceeding to complete the forms. Please return all worksheets **no later than January 19, 1996.***

GENERAL INSTRUCTIONS

Please follow these general instructions when completing the CPEP worksheets:

1. Base all resource estimates (i.e., staff time, equipment and supply requirements) for each reference service on *recent clinical practice* and on the *typical procedure*.
2. The resource estimates should reflect only those resources for which the practice bears practice cost (as defined by the Medicare Program) in providing a reference service. Thus, the labor of any clinical staff who bill (for professional services) directly to Medicare (e.g., physicians, doctors of osteopathy, chiropractors, optometrists, podiatrists, dentists, physical therapists, clinical social workers and psychologists) and any supplies that are separately reimbursable by Medicare should not be included in your estimates.
3. Worksheets Pa1-Pa4 ask you to provide separate resource estimates for the reference service when it is performed in independent and hospital laboratories. These resource estimates should be recorded in the columns labeled "Ind. Lab" and "Hosp. Lab", respectively. If the reference procedure is only performed in hospital laboratories, please write "NA" (not applicable) in the column for the independent lab and vice versa. If a particular staff type is not involved in the functions for the independent or hospital lab, please write "0" in the space provided for that staff type.
4. Attachment B lists all of the reference services that have been assigned to your CPEP. Next to each service is a letter code corresponding to the worksheet package that should be completed for each reference service. Please complete Worksheets Pa1-Pa4 for each pathology reference procedure that is coded with the letter "Pa". If you are unfamiliar with a reference service, we encourage you to collaborate with colleagues to obtain the necessary data. A separate set of Worksheets Pa1-Pa4 should be completed for each procedure with the "Pa" code. For your convenience, multiple copies of Worksheets Pa1-Pa4 have been provided to correspond with the number of services having this code. Please remember to write the CPT code number of the reference procedure for which you are providing data in the top row of each worksheet.
5. Please use actual facility records or other available data whenever possible and complete the worksheets as thoroughly as possible.
6. Please remember to provide your name, address, phone and fax number on the last page of this packet in case we need to contact you to clarify any responses.
7. Please make and retain a copy of all completed worksheets and any additional information that you have chosen to include. If we have any questions on the returned worksheets, it will be helpful if you have a complete copy of all submitted documents.

INSTRUCTIONS FOR WORKSHEET Pa1:

Time Spent (in Minutes) on *Clinical Functions* by Support Staff for *Pathology Reference Procedures* Performed in Independent and Hospital Laboratories (by CPT Code)

Worksheet Pa1 (pages 4-6) is designed to collect data on the staff requirements for performing *clinical functions* associated with the *pathology procedures* assigned to your CPEP. You are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the clinical functions specified on Worksheet Pa1. This information should be provided for the procedure when it is done in independent and hospital laboratories (See General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT Pathology Procedure Code Number:** Please write in the top row of Worksheet Pa1 the CPT code number of the pathology procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet Pa1.
2. **Staff Type:** Worksheet Pa1 is intended to collect time data for only those staff who *directly support* clinical (patient specimen examination) functions and who are *employed or contracted by the practice and are not primary providers* (i.e., do not bill directly to Medicare). The second row of Worksheet Pa1 contains common types of practice support staff who assist with clinical functions: registered nurses (RNs), licensed practical nurses (LPNs), and technicians (e.g., x-ray, ultrasound, lab technician). Medical secretaries are also listed because they perform certain clinical functions in some practices. If there are other types of staff, who correspond to the definition noted above, and are involved in performing clinical functions, please write these staff types in the "Other" columns, and provide the appropriate time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if 2 technicians are involved in the function for "assist pathologist with gross specimen examination" and one spends 10 minutes on that function, while the other spends 15 minutes on that function, 25 minutes (10 + 15) should be reported for the technician staff type. If the practice provides its own staff for pathology procedures done in the hospital laboratory, the time required by these staff should be recorded in each of the functions for the hospital lab setting.
4. **Procedural Periods:** The clinical functions are divided into three distinct procedural periods: pre-procedure, intra-procedure, and post-procedure. Each period is defined as follows:

Pre-Procedure:	All functions performed before and in preparation for the pathology procedure.
Intra-Procedure:	All functions performed while the pathology procedure or examination is being done.
Post-Procedure:	All functions performed after the pathology procedure has been completed.

If one or more of the functions defined in each procedural period do not apply to the procedure in question, please write "0" in the space provided for each staff type. Conversely, if there is a clinical function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.

5. **Subtotal and Total Time Estimates (Minutes):** For each staff type, please add-up the time estimates for the different clinical functions within each procedural period (pre-, intra-, and post-) for the independent and hospital laboratory settings, and write the resulting sums in the corresponding "Subtotal" fields at the end of each period. The subtotals for each period should then be added together, and the resulting sums should be recorded in the "Total Time" fields at the end of Worksheet Pa1. Please review the clinical face validity of the "Total Time" estimates and make adjustments where appropriate before submitting your final numbers.

Worksheet Pa1: Time Spent (in Minutes) on Clinical Functions by Support Staff for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Pathology Procedure Code Number: _____												
Clinical Function	RN		LPN		Technician		Medical Secretary		Other		Other	
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab
PRE-PROCEDURE TIME:												
Prepare specimen containers/ preload fixative/label containers/ distribute requisition form(s) to physician												
Accession of specimen/prepare for examination												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL PRE-PROC. TIME (MIN)												

Worksheet Pal: Time Spent (in Minutes) on Clinical Functions by Support Staff for Pathology Reference Procedures
 Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Pathology Procedure Code Number:														
Clinical Function	RN		LPN		Technician		Medical Secretary		Other		Other		Other	
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab
INTRA-PROCEDURE TIME:														
Assist pathologist with gross specimen examination (including performance of intraoperative frozen sections) and perform screening function (where applicable)														
Prepare specimen for manual/automated processing														
Clean-up exam area while performing examination														
Process specimen for slide preparation (includes processing, embedding, sectioning and recuts, centrifugation, routine and special staining, coverslipping, quality control functions, maintaining specimen tracking logs, and labeling)														
Other (specify): _____														
Other (specify): _____														
Other (specify): _____														
SUBTOTAL INTRA-PROC. TIME														

Worksheet Pat: Time Spent (in Minutes) on Clinical Functions by Support Staff for Pathology Reference Procedures
 Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Pathology Procedure Code Number:												
Clinical Function	RN		LPN		Technician		Medical Secretary		Other		Other	
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab
POST-PROCEDURE TIME:												
Prepare, pack, and transport specimens and reports for in-house storage and external storage (where applicable)												
Dispose of remaining specimens, spent chemicals/other consumables, and hazardous waste												
Clean room/equipment following procedure (including any equipment maintenance that must be done after the procedure)												
Other (specify): _____												
Other (specify): _____												
Other (specify): _____												
SUBTOTAL POST-PROC. TIME (MIN)												
TOTAL TIME (MIN)												

INSTRUCTIONS FOR WORKSHEET Pa2:

Time Spent (in Minutes) on *Administrative Functions* by Support Staff for *Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)*

Worksheet Pa2 (pages 8-9) is designed to collect data on the staff time requirements for performing the *administrative functions* associated with the pathology reference procedure. You are asked to provide the total minutes that different types of staff (employed or contracted by the practice) spend on the administrative functions specified in Worksheet Pa2. This information should be provided for the procedure when it is done in independent and hospital laboratories (see General Instructions #3 on page 2). In reporting these data, please follow these guidelines:

1. **CPT Pathology Procedure Code Number:** Please write in the top row of Worksheet Pa2 the CPT code number of the pathology procedure for which you are providing staff time estimates. Please make sure that this information is on each page of Worksheet Pa2.
2. **Staff Type:** Worksheet Pa2 is intended to collect time data for those support staff who are employed or contracted by the practice and who are involved in overseeing the *non-medical aspects* of the practice. They include middle to lower management staff in the following departments: accounting, medical records administration, quality assurance, utilization review, etc. Clerical staff, who provide support for business functions (e.g., answer billing questions, provide secretarial services) and who are not directly involved in the specimen examination, are also included in this staff category. The second row of Worksheet Pa2 contains common types of support staff who perform non-medical or administrative functions: medical and scheduling secretaries, receptionists, insurance/billing personnel, and practice managers. If there are other types of staff, who correspond to the definition noted above, and are involved in performing administrative functions, please write these staff types in the "Other" columns and provide the appropriate time estimates. In addition, if a portion of the clinical staff's (e.g., technicians) time is devoted to performing administrative functions, please write these staff types in the "Other" columns and record the corresponding time estimates.
3. **Time Estimates (Minutes):** Record the total minutes that each staff type spends on each function in the space provided. If a particular staff type is not involved in a function, write "0" in the space provided. Please do not leave any spaces blank. If two or more staff members, who are of the same "staff type" and who are employed or contracted by the practice, are involved in a particular function, then the total minutes that you record should reflect the time spent by all of the staff members in that "staff type". For example, if medical secretaries are involved in the function for "retrieve previous patient medical records and slides, manage/recall patient database" and one spends 10 minutes on that function, while the other spends 15 minutes on that function, 25 minutes (10 + 15) should be reported for the medical secretary staff type.
4. **Procedural Periods:** The administrative functions are divided into the time before the procedure is performed (pre-procedure) and the time after the procedure is performed (post-procedure). By definition, administrative functions are not part of the intra-procedure period which involves direct examination of the specimen. If one or more of the functions defined in each period do not apply to the procedure or service in question, please write "0" in the space provided for each staff type. Conversely, if there is an administrative function which you think is relevant for a particular period, but which is not listed on the worksheet, please write the function in the space labeled as "Other" in the left-hand column and provide the time estimates required by each staff type.
5. **Subtotal and Total Time Estimates (Minutes):** Please refer to the Instructions for Worksheet Pa1 on page 3 (#5) for an explanation of the "Subtotal" fields at the end of each period and the "Total Time" fields at the end of Worksheet Pa2.



Worksheet Pa2: Time Spent (in Minutes) on Administrative Functions by Support Staff
for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

Administrative Function	CPT Pathology Procedure Code Number:																
	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other		
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	
PRE-PROCEDURE:																	
Retrieve previous patient medical records and slides, manage/recall patient database																	
Verify insurance/review coverage																	
Assemble and deliver slides with paperwork to pathologist																	
Other (specify): _____																	
Other (specify): _____																	
Other (specify): _____																	
SUBTOTAL PRE-TIME (MIN)																	

Worksheet Pa2: Time Spent (in Minutes) on Administrative Functions by Support Staff
for Pathology Reference Procedures Performed in Independent and Hospital Laboratories (by CPT Code)

CPT Pathology Procedure Code Number:																							
Administrative Function	Medical Secretary		Scheduling Secretary		Receptionist		Insurance/Billing Staff		Practice Manager		Other		Other		Other								
	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab	Ind. Lab	Hosp. Lab							
POST-PROCEDURE:																							
Transcribe results/file and manage patient records (including any relevant utilization review/quality assurance activities and regulatory compliance documentation)																							
Submit/receive material for consultation (where applicable)																							
Notify and complete report to referring physician (including responding to all post-examination inquiries from the physician)																							
Conduct billing activities (e.g., coordinate bill collection/rebilling, collect co-pays or deductibles, answer billing questions)																							
Other (specify): _____																							
Other (specify): _____																							
Other (specify): _____																							
SUBTOTAL POST-TIME (MIN)																							
TOTAL TIME (MIN)																							



INSTRUCTIONS FOR WORKSHEET Pa3:

Medical Equipment Required to Perform Pathology Reference Procedures in Independent and Hospital Laboratories (by CPT Code)

Worksheet Pa3 (page 11) requests data on the *medical equipment* used in providing the pathology reference procedure. Please provide the following information:

1. **CPT Pathology Procedure Code Number:** Please write in the top row of Worksheet Pa3 the CPT code number of the pathology reference procedure for which you are providing medical equipment resource estimates.
2. **Type of Medical Equipment:** In the first column, list separately each piece of equipment that is used in the direct provision of the pathology procedure. You should only include medical equipment that is leased or owned by the practice. In addition, for purposes of this analysis, *only equipment which has a per unit acquisition cost greater than or equal to \$500 should be included on this worksheet.* Medical equipment with a unit acquisition cost under \$500 will be incorporated into the subsequent Survey of Practice Costs which will be conducted by Abt Associates. Examples of medical equipment include centrifuges and microscopes. Medical equipment also includes any reusable or non-disposable supplies with a per unit acquisition cost equal to or exceeding \$500 as noted above.
3. **Medical Equipment Description:** Please provide a description of each type of medical equipment. The description may include information on the brand or model number of the equipment or any specific features. This information will be used to obtain equipment price estimates from various sources; therefore, a sufficiently detailed description is necessary in order that we may obtain accurate cost estimates for each piece of equipment.
4. **Medical Equipment Turn-Around Time:** Defined as the total time (in minutes) that the equipment is "tied-up" during the pathology procedure and cannot be used for another specimen examination. This includes the time in which the equipment is being used during the examination, as well as the time required to clean/maintain the equipment following the procedure. Please provide, in the corresponding columns, separate estimates of the turn-around time for each type of equipment when the procedure is performed in the independent and hospital laboratory settings (See General Instructions #3 on page 2).





INSTRUCTIONS FOR WORKSHEET Pa4:

Disposable Medical Supplies Required to Perform Pathology Reference Procedures in Independent and Hospital Laboratories (by CPT Code)

Worksheet Pa4 requests data on the *disposable medical supplies* required to provide the pathology reference procedure. Please provide the following information:

1. **CPT Pathology Procedure Code Number:** Please write in the top row of Worksheet Pa4 the CPT code number of the pathology procedure for which you are providing disposable medical supply resource estimates.
2. **Disposable Medical Supply Description:** In the first column, list separately each disposable medical supply that is used in the direct provision of the pathology procedure. Disposable medical supplies include those items that are purchased and provided by the practice for a procedure and are not separately reimbursable by Medicare. Examples of supplies which would be appropriate for inclusion on this worksheet include gloves, masks, slides, and reagents. Any supplies that are used in the provision of the service but are not covered by Medicare *should not* be included on Worksheet Pa4. However, if you are uncertain as to whether or not Medicare covers a particular supply, you may include it on Worksheet Pa4 and write "unsure of coverage" next to the supply's description. We will verify Medicare coverage for supplies.
3. **List Price:** For each disposable supply that you list, please provide in the second column the list price per unit if readily available.
4. **Number/Amount of Each Supply Provided by Practice:** In the last two columns, record the quantity of each supply that the practice provides when the procedure is performed in independent and hospital laboratory settings (See General Instructions #3 on page 2), respectively. For supplies which are usually purchased and used as a pair (e.g., gloves), please report the list price as the price for the pair and count the quantity as 1.





Please provide the following information in case we need to contact you to clarify any of your responses:

Contact Name: _____

Organization: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

Thank You for Your Cooperation





CPEP Worksheet E: Utilization and Cost Data on Medical Equipment

The worksheets contained in packages G, P, M, and Pa asked for resource estimates for reference procedures with and without a global period, evaluation and management services, and pathology procedures, respectively. The third worksheet included in each of these packages (Worksheets G3, P3, M3, and Pa3) requested data on the types of medical equipment used in providing a specific procedure and/or E&M service, as well as the total minutes that each piece of equipment is used.

Worksheet E is designed to collect data on the total annual utilization and maintenance costs for each type of medical equipment that was identified in all of the G3, P3, M3, and/or Pa3 worksheets that you completed for specific procedures and/or E&M services. This worksheet is intended to collect medical equipment utilization data *across all procedures and E&M services provided by the practice*, not equipment utilization associated with a single procedure or E&M service.

In the first column of Worksheet E, you are asked to list all of the *different* types of medical equipment that you specified in each G3, P3, M3, and/or Pa3 worksheet that you completed. For instance, if you completed two P3 worksheets for two different procedures without a global period, you should list on Worksheet E each type of equipment included on both of the P3 Worksheets for the two procedures. Any equipment that is listed on both P3 Worksheets should only be listed once on Worksheet E. For each type of medical equipment, please provide the following information:

1. **Total Hours Used Per Week for All Services:** Includes the total turn-around time (in hours per week) across all procedures and/or E&M services (not just the reference services) provided by the practice for which the medical equipment was used. As defined in the instructions for Worksheets G3, P3, M3, and Pa3, turn-around time is the total time that the equipment is "tied-up" during the procedure or E&M service and cannot be used for another service. Therefore, the total hours used per week across all services would be equal to the aggregate medical equipment turn-around time associated with all of the procedures and/or E&M services which require the use of this equipment. This estimate should be reported in the column labeled "Total Hrs. Used/Week for All Svcs."
2. **Total Weeks Used Per Year for All Services:** Includes the total weeks per year that the medical equipment was used in the direct provision of all procedures and/or E&M services performed by the practice. Weeks in which the equipment was undergoing maintenance and was otherwise "down", should not be included in your counts. Please record your estimates in the column labeled "Total Wks. Used/Year for All Svcs."
3. **Number of Services Per Year Involving Use of Medical Equipment:** Please provide the total number of annual procedures and/or E&M services (performed by the practice) for which each piece of medical equipment was used in the column, "Number Svcs. Per Year that Med. Equipment Used".
4. **Annual Maintenance Cost:** Includes the service contract cost of each piece of equipment and any other maintenance costs, which are not part of a service contract and which are not service-specific (e.g., do not include the costs associated with routine cleaning of equipment following each service, but do include any periodically scheduled maintenance or overhauls). Please provide in the last column the total annual costs of maintaining each piece of medical equipment.

The term "CPT" is used on these worksheets to refer to CPT or HCPCS codes.

Please remember to return this worksheet, along with the worksheets from packages G, P, M, and/or Pa no later than January 19, 1996.







List of Societies Asked to Submit CPEP Participant Nominations

Society Name

American Academy of Allergy and Immunology
American Academy of Child & Adolescent Psychiatry
American Academy of Dermatology
American Academy of Facial Plastic & Reconstructive Surgery
American Academy of Family Physicians
American Academy of Neurology
American Academy of Nurse Practitioners
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Osteopathy
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology - Head & Neck Surgery
American Academy of Pain Medicine
American Academy of Pediatrics
American Academy of Physical Medicine & Rehabilitation
American Academy of Physician Assistants
American Association of Clinical Endocrinologists
American Association of Critical Care Nurses
American Association of Electrodiagnostic Medicine
American Association of Medical Assistants
American Association of Neurological Surgeons
American Association of Nurse Anesthetists
American Association of Oral & Maxillofacial Surgeons
American Association of Physicists in Medicine
American Chiropractic Association
American College of Allergy & Immunology
American College of Cardiology
American College of Chest Physicians
American College of Emergency Physicians
American College of Foot and Ankle Surgeons
American College of Gastroenterology
American College of Medical Physicists
American College of Nuclear Physicians
American College of Obstetricians & Gynecologists
American College of Osteopathic Surgeons
American College of Physicians
American College of Radiation Oncology
American College of Radiology
American College of Rheumatology
American College of Sports Medicine
American College of Surgeons
American Dental Association
American Electroencephalographic Society
American Gastroenterological Association
American Geriatrics Society
American Healthcare Radiology Administrators
American Heart Association
American Institute of Ultrasound Medicine
American Medical Directors Association
American Nephrology Nurses Association
American Nurses Association
American Occupational Therapy Association
American Optometric Association



List of Societies Asked to Submit CPEP Participant Nominations

Society Name

American Orthopaedic Foot and Ankle Society
American Osteopathic Association
American Pediatric Surgical Association
American Pediatric Surgical Association
American Pediatric Surgical Association
American Physical Therapy Association
American Podiatric Medical Association
American Psychiatric Association
American Psychological Association
American Sleep Disorders Association
American Society for Bariatric Surgery
American Society for Dermatologic Surgery
American Society for Gastrointestinal Endoscopy
American Society for Surgery of the Hand
American Society for Therapeutic Radiology and Oncology
American Society of Abdominal Surgery
American Society of Addiction Medicine
American Society of Anesthesiologists
American Society of Cataract and Refractive Surgery
American Society of Clinical Oncology
American Society of Colon and Rectal Surgeons
American Society of Cytology
American Society of Cytopathology
American Society of Echocardiography
American Society of Electroneurodiagnostic Technologists
American Society of Extra-Corporeal Technology
American Society of General Surgeons
American Society of Hematology
American Society of Internal Medicine
American Society of Nephrology
American Society of Nuclear Medicine
American Society of Ophthalmic Registered Nurses/Association of Ophthalmic Technical Personnel
American Society of Plastic & Reconstructive Surgeons
American Society of Radiologic Technologists
American Society of Regional Anesthesia
American Society of Transplant Surgeons
American Speech, Language and Hearing Association
American Thoracic Society
American Urological Association
Association for Technical Personnel in Ophthalmology
Association of Freestanding Radiation Oncology Centers
Association of Operating Room Nurses
Association of Surgical Technologists
College of American Pathologists
Emergency Nurses Association
Endocrine Society
Infectious Diseases Society of America
International Association of Allergology & Clinical Immunology
International Chiropractors Association
International Society for Cardiovascular Surgery
International Society for Cardiovascular Surgery
Joint Council of Allergy, Asthma & Immunology
Mobile X-Ray Providers of America



List of Societies Asked to Submit CPEP Participant Nominations

Society Name

Mobile X-Ray Providers of America
National Association of Childbearing Centers
National Association of Medical Direction of Respiratory Care
National Black Nurses Association
National Dental Association
National Federation of Societies for Clinical Social Work
National Kidney Foundation
National Perinatal Association
National Society for Cardiovascular/Pulmonary Technology
North American Society of Pacing and Electrophysiology
Radiological Society of North America
Renal Physicians Association
Society for Vascular Surgery
Society of Cardiovascular Anesthesiologists
Society of Cardiovascular & Interventional Radiology
Society of Critical Care Medicine
Society of Gastroenterology Nurses & Associates
Society of Gynecologic Oncologists
Society of Thoracic Surgeons
Society of Vascular Technology

Total Number of Societies = 126





Abt Associates Inc.

Sample CPEP Nomination Request Letter Sent to Societies

September 13, 1995

Society Name
Society

Dear Society Contact:

As you may be aware, the Health Care Financing Administration (HCFA) has engaged Abt Associates Inc. to collect the necessary data to develop service-specific practice expense estimates for the over 6,000 CPT and HCPCS codes in the Medicare Fee Schedule. As part of this effort, Abt Associates will convene a number of Clinical Practice Expert Panels (CPEPs) to identify and enumerate the practice inputs (e.g. clinical labor, medical equipment and supplies) associated with specific key reference services that represent "families" of reasonably homogeneous services.¹

These CPEPs, to be convened initially this Fall and again next Spring, will be composed of physicians, non-physician clinicians (i.e., nurses, technicians), and practice administrators. CPEP participants will receive a package of worksheets (see Attachment C), to be completed and submitted to Abt prior to the CPEP meetings, requesting information on the time required by practice staff to provide each reference service, the equipment and supplies used in providing these reference services, and the purchase price costs for the equipment and supplies.

To ensure that your specialty's expertise is represented in the CPEP process, we would like your organization to provide 3-5 CPEP nominations each of the following types of practice staff:

- physicians
- non-physician clinical staff (e.g. nurses, technicians)
- practice administrators

Thus, we expect to receive approximately 9-15 CPEP nominees from your organization. CPEP nominees should be knowledgeable about the clinical or cost aspects of the services

¹ A more detailed description of the project and a preliminary description of the classification system are provided in attachments A and B, respectively.



provided by their practice. Specifically, in the initial meeting, they will be asked to discuss the clinical and administrative inputs that a physician practice must supply as it provides particular CPT-defined services in either its own office or at another site. These inputs include clinical and non-clinical staff time, supplies and equipment. During the second meeting, next Spring, panelists will be asked to extrapolate from the detailed costing of the single reference service in each family to the remainder of codes in the family. Therefore, they will need to be familiar with the costs of a wide variety of services. Finally, later in the Summer of 1996, CPEP members will be asked to review for face validity the total cost estimates associated with the codes addressed by their group. This last task will be conducted through mail and telephone communications rather than in a face-to-face meeting.

Time commitments required of each CPEP member include:

- two one and one half day meetings (dinner sessions followed by all day meetings);
- preparation prior to the first meeting consisting of completing worksheets outlining the costs of each of the 9-15 reference services to be addressed by the particular CPEP, based on the individuals own experience, any necessary discussions with colleagues and input from the specialty society;
- some review of information prior to the second meeting; and
- taking part in validation efforts through review of tables depicting total cost estimates and participation in one or two conference calls.

Please provide a paragraph description of each nominee that highlights those characteristics of the individual, including his or her practice type and size, that will make him or her a valuable participant in the CPEP discussions. It is not necessary to furnish complete CVs for your nominees.

CPEP participants will be reimbursed for their travel, lodging and meal expenses. Each CPEP meeting is planned to take place over one and one-half days in the Baltimore area. The first meetings will be scheduled between late October and early December, 1995; we expect that the second round will occur between March and May of 1996.

Since we hope to convene the CPEPs within the next few months, it is important that you submit your nominations by **September 29**. You may fax the names of your CPEP nominees, including their qualifications and contact information (i.e., phone number, fax number, and address) to the attention of *Abt Associates Inc. Contact and Telephone Number*. If you have any questions regarding the logistics of the CPEP meetings, please call *Abt Associates Inc. Contact and Telephone Number*.

Upon receipt of all CPEP nominees from the over 100 medical societies and organizations, we will assign CPEP nominees to the appropriate CPEPs (based on the type of services



represented in each CPEP). Each CPEP will include approximately 12-15 participants. As a result, we cannot promise that every CPEP nominee submitted can be incorporated into a CPEP. We will notify you by about October 10 which of your nominees have been assigned, and to which CPEPs.

In advance, thank you for your assistance and cooperation. We look forward to your participation in this important project. If you have any questions about the project, please feel free to call me (617-349-2494) or the HCFA Project Officer, Jesse Levy, Ph.D. (410-786-6600).

Sincerely,

Project Director

enclosures





List of CPEP Participants from Round I of CPEPs

CPEP 1 Integumentary and Physical Medicine

CPEP Participant Name	Nominating Society
Basler, Deborah, BSN, RN Lincoln, NE	American Academy of Dermatology American Society for Dermatologic Surgery
Book, Stanley H., CPA Baltimore, MD	American Podiatric Medical Association
Botten, Linda, OTR Bozeman, MT	American Occupational Therapy Association
Cohen, Jeffrey L., MD Hartford, CT	American College of Surgeons
Fearon, Helene M., PT Phoenix, AZ	American Physical Therapy Association
Freedberg, Irwin M., MD New York, NY	American Academy of Dermatology American Society for Dermatologic Surgery
Fronheiser, Larry P., PT Edensburg, PA	American Physical Therapy Association
Kerch, Lotchie M., DPM Seattle, WA	American Podiatric Medical Association
Kirmes, William J., DO Manchester, NH	American Academy of Osteopathy American Osteopathic Association
Resnick, Jeffrey I., MD Santa Monica, CA	American Society of Plastic & Reconstructive Surgery
Ross, Donald D., DC Huntsville, AL	American Chiropractic Association
St. John, Vernell, BA Schaumburg, IL	American Academy of Dermatology American Society for Dermatologic Surgery
Taylor, Jessica A., FPSA Houston, TX	American Academy of Facial Plastic & Reconstructive Surgery
Welker, Mary Jo, MD Columbus, OH	American Academy of Family Physicians



List of CPEP Participants from Round I of CPEPs

CPEP 2 Male Genital and Urinary

CPEP Participant Name	Nominating Society
Card, Dennis, MD Concord, NH	American Urological Association
Heinemeier, Irene S. Reno, NV	American Urological Association
Holtgrewe, H. Logan, MD Annapolis, MD	American Urological Association
Lawrence, Maureen Concord, NH	American Urological Association
McGee, George E., MD, FACS Hattiesburg, MS	American Society of General Surgeons
Ratliff, Thelma J. Winchester, VA	American College of Physicians American Society of Internal Medicine
Senese, Victor, RN Oak Lawn, IL	American Urological Association



List of CPEP Participants from Round I of CPEPs

CPEP 3 Orthopaedics

CPEP Participant Name	Nominating Society
Allyn, Michael, MPH Charlotte, NC	American Academy of Orthopaedic Surgeons
Barrow, John P. Indianapolis, IN	American Association of Neurological Surgeons
Cantrell, David Moorseville, IN	American Academy of Orthopaedic Surgeons
Coleman, William, MD, PhD Scottsboro, AL	American Academy of Family Physicians
Fox, Vicki J., RN, MSN, CNS, CRNFA Tyler, TX	American Nurses Association Association of Operating Room Nurses
Haas, Gail, CST/CFA Mooresville, IN	American Academy of Orthopaedic Surgeons
Haynes, Richard, MD Phoenix, AZ	American Academy of Pediatrics
Ouzounian, Tye, MD Tarzana, CA	American Orthopaedic Foot and Ankle Society
Pierce, Barbara, RN, MN Birmingham, AL	Emergency Nurses Association
Smith, David J., MD, FACS Ann Arbor, MI	American Society of Plastic & Reconstructive Surgery
Smith, Linda, L. Columbus, OH	American Podiatric Medical Association
Smith, Lloyd S., DPM Newton, MA	American Podiatric Medical Association
Taleisnik, Julio, MD Orange, CA	American Society for Surgery of the Hand
Tamler, Martin S., MD Royal Oak, MI	American Academy of Physical Medicine & Rehab American Association of Electrodiagnostic Medicine
Zausmer, Stan, CPA Arlington, VA	American Academy of Orthopaedic Surgeons



List of CPEP Participants from Round I of CPEPs

CPEP 4 OB/GYN

CPEP Participant Name	Nominating Society
Braun, Mary Ann, RNC, MSN, OGNP Washington, DC	American College of Obstetricians & Gynecologists
Dann, Jeffrey A., MD Fitchburg, MA	American Urological Association
Edwards, Sandra, CST Tulsa, OK	Association of Surgical Technologists
Harris, Daniel L., CMPE Phoenix, AZ	American College of Obstetricians & Gynecologists
Korb, Elizabeth G., CNM, MSN Asheville, NC	American College of Obstetricians & Gynecologists
Long, Doug, MD E. Boothbay, ME	American Academy of Family Physicians
Molenaar, C. Richard Springfield, MA	American College of Obstetricians & Gynecologists
Moore, Glenn I., MD Lexington, KY	American College of Obstetricians & Gynecologists
Smith, Robert N., MD San Francisco, CA	American College of Obstetricians & Gynecologists



List of CPEP Participants from Round I of CPEPs

CPEP 5 Ophthalmology

CPEP Participant Name	Nominating Society
Ashburn, Frank S., MD Washington, DC	American Academy of Ophthalmology American Society of Cataract and Refractive Surgery American Society of Ophthalmic Registered Nurses
Biglan, Albert W., MD Pittsburgh, PA	American Academy of Ophthalmology American Society of Cataract and Refractive Surgery American Society of Ophthalmic Registered Nurses
Dobbs, Mary St. Louis, MO	American Academy of Ophthalmology American Society of Cataract and Refractive Surgery American Society of Ophthalmic Registered Nurses
Dungan Applegeet, Carol, RN, MSN, CNOR, FAAN Denver, CO	American Nurses Association Association of Operating Room Nurses
Farrior, Edward H., MD Tampa, FL	American Academy of Facial Plastic & Reconstructive Surgery
Haman, Stuart, MD Towson, MD	American Academy of Ophthalmology American Society of Cataract and Refractive Surgery American Society of Ophthalmic Registered Nurses
McPeak, Nancy, RN, BSN Glasgow, KY	American Academy of Ophthalmology American Society of Cataract and Refractive Surgery American Society of Ophthalmic Registered Nurses
Parrino, Jean P., COT New Albany, IN	American Academy of Ophthalmology American Society of Cataract and Refractive Surgery American Society of Ophthalmic Registered Nurses
Sharp, Robert H., OD Atlantic, IA	American Optometric Association
Tenney, Teresa, A. Providence, RI	American Optometric Association



List of CPEP Participants from Round I of CPEPs

CPEP 6 Radiology

CPEP Participant Name	Nominating Society
Berlow, Michael, MD Albany, NY	American College of Radiology Radiological Society of North America
Copeland, Lanny, MD Moultrie, GA	American Academy of Family Physicians
Forsythe, John, RDMS, RDCS, RVT San Diego, CA	American Institute of Ultrasound Medicine
Hauser, J. Bruce, MD Roanoke, VA	American College of Radiology Radiological Society of North America
Huurman, Walter W., MD Omaha, NE	American Academy of Pediatrics
Ibbott, Geoffrey S., PhD Lexington, KY	American Association of Physicists in Medicine
Jacobson, Jeffrey M., MD Cleveland, OH	American Academy of Pediatrics
Landau, Les M., DO Kirksville, MO	American College of Osteopathic Surgeons
McKusick, Kenneth, MD, FACR, FACNP Boston, MA	American College of Nuclear Physicians American Society of Nuclear Medicine
Ring, Ernest J., MD San Francisco, CA	American College of Radiology Radiological Society of North America Society of Cardiovascular & Interventional Radiology
Rose, Christopher, M., MD, FACR Burbank, CA	American Association of Physicists in Medicine American College of Radiology American Society for Therapeutic Radiology and Oncology Radiological Society of North America
Sawchuk, Peter L., MD, MBA Green Pond, NJ	American College of Emergency Physicians
Tierney, James E. Minneapolis, MN	American College of Radiology Radiological Society of North America
Wexler, Lewis, MD Stanford, CA	American Heart Association
Wuerstle, Thomas J. Erie, PA	Mobile X-Ray Providers of America



List of CPEP Participants from Round I of CPEPs

CPEP 7 Evaluation and Management

CPEP Participant Name	Nominating Society
Backstrom, Ima Lou, CMA Fayetteville, AR	American Association of Medical Assistants
Bagley, Bruce, MD Latham, NY	American Academy of Family Physicians
Bishop, Michael D., MD, FACEP Bloomington, IN	American College of Emergency Physicians
Bower, Bruce F., MD Hartford, CT	American Association of Clinical Endocrinologists
Busis, Neil A., MD Pittsburgh, PA	American Academy of Neurology American Association of Electrodiagnostic Medicine
Counts, Mona, PhD, C-FNP, FNAP Waynesburg, PA	American Academy of Nurse Practitioners
Goetter, Stephen R., MD Decatur, IL	American College of Physicians American Society of Internal Medicine
Gottlieb, Gary, MD, MBA Philadelphia, PA	American Psychiatric Association
Helmly, R. Bruce, MD Arnold, MD	Joint Council of Allergy, Asthma, & Immunology
Hetrick, Edward New City, NY	American Society of Hematology
Hill, Emily, PA-C Galax, VA	American Academy of Family Physicians American Academy of Physician Assistants
Lareau, Suzanne, RN, MS, Loma Linda, CA	American Thoracic Society
Massey, Pamela Rand, PT, MSA Houston, TX	American College of Rheumatology
McKibben, W. Jeanne, MD Oberlin, OH	American College of Physicians American Society of Internal Medicine
Murphy, Patricia A., PsyD. Terre Haute, IN	American Psychological Association
Sullivan, Michael Tacoma, WA	Infectious Diseases Society of America
Vanchiere, Charles, MD, CEO Lake Charles, LA	American Academy of Pediatrics



List of CPEP Participants from Round I of CPEPs

CPEP 8 General Surgery

CPEP Participant Name	Nominating Society
Bardon, Patricia, RN Grand Rapids, MI	American Society of Colon and Rectal Surgeons
DeMayo, Eileen, RN, BSN Chicago, IL	American Society of Transplant Surgeons
Dodd, Patricia, CST South Portland, ME	Association of Surgical Technologists
Dost, Anne, RN Arlington, VA	American College of Physicians American Society of Internal Medicine
Gage, John, MD, FACs Pensacola, FL	American College of Surgeons
Katzen, Barry T., MD Miami, FL	American College of Radiology Radiological Society of North America Society of Cardiovascular & Interventional Radiology
McMahon, Margaret, RN, MN CEN Red Bank, NJ	Emergency Nurses Association
Rhodes, Nancy M., MPH Philadelphia, PA	Society of Thoracic Surgeons
Senagore, Anthony, MD Grand Rapids, MI	American Society of Colon and Rectal Surgeons
Stuart, Frank P., MD Chicago, IL	American Society of Transplant Surgeons
Tenzer, Inez, RN, MSm CNOR Pasadena, CA	American Nurses Association Association of Operating Room Nurses
Wadle, Ronald W., DO, FACOS Livonia, MI	American College of Osteopathic Surgeons
Yedlin, Steven, MD Oakland, CA	American Pediatric Surgical Association



List of CPEP Participants from Round I of CPEPs

CPEP 9 Otolaryngology

CPEP Participant Name	Nominating Society
Anglin, Terry, MBA Oklahoma City, OK	American Academy of Otolaryngology - HNS
Bradley, Joel Jr., MD Clarksville, TN	American Academy of Pediatrics
Crotty, David W., DO Santa Rosa, CA	American Academy of Osteopathy American Osteopathic Association
Eisenberg, Lee D., MD Englewood, NJ	American Academy of Otolaryngology - HNS American Speech, Language and Hearing Association
Ellison, Cynthia Nashville, TN	American Speech, Language and Hearing Association
Pollock, Kimberley J., RN, MBA Dallas, TX	American Academy of Otolaryngology - HNS
Rietz, Robert, MD, MBA Brookings, SD	American Academy of Otolaryngology - HNS American Speech, Language and Hearing Association
Sherman, Neil, MD West Covina, CA	American Pediatric Surgical Association
Taylor, Charles R., MS Springfield, MO	American Academy of Otolaryngology - HNS
Weil, Thomas M., DDS Houston, TX	American Association of Oral & Maxillofacial Surgery
Wilbers, James E., MBA Cincinnati, OH	American Academy of Otolaryngology - HNS
Yee, Linda, RN, MSN, CEN San Diego, CA	Emergency Nurses Association



List of CPEP Participants from Round I of CPEPs

CPEP 10 Miscellaneous Internal Medicine

CPEP Participant Name	Nominating Society
Berendes, Jerry Marshfield, WI	American Academy of Neurology American Association of Electrodiagnostic Medicine American Electroencephalographic Society American Society of Electroneurodiagnostic Technology
Blayney, Douglas W., MD, FACP Glendora, CA	American Society of Clinical Oncology
Fischer, Thomas J., MD Cincinnati, OH	American College of Allergy & Immunology International Association of Allergy & Clinical Immunology Joint Council of Allergy, Asthma & Immunology
Fleming, David, MD Moberly, MO	American College of Physicians American Society of Internal Medicine
Gerald, Melvin, MD Washington, DC	American Academy of Family Physicians
Green Lawrence, MD Chester, PA	American Academy of Neurology American Association of Electrodiagnostic Medicine American Electroencephalographic Society American Society of Electroneurodiagnostic Technology
Jacobson, A.D., MD, CPA Phoenix, AZ	American Academy of Pediatrics
Kuchins, Anne, GNP Flushing, NY	American Geriatrics Society
Paganini, Emil P., MD Cleveland, OH	American Society of Nephrology Renal Physicians Association
Ratkin, Gary A., MD St. Louis, MO	American Society of Hematology
Studdard, John E., MD, FCCP Jackson, MS	American College of Chest Physicians
Traver, Gayle, RN, BSN, MSN Tucson, AZ	American Thoracic Society
Walen, Mary Lou San Diego, CA	American Society for Bariatric Surgery



List of CPEP Participants from Round I of CPEPs

CPEP 11 Gastroenterology

CPEP Participant Name	Nominating Society
Baerg, Richard D., MD, PhD Tacoma, WA	American Society for Gastrointestinal Endoscopy
Beven, Terence, MD, FACNP Baton Rouge, LA	American College of Nuclear Physicians American Society of Nuclear Medicine
Bolan, Kevin C., RPA-C Newcomb, NY	American Academy of Physician Assistants
Chally, Cecil, MD Minneapolis, MN	American Gastroenterological Association
Chapman, Elaine M., RN Tempe, AZ	Society of Gastroenterology Nurses & Associates
Fleming, Patricia R. Greensboro, NC	American Association of Nurse Anesthetists
Klish, William, MD Houston, TX	American Academy of Pediatrics
Lockhart, Ann, RN, MN New Orleans, LA	American Society of Colon and Rectal Surgeons
Ruecker, Ronald L., MD Decatur, IL	American College of Physicians American Society of Internal Medicine
Smith, Melody, RN Decatur, IL	American College of Physicians American Society of Internal Medicine
Turner, Thomas C. New Orleans, LA	American College of Gastroenterology



List of CPEP Participants from Round I of CPEPs

CPEP 12 Cardiothoracic and Vascular

CPEP Participant Name	Nominating Society
Anderson, Richard Powell, MD Seattle, WA	Society of Thoracic Surgeons
Applebaum, Harry, MD Los Angeles, CA	American Pediatric Surgical Association
Byrnes, John Francis, PA-C Maitland, FL	Society of Thoracic Surgeons
Lindrum, Mary Jane, CPA Rome, GA	International Society for Cardiovascular Surgery Society for Vascular Surgery
Little, Alexander G., MD Las Vegas, NV	Society of Thoracic Surgeons
Lowrie, Bruce, MD Shaker Heights, OH	American Geriatrics Society
Mattson, Steven D., MBA Rochester, MN	American Society of Echocardiography North American Society of Pacing & Electrophysiology
Mayer, John E., MD Boston, MA	Society of Thoracic Surgeons
Oblath, Robert, MD Encino, CA	International Society for Cardiovascular Surgery Society for Vascular Surgery
Tatken, Greta E., Annandale, VA	Society of Thoracic Surgeons



List of CPEP Participants from Round I of CPEPs

CPEP 13 Cardiology

CPEP Participant Name	Nominating Society
Bateman, Timothy M., MD, FACC Kansas City, MO	American College of Cardiology
Bethel, Suzanne M., RN, BA, CCRC Orlando, FL	American College of Cardiology
Drachenberg, Robert, CPA Madison, WI	American Academy of Family Physicians
Fanning, Lisa Rochester, MN	North American Society of Pacing & Electrophysiology
Gannon, Carol J., RN, RVT, RDCS Arlington, TX	Society of Vascular Technology
Garson, Arthur, MD, MPH Houston, TX	American Academy of Pediatrics North American Society of Pacing & Electrophysiology
Laskey, Warren K., MD, FACC Baltimore, MD	American College of Cardiology
Murphy, Mary Houston, TX	American College of Cardiology
Prystowsky, Eric, MD Indianapolis, IN	North American Society of Pacing & Electrophysiology
Toren, Richard B. Chevy Chase, MD	American College of Cardiology American College of Physicians American Society of Internal Medicine
Vasey, Charles G., MD Asheville, NC	American Society of Echocardiography
White, Suzanne K., RN, MS Lilburn, GA	American Heart Association
Williams, Anne Michelle, MD, FACS Glasgow, MT	American College of Surgeons
Wright, Richard F., MD Santa Monica, CA	American College of Cardiology American Society of Echocardiography



List of CPEP Participants from Round I of CPEPs

CPEP 14 Anesthesiology/Pathology

CPEP Participant Name	Nominating Society
Bauer, Stephen N., MD Carmichael, CA	College of American Pathologists
Beutler, Jeffrey M., CRNA Grand Rapids, MI	American Association of Nurse Anesthetists American Society of Anesthesiologists
Cohen, Neal H., MD, MPH San Francisco, CA	American Society of Anesthesiologists
Gamble, William G., MD, FACS Minneapolis, MN	American College of Surgeons
Gitman, Paul A., MD Manhasset Hills, NY	American College of Physicians American Society of Internal Medicine
Johnstone, Robert E., MD Morgantown, WV	American Society of Anesthesiologists
Larson, Sherry R., MHA, CEO Orlando, FL	College of American Pathologists
Martin, Scott A., MD St. Louis, MO	College of American Pathologists
Pomerantz, Anlouise, HT Orlando, FL	College of American Pathologists
Rowlingson, John, MD Charlottesville, VA	American Society of Regional Anesthesia
Venters, Lynda F., MBA, FACMPE Albuquerque, NM	American Society of Anesthesiologists
Wills, Randy F., MBA Cambridge, MA	College of American Pathologists



List of CPEP Participants from Round I of CPEPs

CPEP 15 Neurosurgery

CPEP Participant Name	Nominating Society
Anderson, Kristen, MA Houston, TX	American Academy of Neurology American Electroencephalographic Society American Society of Electroneurodiagnostic Technology
Blaylock, Kevin, CPA Oklahoma City, OK	American Association of Neurological Surgeons
DeLano, Michael, CST/CFA Hot Springs, SD	Association of Surgical Technologists
Doll, Kay V. Lexington, KY	American Association of Neurological Surgeons
Kusske, John, MD Laguna Hills, CA	American Association of Neurological Surgeons
Lesser, Ronald P., MD Baltimore, MD	American Academy of Neurology American Electroencephalographic Society American Society of Electroneurodiagnostic Technology
Marek, Richard, MD Albuquerque, NM	American Academy of Family Physicians





Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 1: Integumentary and Physical Medicine

	Round I	Round II
Total Number of Participants	14	12
<u>Specialty</u>		
Chiropractic	1	1
Dermatology	3	3
General/Family Practice	2	2
General Surgery	1	1
Occupational Therapy	1	1
Physical Medicine and Rehabilitation	0	1
Physical Therapy	2	0
Plastic Surgery	2	2
Podiatry	2	1
<u>Profession</u>		
Physician	6	6
Non-Physician Clinician	5	4
Administrator	3	2
<u>Region</u>		
Central	5	6
East	5	3
Mountain	2	1
Pacific	2	2



Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 2: Male Genital and Urinary

	Round I	Round II
Total Number of Participants	7	6
<u>Specialty</u>		
General Surgery	1	1
Internal Medicine	1	1
Urological Surgery	5	4
<u>Profession</u>		
Physician	3	2
Non-Physician Clinician	1	1
Administrator	3	3
<u>Region</u>		
Central	2	2
East	4	3
Mountain	1	1
Pacific	0	0



Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 3: Orthopaedics

	Round I	Round II
Total Number of Participants	15	10
<u>Specialty</u>		
Emergency Medicine	2	1
General/Family Practice	1	1
General Surgery	1	0
Neurological Surgery	1	1
Orthopaedic Surgery	7	4
Plastic Surgery	1	1
Podiatrist	2	2
<u>Profession</u>		
Physician	7	8
Non-Physician Clinician	3	0
Administrator	5	2
<u>Region</u>		
Central	9	5
East	3	3
Mountain	1	0
Pacific	2	2



Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 4: Obstetrics/Gynecology

	Round I	Round II
Total Number of Participants	9	8
<u>Specialty</u>		
General/Family Practice	1	1
General Surgery	1	0
Obstetrics/Gynecology	6	6
Urological Surgery	1	0
Urology	0	1
<u>Profession</u>		
Physician	4	4
Non-Physician Clinician	2	1
Administrator	3	3
<u>Region</u>		
Central	2	1
East	5	5
Mountain	1	1
Pacific	1	1



Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 5: Ophthalmology

	Round I	Round II
Total Number of Participants	10	10
<u>Specialty</u>		
General Surgery	1	1
Ophthalmology	6	6
Optometry	2	2
Plastic Surgery	1	1
<u>Profession</u>		
Physician	5	5
Non-Physician Clinician	2	2
Administrator	3	3
<u>Region</u>		
Central	4	5
East	5	4
Mountain	1	1
Pacific	0	0



Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 6: Radiology

	Round I	Round II
Total Number of Participants	15	15
<u>Specialty</u>		
Cardiovascular Disease	1	1
Emergency Medicine	1	1
General/Family Practice	1	1
General Surgery	1	1
Nuclear Medicine	0	1
Orthopaedic Surgery	1	1
Radiology	10	9
<u>Profession</u>		
Physician	11	10
Non-Physician Clinician	2	2
Administrator	2	3
<u>Region</u>		
Central	5	5
East	6	6
Mountain	0	0
Pacific	4	4



Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 7: Evaluation and Management

	Round I	Round II
Total Number of Participants	17	14
<u>Specialty</u>		
Allergy/Immunology	1	0
Emergency Medicine	1	1
General/Family Practice	4	3
Hematology/Oncology	1	1
Internal Medicine	5	5
Neurology	1	1
Pediatrics	1	1
Psychiatry	1	0
Psychology	1	1
Pulmonary Disease	1	1
<u>Profession</u>		
Physician	10	7
Non-Physician Clinician	3	2
Administrator	4	5
<u>Region</u>		
Central	7	6
East	8	6
Mountain	0	0
Pacific	2	2



Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 8: General Surgery

	Round I	Round II
Total Number of Participants	13	11
<u>Specialty</u>		
Emergency Medicine	1	0
General Surgery	9	7
Internal Medicine	1	1
Radiology	1	1
Transplant Surgery	0	1
Urological Surgery	1	1
<u>Profession</u>		
Physician	6	8
Non-Physician Clinician	4	0
Administrator	3	3
<u>Region</u>		
Central	5	5
East	6	4
Mountain	0	1
Pacific	2	1

Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 9: Otolaryngology

	Round I	Round II
Total Number of Participants	12	9
<u>Specialty</u>		
Audiology	1	1
Emergency Medicine	1	0
General/Family Practice	1	1
General Surgery	1	0
Oral and Maxillofacial Surgery	1	1
Otolaryngology	6	5
Pediatrics	1	1
<u>Profession</u>		
Physician	5	3
Non-Physician Clinician	3	2
Administrator	4	4
<u>Region</u>		
Central	8	7
East	1	1
Mountain	0	0
Pacific	3	1

Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 10: Miscellaneous Internal Medicine

	Round I	Round II
Total Number of Participants	13	11
<u>Specialty</u>		
Allergy/Immunology	1	1
General/Family Practice	1	1
General Surgery	1	0
Hematology/Oncology	2	2
Internal Medicine	4	3
Neurology	2	2
Pediatrics	0	1
Pulmonary Disease	2	0
Rheumatology	0	1
<u>Profession</u>		
Physician	8	8
Non-Physician Clinician	2	1
Administrator	3	2
<u>Region</u>		
Central	6	5
East	3	5
Mountain	2	0
Pacific	2	1



Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 11: Gastroenterology

	Round I	Round II
Total Number of Participants	11	10
<u>Specialty</u>		
Anesthesiology	1	1
Gastroenterology	5	4
General/Family Practice	1	1
General Surgery	1	1
Internal Medicine	2	2
Radiology	1	1
<u>Profession</u>		
Physician	5	4
Non-Physician Clinician	5	5
Administrator	1	1
<u>Region</u>		
Central	7	5
East	2	4
Mountain	1	1
Pacific	1	0



Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 12: Cardiothoracic and Vascular

	Round I	Round II
Total Number of Participants	10	7
<u>Specialty</u>		
Cardiothoracic	7	6
General Surgery	1	1
Internal Medicine	2	0
<u>Profession</u>		
Physician	6	5
Non-Physician Clinician	1	1
Administrator	3	1
<u>Region</u>		
Central	2	0
East	4	3
Mountain	1	1
Pacific	3	3

Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 13: Cardiology

	Round I	Round II
Total Number of Participants	14	10
<u>Specialty</u>		
Cardiothoracic	1	0
Cardiovascular Diseases	10	8
General/Family Practice	1	0
General Surgery	1	1
Internal Medicine	0	1
Pediatrics	1	0
<u>Profession</u>		
Physician	7	7
Non-Physician Clinician	2	0
Administrator	5	3
<u>Region</u>		
Central	7	5
East	5	4
Mountain	1	1
Pacific	1	0

Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 14: Anesthesiology/Pathology

	Round I	Round II
Total Number of Participants	12	12
<u>Specialty</u>		
Anesthesiology	5	5
General Surgery	1	1
Internal Medicine	1	1
Pathology	5	5
<u>Profession</u>		
Physician	7	7
Non-Physician Clinician	2	2
Administrator	3	3
<u>Region</u>		
Central	3	3
East	6	6
Mountain	1	1
Pacific	2	2



Distribution of CPEP Participants by Specialty, Profession, and Region

CPEP 15: Neurosurgery

	Round I	Round II
Total Number of Participants	7	8
<u>Specialty</u>		
General/Family Practice	1	1
General Surgery	1	1
Neurological Surgery	4	5
Neurology	1	1
<u>Profession</u>		
Physician	3	4
Non-Physician Clinician	1	1
Administrator	3	3
<u>Region</u>		
Central	4	5
East	1	0
Mountain	1	1
Pacific	1	2





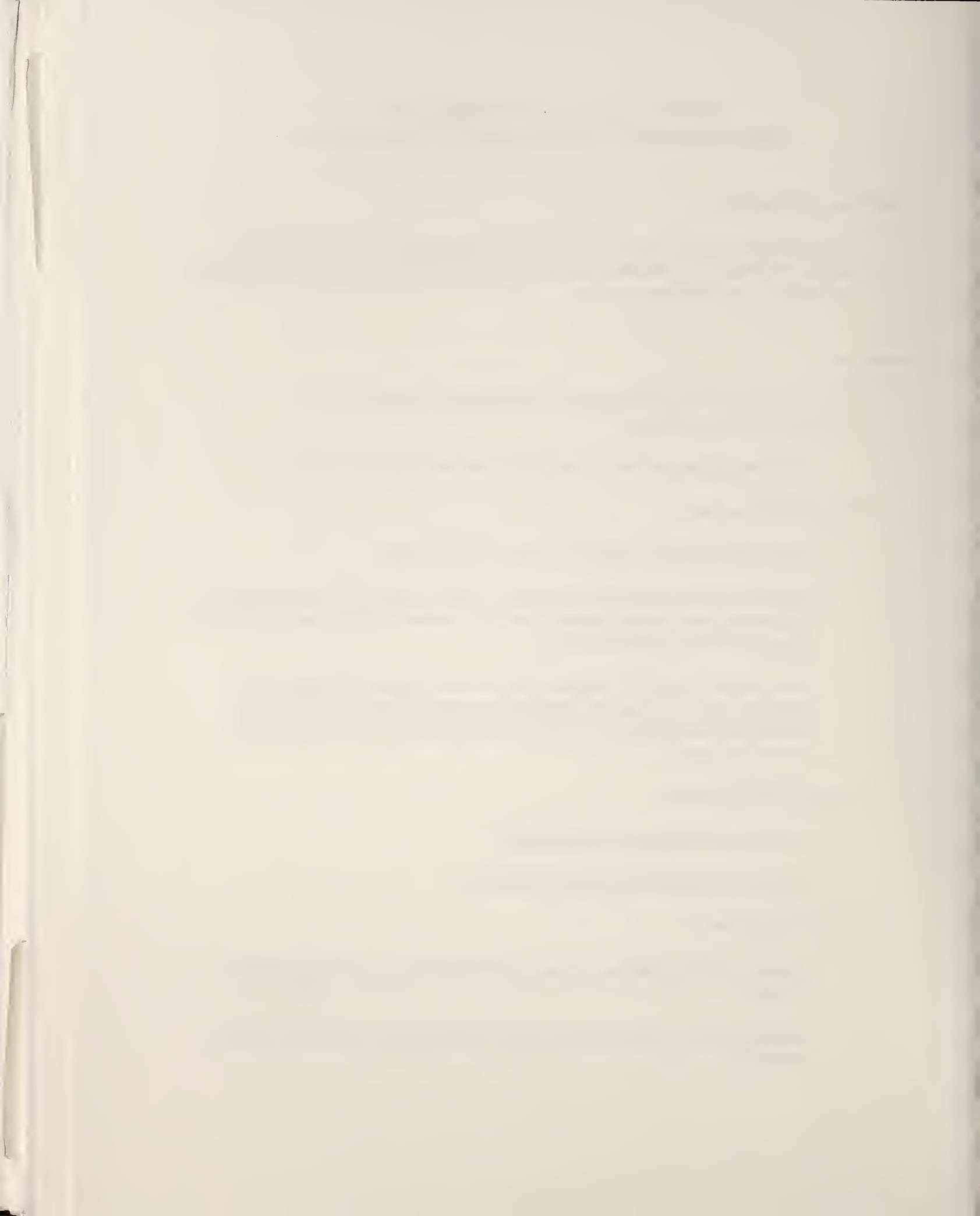
GROUND RULES AND GUIDELINES FOR DEVELOPING SERVICE-SPECIFIC PROFILES

Goal of the CPEP meeting:

To provide HCFA with estimates of the resources needed to provide each reference service. We will arrive at consensus values for each input (labor, equipment, and supplies) associated with each reference service.

Substantive:

1. Focus on PRACTICE EXPENSES and not WORK (see Attachment A for inclusions/exclusions guidelines):
 - practice expenses are relevant only if they are incurred by the practice
2. Role of CPEP members:
 - each CPEP member is acting as an expert in his/her field
 - CPEP members are not representing their medical societies, but are to present their judgement about practice expenses from the perspective of their own practices and their knowledge of typical practice
 - the function of the CPEP members who are not the primary providers of the reference service is to act as independent assessors of the resource estimates suggested, to ask questions to ensure validity and reality, and to add their own clinical judgement
3. Role of Society Observers:
 - explain data that may have been included
 - serve as a resource to the entire CPEP process
4. Role of Society Data:
 - provide additional information that may broaden the experience available to the CPEPs
 - do not replace the data provided by CPEP members and do not have to be used explicitly



5. Role of Abt Moderator:

- keep the pace moving (the number of minutes per reference service will depend on the number of reference services per CPEP, the extent of equipment used in the provision of each reference service, and whether the reference service includes technical and professional components).
- help group decide when they are stuck (using the process defined below)
- ensure that all panel members participate and have the opportunity to speak (do not let one member dominate)
- maintain a neutral role regarding content matters, but actively assist in managing group processes

6. Role of Abt/HCFA Floater:

- serve as a resource for technical issues and questions across all CPEPs
- provide assistance in resolving particularly difficult consensus discussions

7. Role of Recorders:

- check participants and observers in at the door
- enter consensus data into laptop/worksheet
- take notes about general discussion, particularly on disagreements and justifications for consensus values

Process:

1. Start and end sessions on time
2. Take breaks only at designated times (to avoid the "busybody syndrome" - people coming and going during the course of the meeting to take phone calls, etc.); the group may decide when each break is warranted
3. Respect all contributions and contributors - divergent views are encouraged
4. Allow only one person to speak at a time



5. In order to minimize interruptions during the CPEP meetings, communication among CPEP members and Society Observers during the sessions is limited to written notes and messages. Society Observers can communicate verbally to CPEP members only during the designated breaks.
6. Disagreements should not become personal.
7. Resolution of conflicts: in cases where consensus cannot be reached in a reasonable time frame, *agree to disagree* and move on. Before attempts to obtain consensus are abandoned, outlier opinions should be excluded if they keep the panel from reaching consensus. In situations where consensus is not achieved, the views of each CPEP member will be recorded and analyzed subsequent to the CPEP meeting.



**Attachment A:
Guidelines for Inclusion/Exclusion**

Resource Profiles

SHOULD:

SHOULD NOT:

1. Include activities most commonly *not* performed by physicians as defined by Medicare (MDs, DOs, ODs, Psychologists, Chiropractors, Dentists, Podiatrists).
2. Be based on recent, accepted clinical practice.
3. Be based on the typical patient across all age groups.
4. Reflect the practice's variable costs. Variable costs include costs of resources directly attributable to performing a particular service.
5. Reflect time required to perform service-specific functions by **support staff** who are typically employed or contracted by a practice and who cannot bill separately. Examples of support staff include:
 - Registered nurses(RNs)
 - Licensed Practical Nurses (LPNs)
 - Medical Secretaries
 - Receptionists
 - Technicians
6. Include medical equipment, with acquisition cost > \$500, that is purchased or leased by practice and that is used in the direct provision of a given service.
7. Include disposable medical supplies that are purchased by practice and that are used in direct provision of a given service.

1. Include activities most commonly performed by physicians as defined by Medicare.
2. Be based on outmoded clinical practices or new practices that have yet to be adopted by most providers.
3. Be based on an unusually easy or difficult case. Nor should resource estimates be based only on the Medicare population.
4. Reflect the practice's overhead costs. Overhead costs include fixed expenses of the practice and are not directly related to a specific service. These costs are the focus of the Survey of Practices. Examples of resources that are part of overhead costs, but are often mistaken as part of variable costs include:
 - Standby time
 - Time to transport/courier patient test results/specimens
 - Time to restock supplies
 - Quality assurance activities
 - Employee training
5. Include time spent performing service-specific functions by staff, who are employed and paid by a hospital, nor time spent by fellows or physicians.

Reflect time spent on service-specific functions by staff who bill separately for their services through the physician work component. Since these staff bill through the work component of the fee schedule, they are not considered part of practice expenses. Staff who can bill separately include:

 - Certified Registered Nurse Anesthetists (CRNAs)
 - Clinical Social Workers(CSWs)
 - Chiropractors
 - Dentists
 - Doctors of Osteopathy
 - Nurse Midwives (NMs)
 - Nurse Practitioners (NPs)/
Clinical Nurse Specialists (CNSs)
 - Optometrists
 - Podiatrists
 - Physical/Occupational Therapists (PT/OTs)
 - Physician Assistants(PAs)
 - Physicians
 - Clinical Psychologists(CPs)
6. Include any medical equipment owned or provided by a hospital, nor any non-medical capital items (e.g., office computers and software, photocopiers, or desks).
7. Include any medical supplies purchased or provided by a hospital.





Reference CPT Code Prioritization Guide

CPEP 1 Integumentary and Physical Medicine

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Simple Debridement, Excision and Destruction 17000 Destruction by any method, including laser, with or without surgical curettement, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferatrive lesions, including local anesthesia; one les	99% performed in office
Nursing Facility Care, Subsequent 99312 Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem, focused examination	
Office Visits - New Patient 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	
<i>MAJOR REFERENCE SERVICE CODES</i>	
Nail Procedures 11730 Avulsion of nail plate, partial or complete, simple; single	74% performed in office
Simple Skin Repair 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	24% performed in office
Complex Skin Repairs Including Integument Grafts, Transfer and Rearrangement 15100 Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); 100 sq cm or less, or each one percent of body area of infants and children (except 15050)	4% performed in office
Physical Therapy 97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance. range of motion and flexibility	98% performed in office



SERVICE	COMMENTS
Occupational Therapy Q0109 Occupational therapy evaluation	96% performed in office
Muscle Strength and Range of Motion Testing 95851 Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	81% performed in office
Dermabrasion and Cryotherapy 17340 Cryotherapy (CO2 slush, liquid N2) for acne	98% performed in office
Photochemotherapy 96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	98% performed in office
Incision and Drainage 10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradentis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	82% performed in office
Simple Excision and Biopsy 11642 Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 1.1 to 2.0 cm	80% performed in office
Complex Excision and Debridement 11643 Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0 cm	69% performed in office
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	
Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	
Breast Procedures 19240 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	



Reference CPT Code Prioritization Guide

CPEP 2 Male Genital and Urinary

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Major Transurethral Procedure 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)	1% performed in office
Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history: a detailed examination: and medical decision making of low complexity. Counseling and/or coordination of care	
Simple Cystourethroscopy 52000 Cystourethroscopy (separate procedure)	71% performed in office
<i>MAJOR REFERENCE SERVICE CODES</i>	
Major Procedure -Urinary tract except kidney 55845 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes oordination of care with other providers or age	1% performed in office
Major Procedure - Renal 50230 Nephrectomy, including partial ureterectomy, any approach including rib resection, radical, with regional lymphadenectomy and/or vena caval thrombectomy	1% performed in office
Complex Urethral Procedure 53420 Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage	76% performed in office



SERVICE	COMMENTS
Urethral Catherization and Dilation-Simple 53670 Catheterization, urethra; simple	73% performed in office
Urethral Catherization and Dilation -Complex 53620 Dilation of urethral stricture by passage of filiform and follower, male; initial	69% performed in office
Simple Urethral Procedures 53265 Excision or fulguration. urethral caruncle	20% performed in office
Renal Extracorporeal Shock Wave Lithotripsy 50590 Lithotripsy, extracorporeal shock wave	4% performed in office
Moderate Cystourethroscopy 52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, or ureteropyelography, exclusive of radiologic service;	10% performed in office
Nephrostomy, Complex Cystourethroscopy, and Litholapaxy 52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	2% performed in office
Testicular and Epididymal Procedures 54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis scrotal or inguinal approach	2% performed in office
Insertion of Penile Prosthesis 54405 Insertion of inflatable (multi-component) penile prosthesis, including placement of pump, cylinders, and/or reservoir	1% performed in office
Urinary Tract Biopsy 50200 renal biopsy; percutaneous, by trocar or needle	3% performed in office
Simple Penile Procedures 54161 Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn	6% performed in office



SERVICE	COMMENTS
Urinary Tract Motility Studies - Simple 51725 Simple cystometrogram (CMG) (eg, spinal manometer)	49% performed in office
Urinary Tract Motility Studies - Complex 51795 Voiding pressure studies (VP); bladder voiding pressure, any technique	67% performed in office
Renal/Urinary Tract Endoscopy 50980 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	7% performed in office
Complex Penile Procedures 54332 One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	0% performed in office
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
Hysterectomy - Urology 57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	
Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	
Consultation - Inpatient 99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provider	



Reference CPT Code Prioritization Guide

CPEP 3 Orthopaedics

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Closed Treatment of Fracture and Dislocation except Finger, Toe and Trunk 25605 Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation	34% performed in office
Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity Counseling and/or coordination of care with other providers or age	
Arthrocentesis and Ligament or Tendon Injection 20610 Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromioclavicular bursa)	95% performed in office
<i>MAJOR REFERENCE SERVICE CODES</i>	
Hip Fracture Repair 27244 Open treatment of intertrochanteric, pertrochanteric or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	1% performed in office
Cast and Strapping 29405 Application of short leg cast (below knee to toes);	85% performed in office
Orthopaedics - Foot 28292 Hallux valgus (bunion) correction, with or without sesamoidectomy; Keller, McBride or Mayo type procedure	22% performed in office
Orthopaedics - Spine 22842 Posterior instrumentation; segmental fixation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires)	1% performed in office



SERVICE	COMMENTS
Closed Treatment of Fracture and Dislocation of Finger, Toe and Trunk 23500 Closed treatment of clavicular fracture; without manipulation	42% performed in office
Orthopaedics Miscellaneous 20680 Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	10% performed in office
Orthopaedics - Thigh 27590 Amputation, thigh, through femur, any level;	0% performed in office
Orthopaedics - Lower Leg 27880 Amputation, leg, through tibia and fibula;	1% performed in office
Orthopaedics - Lower Leg/Ankle 27814 Open treatment of bimalleolar ankle fracture, with or without internal or external fixation	1% performed in office
Open or Percutaneous Treatment of Fractures 27822 Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip	1% performed in office
Orthopaedics - Upper Arm 24516 Open treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	1% performed in office
Orthopaedics - Shoulder Joint and Surrounding Structures 23420 Repair of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	1% performed in office ¹
Orthopaedics - Knee Joint and Surrounding Structures (except knee replacement) 29861 Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	1% performed in office

¹ Procedures indicated as performed 1% in office are likely to be reporting errors



SERVICE	COMMENTS
Knee Replacement 27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee replacement)	1% performed in office
Hip Replacement 27134 Revision of total hip arthroplasty; both components, with or without autograft or allograft	1% performed in office
Orthopaedics - Hip Procedures (except hip replacement or hip fracture repair) 27266 Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	1% performed in office
Orthopaedics - Hand 26055 Tendon sheath incision (eg, for trigger finger)	6% performed in office
Orthopaedics - Forearm 25000 Tendon sheath incision; at radial styloid (eg, for deQuervain's disease)	9% performed in office
Orthopaedics - Wrist Joint and Surrounding Structures 25111 Excision of ganglion, wrist (dorsal or volar); primary	8% performed in office
Bone or Joint Manipulation under Anesthesia 23655 Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	5% performed in office
Orthopaedics - Elbow Joint and Surrounding Structures 24105 Excision, olecranon bursa	6% performed in office
Orthopaedics - Pelvis 26990 Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	8% performed in office

SERVICE	COMMENTS
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
<p>Office Visits - New Patient 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c</p>	
<p>Major Procedure - Expior/Decompr/Excis Disc 63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar</p>	
<p>Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination medical decision making</p>	
<p>Physical Therapy 97110 Therapeutic procedure. one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</p>	



Reference CPT Code Prioritization Guide

CPEP 4 Obstetrics/Gynecology

WALK-THROUGH SERVICE CODES

SERVICE	Worksheet Type	Global Period	Post-op Office Visits	In Office	Out of Office
Miscellaneous Female Reproductive 58100 Endometrial and/or endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	P	—	—	Y	N
Hysterectomy 58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	G	90	2	N	Y
Office Visits - New Patient 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity.	M	—	—	Y	Y
MAJOR REFERENCE SERVICE CODES					
Colposcopy 57454 Colposcopy (vaginocopy); with biopsy(s) of the cervix and/or endocervical curettage	P	—	—	Y	N
Simple Female Reproductive Procedures 57500 Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	P	—	—	Y	Y
Hysteroscopy 56351 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D&C	P	—	—	N	Y
Intrauterine Insertion and Removal 57160 Insertion of pessary	P	—	—	Y	N
*The format of the prioritization guide was revised for the reconvening of CPEP4.					



SERVICE	Worksheet Type	Global Period	Post-op Office Visits	In Office	Out of Office
Pregnancy Related Tests 59025 Fetal non-stress test	P	—	—	Y	Y
Pregnancy Hospital Procedures 59300 Episiotomy or vaginal repair, by other than attending physician	P	—	—	Y	Y
Hysterectomy - Urology 57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	G	90	n/a	N	Y
Hysterectomy - Oncology 58951 Resection of ovarian malignancy with bilateral salping-oophorectomy and Omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic Lymphadenectomy	G	90	n/a	N	Y
Dilation and Curettage 58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	G	10	1	Y	Y
Hysterectomy 58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	G	90	2	N	Y
Complex Female Reproductive Procedures 57260 Combined anteroposterior colporrhaphy;	G	90	n/a	N	Y
Major Procedure - Female Reproductive 58720 Salpingo-oophorectomy, complete or partial. unilateral or bilateral (separate procedure)	G	90	n/a	N	Y
Simple Laparoscopic Procedures 56300 Laparoscopy, diagnostic (separate procedure)	G	10	1	N	Y
Complex Laparoscopic Procedures 56308 Laparoscopy, surgical; with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy)	G	10	n/a	N	Y
Delivery Services and Postpartum Care 59400 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	G*	*	*	Y	Y



SERVICE	Worksheet Type	Global Period	Post-op Office Visits	In Office	Out of Office
Spontaneous and Therapeutic Abortion 59812 Treatment of incomplete abortion, any trimester, completed surgically	G	90	n/a	N	Y
Artificial Fertilization 58970 Follicle puncture for oocyte retrieval, any method	P	—	—	N	Y
REDUNDANT REFERENCE SERVICE CODES					
Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	M	—	—	Y	Y
Obstetrical Ultrasound 76805 Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)	P	—	—	Y	Y
Simple Urethral Procedures 53265 Excision or fulguration; urethral caruncle	G	10	n/a	Y	Y

n/a = not available

* = Global Period does not apply



Reference CPT Code Prioritization Guide

CPEP 5 Ophthalmology

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Cataract Procedures 66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	25% performed in office
Ophthalmology Evaluation and Management 92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	
Fitting of Contact Lenses and Spectacles 92353 Fitting of spectacle prosthesis for aphakia; multifocal	96% performed in office
<i>MAJOR REFERENCE SERVICE CODES</i>	
Minor Ophthalmological Tests and Procedures 76519 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	99% performed in office
Moderate Anterior Segment Eye Procedures 66170 Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	4% performed in office
Complex Anterior Segment Eye Procedures 65755 Keratoplasty (corneal transplant); penetrating (in pseudophakia)	3% performed in office
Laser Eye Procedures 66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)	39% performed in office



SERVICE	COMMENTS
Vitrectomy 67010 Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	5% performed in office
Complex Posterior Segment Eye Procedures 67108 Repair of retinal detachment, one or more sessions; with vitrectomy, any method, with or without air or gas tamponade, with or without focal endolaser photocoagulation, may include procedures 67101-67107 and/or removal of lens by same technique	3% performed in office
Simple Anterior Segment Eye Procedures 65420 Excision or transposition of pterygium; without graft	20% performed in office
Simple Posterior Segment Eye Procedures 67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy	56% performed in office
Simple Repair and Plastic Procedures of Eye 67840 Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	83% performed in office
Complex Repair and Plastic Procedures of Eye 67904 Repair of blepharoptosis; (tarso)levator resection or advancement, external approach	11% performed in office
Minor Ophthalmological Injection, Scraping and Tests 65222 Removal of foreign body, external eye; corneal, with Slit lamp	94% performed in office
Povision of Vision Aids 92358 Prosthesis service for aphakia, temporary (disposable or loan, including materials)	97% performed in office
Strabismus, Eye and Muscle Procedures 67314 Strabismus surgery, recession or resection procedure (patient not previously operated on); one vertical muscle (excluding superior oblique)	2% performed in office



SERVICE	COMMENTS
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
<p>Office Visits - New Patient 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c</p>	
<p>Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age</p>	
<p>Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making</p>	



Reference CPT Code Prioritization Guide

CPEP 6 Radiology

WALK-THROUGH SERVICE CODES

SERVICE	COMMENTS
Plain Film 71020 Radiologic examination, chest, two views, frontal and lateral;	31% performed in office
Radiation Therapy and Hyperthermia 77430 Weekly radiation therapy management; complex	31% performed in office
<i>MAJOR REFERENCE SERVICE CODES</i>	
Radiation Therapy and Hyperthermia 77413 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam. compensators, special particle beam (eg, electron or neutrons); 6-10 MeV	96% performed in office
Mammography 76091 Mammography; bilateral	50% performed in office
Diagnostic Ultrasound except Obstetrical 76700 Echography, abdominal. B-scan and/or real time with image documentation; complete	27% performed in office
Obstetrical Ultrasound 76805 Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)	36% performed in office
Computerized Axial Tomography 70470 Computerized axial tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	10% performed in office



SERVICE	COMMENTS
Magnetic Resonance Imaging 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	46% performed in office
Simple Diagnostic Nuclear Medicine 78215 Liver and spleen imaging; static only	14% performed in office
Intermediate Diagnostic Nuclear Medicine 78306 Bone and/or joint imaging; whole body	12% performed in office
Vascular Radiology except for Venography of Extremity 36200 Introduction of catheter, aorta	2% performed in office
Vascular Radiology except for Venography of Extremity 75625 Aortography, abdominal, by serialography, radiological supervision and interpretation	2% performed in office
Myelography and Diskography 62284 Injection procedure for myelography and/or computerized axial tomography, spinal (other than C1 -C2 and posterior fossa)	7% performed in office
Myelography and Diskography 72265 Myelography, lumbosacral, radiological supervision and interpretation	8% performed in office
Miscellaneous Radiological Procedures with Contrast 74400 Urography (pyelography), intravenous, with or without KUB. with or without tomography;	25% performed in office
Digestive Radiology 74280 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	31% performed in office



SERVICE	COMMENTS
Nuclear Cardiology 78465 Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative	30% performed in office
Complex Diagnostic Nuclear Medicine 78596 Pulmonary quantitative aifferential function (ventilation/perfusion) study	13% performed in office
Therapeutic Nuclear Medicine 79000 Radiopharmaceutical therapy, hyperthyroidism; initial, including evaluation of patient	20% performed in office
Therapeutic Radiation Treatment Preparation 77290 Therapeutic radiology simulation-aided field setting; complex	33% performed in office
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
Angioplasty and Transcatheter Procedures other than Coronary 35474 Transluminal balloon angioplasty, percutaneous; femoral-popliteal	
Superficial Needle Biopsy and Aspiration 47000 Biopsy of liver, needle; percutaneous	



Reference CPT Code Prioritization Guide

CPEP 7 Evaluation and Management

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
<p>Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making</p>	
<p>Hospital Visit - Initial 99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. counseling and/or coordin</p>	
<i>MAJOR REFERENCE SERVICE CODES</i>	
<p>Hospital Visit - Subsequent 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, Which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of</p>	
<p>Consultation - Inpatient 99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination, and medical decision making of low complexity. Counseling and/or coordination of care with other provider</p>	
<p>Specialist - Psychiatry 90844 Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately 45 to 50 minutes</p>	53% performed in office



SERVICE	COMMENTS
<p>Neuropsychological Testing 90830 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour</p>	<p>29% performed in office</p>
<p>Nursing Facility Care, Initial 99302 Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complex</p>	
<p>Nursing Facility Care, Subsequent 99312 Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient. which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination;</p>	
<p>Hospital Visit Critical Care 99291 Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour</p>	
<p>Emergency Room Visit 99283 Emergency department visit for the evaluation and management of a patient. which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counsel</p>	
<p>Office Visits - New Patient 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. counseling and/or coordination of care</p>	



SERVICE	COMMENTS
<p>Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age</p>	
<p>Specialist - Psychiatry 90844 Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately 45 to 50 minutes</p>	53% performed in office
<p>Neuropsychological Testing 90830 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour</p>	29% performed in office
<p>Home Visit, New Patient 99342 Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or</p>	
<p>Home Visit, Established Patient 99352 Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate c</p>	
<p>Electroconvulsive Therapy 90870 Electroconvulsive therapy (includes necessary monitoring); single seizure</p>	3% performed in office



SERVICE	COMMENTS
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
Respiratory Therapy 94664 Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation	
Cardiogram 93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	
Simple Immunology Tests 86580 Skin test; tuberculosis, intradermal	
Cast and Strapping 29405 Application of short leg cast (below knee to toes);	



Reference CPT Code Prioritization Guide

CPEP 8 General Surgery

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Simple Incision and Excision of Breast 19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions	6% performed in office
Office Visits - New Patient 99203 Office or other outpatient visit for the evaluation and management of a new patient. which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care	
Colectomy, Complex 44143 Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	1% performed in office ¹
<i>MAJOR REFERENCE SERVICE CODES</i>	
Simple Anal and Rectal Procedures 46221 Hemorrhoidectomy, by simple ligature (eg, rubber band)	90% performed in office
Proctectomy and Rectal Repairs 45110 Proctectomy; complete, combined abdominoperineal, with colostomy	1% performed in office
Appendectomy and Miscellaneous Abdominal Procedures 44950 Appendectomy;	1% performed in office
Hernia Procedures 49505 Repair initial inguinal hernia, age 5 years or over; reducible	1% performed in office

¹ Procedures indicated as performed 1% in office are likely to be reporting errors



SERVICE	COMMENTS
Small Intestinal Procedures 44120 Enterectomy, resection of small intestine; single resection and anastomosis	1% performed in office
Tube Change 43760 Change of gastrostomy tube	7% performed in office
Gastric Procedures 43610 Excision, local; ulcer or benign tumor of stomach	0% performed in office
Esophagus 43324 Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)	1% performed in office
Diaphragm 39530 Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal	0% performed in office
Complex Anal and Rectal Procedures 46260 Hemorrhoidectomy, internal and external, complex or extensive;	5% performed in office
Colectomy 44140 Colectomy, partial; with anastomosis	1% performed in office
Cholecystectomy 47610 Cholecystectomy with exploration of common duct;	1% performed in office
General Complex Laparoscopic Procedures 56341 Laparoscopy, surgical; cholecystectomy with cholangiography	
Breast Procedures 19240 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	1% performed in office
Transplants 50360 Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	0% performed in office
Deep Lymph Structure Procedures 38745 Axillary lymphadenectomy; complete	1% performed in office



SERVICE	COMMENTS
Spleen and Lymph Nodes 38770 Petvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	1% performed in office
Superficial Needle Biopsy and Aspiration 47000 Biopsy of liver, needle; percutaneous	3% performed in office
Needle and Catheter Biopsy, Aspiration, Lavage and Intubation 32020 Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)	1% performed in office
Hepatectomy and Pancreatectomy 48150 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	0% performed in office
Hepatic and Bile Duct Procedures Except Cholecystectomy 47780 Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	0% performed in office
Pancreatic Procedures 48140 Pancreatectomy, distal subtotal, with or without splenectomy; without pancreatojejunostomy	1% performed in office
Major Procedure - Endocrine 60240 Thyroidectomy total or complete	1% performed in office
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
Hospital Visit - Subsequent 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of	



SERVICE	COMMENTS
<p>Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making</p>	
<p>Lower Gastrointestinal Endoscopy 45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, 'with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)</p>	
<p>Minor Vascular Repair and Fistula Construction 36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft</p>	
<p>Major Vascular Procedures 35585 In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery</p>	
<p>Major Vascular Procedures 35301 Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision</p>	
<p>Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies</p>	
<p>Consultation - Inpatient 99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provider</p>	



SERVICE	COMMENTS
Simple Laparoscopic Procedures 56300 Laparoscopy, diagnostic (separate procedure)	
Testicular and Epididymal Procedures 54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	
Major Procedure - Respiratory 32480 Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	

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Reference CPT Code Prioritization Guide

CPEP 9 Otolaryngology

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Simple Ear Procedures 69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	91% performed in office
Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	
Complex Nose and Sinus Procedures 30520 Septoplasty or submucous resection with or without cartilage scoring, contouring or replacement with graft	3% performed in office
Simple Audiometry 92557 Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination)	97% performed in office
<i>MAJOR REFERENCE SERVICE CODES</i>	
Endoscopy of Upper Airway 31575 Laryngoscopy, flexible fiberoptic; diagnostic	84% performed in office
Simple Nose and Sinus Procedures 30200 Injection into turbinate(s), therapeutic	99% performed in office
Salivary Gland and Duct Procedures 42415 Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	1% performed in office ¹

¹ Procedures indicated as performed 1% in office are likely to be reporting errors

Laryngeal and Tracheal Procedures 31360 Laryngectomy; total, without radical neck dissection	1% performed in office
Complex Ear Procedures 69641 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	2% performed in office
Cochlear Device Implantation 69930 Cochlear device implantation, with or without mastoidectomy	25% performed in office
Other ENT Procedures 38500 Biopsy or excision of lymph node(s); superficial (separate procedure)	12% performed in office
Simple Facial Procedures (exc. nose and sinus) 21320 Closed treatment of nasal bone fracture; with stabilization	24% performed in office
Complex Facial Procedures (exc. nose and sinus) 21015 Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp	16% performed in office
Simple Oral and Pharyngeal Procedures 40520 Excision of lip; V-excision with primary direct linear closure	46% performed in office
Complex Oral and Pharyngeal Procedures 40525 Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	13% performed in office
Otorhinolaryngologic Function Tests 92542 Positional nystagmus test, minimum of 4 positions, with recording	90% performed in office
Speech Therapy 92507 Speech, language or hearing therapy, with continuing medical supervision; individual	70% performed in office
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
Deep Lymph Structure Procedures 38745 Axillary lymphadenectomy; complete	



Major Procedure - Endocrine 60240 Thyroidectomy, total or complete	
Complex Repair and Plastic Procedures of Eye 67904 Repair of blepharoptosis; (tarso)levator resection or advancement, external approach	
Office Visits - New Patient 99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity Counseling and/or coordination of care	
Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	



Reference CPT Code Prioritization Guide

CPEP 10 Miscellaneous Internal Medicine

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Allergy Tests 95024 Intracutaneous (intra dermal) tests with allergenic extracts, immediate type reaction, specify number of tests	
Chemotherapy 96410 Chemotherapy administration, intravenous; infusion technique. up to one hour	
Nerve and Muscle Tests 95900 Nerve conduction, velocity and/or latency study; motor, each nerve	71% performed in office
<i>MAJOR REFERENCE SERVICE CODES</i>	
Pulmonary Services 94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), and/or maximal voluntary ventilation	78% performed in office
Infusion Therapy except Chemotherapy 90760 IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour	85% performed in office
Spinal Tap 62270 Spinal puncture, lumbar, diagnostic	10% performed in office
Bone Marrow Procedures 85095 Bone marrow; aspiration only	33% performed in office



SERVICE	COMMENTS
Immunotherapy 95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	100% performed in office
Allergy Immunotherapy 95165 Professional services for the supervision and provision of antigens for allergen immunotherapy; single or multiple antigens, multiple dose vial(s), (specify number of doses)	
Ventilator Management 94656 Ventilation assist and management. initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day	1% performed in office ¹
Endoscopy of the Lower Airway 31622 Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or brushing	2% performed in office
Needle and Catheter Biopsy, Aspiration, Lavage and Intubation 32020 Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)	
Hemodialysis and Peritoneal Dialysis 90921 End stage renal disease (ESRD) related services per full month; for patients twenty years of age and over	11% performed in office
Electroencephalogram 95819 Electroencephalogram (EEG) including recording awake and asleep, with hyperventilation and/or photic stimulation	17% performed in office

¹ Procedures indicated as performed 1% in office are likely to be reporting errors



SERVICE	COMMENTS
Extended EEG Studies 95951 Monitoring for identification and lateralization of cerebral seizure focus by attached electrodes; combined electroencephalographic (EEG) and video recording and interpretation, each 24 hours	6% performed in office
Respiratory Therapy 94664 Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation	96% performed in office
Introduction of Needle and Catheter 36000 Introduction of needle or intracatheter, vein	54% performed in office
Blood and Transfusion 36430 Transfusion, blood or blood components	59% performed in office
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
Exercise Tolerance Tests 93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise. continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report	
Consultation - In patient 99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provider	
Hospital Visit - Subsequent 99232 Subsequent hospital care. per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity	



Reference CPT Code Prioritization Guide

CPEP 11 Gastroenterology

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Proctosigmoidoscopy and Sigmoidoscopy 45330 Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	74% performed in office
Hospital Visit - Subsequent 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of	
<i>MAJOR REFERENCE SERVICE CODES</i>	
Anoscopy 46600 Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	93% performed in office
Lower Gastrointestinal Endoscopy 45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	9% performed in office
Diagnostic Upper GI Endoscopy or Intubation 43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	7% performed in office
Therapeutic Upper GI Endoscopy or Intubation 43246 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube	1% performed in office ¹

¹ Procedures indicated as performed 1% in office are likely to be reporting errors

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<p>ERCP and Miscellaneous GI Endoscopy Procedures 43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)</p>	1% performed in office
<p>Esophageal Dilation without Endoscopy 43450 Dilation of esophagus, by unguided sound or bougie, single or multiple passes</p>	13% performed in office
<p>Alimentary Tests and Simple Tube Placement 91010 Esophageal motility study;</p>	23% performed in office
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
<p>Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making</p>	
<p>Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age</p>	
<p>Consultation - Inpatient 99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. counseling and/or coordination of care with other provider</p>	

Reference CPT Code Prioritization Guide

CPEP 12 Cardiothoracic and Vascular

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Lobectomy 32480 Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	0% performed in office
Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination, and medical decision making of low complexity Counseling and/or coordination of care with other providers or age	
Minor Vascular Repair and Fistula Construction 36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft	0% performed in office
<i>MAJOR REFERENCE SERVICE CODES</i>	
CABG 33533 Coronary artery bypass, using arterial graft(s); single arterial graft	0% performed in office
Heart and Great Vessels 33405 Replacement, aortic valve. with cardiopulmonary bypass; with prosthetic valve other than homograft	0% performed in office
Major Vascular Procedures 35301 Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision	0% performed in office
Major Vascular Procedures 35585 In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	0% performed in office
Vascular Ligation 37720 Ligation and division and complete stripping of long or short saphenous veins	2% performed in office



SERVICE	COMMENTS
Removal and Revision of Vascular Devices 36535 Removal of implantable venous access port and/or subcutaneous reservoir	24% performed in office
Pediatric Cardiovascular Procedures 33692 Complete repair tetralogy of Fallot without pulmonary atresia;	0% performed in office
Thoracoscopy 32602 Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy	
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
Endoscopy of the Lower Airway 31622 Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or brushing	
Pacemaker Insertion 33208 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	
Diaphragm 39530 Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal	
Esophagus 43324 Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)	
Consultation - Inpatient 99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity~ Counseling and/or coordination of care with other provider	
Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	

Reference CPT Code Prioritization Guide

CPEP 13 Cardiology

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Echocardiography 93307 Echocardiography, real-time with image documentation (2D) with or without M-mode recording; complete	31% performed in office
Consultation - In patient 99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provider	
Pacemaker Insertion 33208 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	0% performed in office
<i>MAJOR REFERENCE SERVICE CODES</i>	
Coronary Angioplasty 92982 Percutaneous transluminal coronary balloon angioplasty; single vessel	0% performed in office
Angioplasty and Transcatheter Procedures, other than Coronary 35474 Transluminal balloon angioplasty, percutaneous; femoral-popliteal	1% performed in office ¹
Exercise Tolerance Tests 93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress, with physician supervision, with interpretation and report	72% performed in office
Cardiogram 93000 Electrocardiogram, routine ECG with at least 12 leads, with interpretation and report	98% performed in office

¹ Procedures indicated as performed 1% in office are likely to be reporting errors



SERVICE	COMMENTS
Placement of Transvenous Catheters 36489 Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous. over age 2	1% performed in office
Cardiac Electrophysiologic Tests 93620 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; with induction of arrhythmia	2% performed in office
Diagnostic Cardiac Catheterization 93510 Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous	1% performed in office
Minor Cardiac and Vascular Tests 93230 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis	98% performed in office
Phonocardiogram 93201 Phonocardiogram with or without ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)	100% performed in office
Cardiac Rehabilitation 93798 Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	73% performed in office
Resuscitation and Cardioversion 31500 Intubation, endotracheal, emergency procedure	0% performed in office
Pacemaker Analysis 93736 Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis	53% performed in office

SERVICE	COMMENTS
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
<p>Nuclear Cardiology 78465 Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative</p>	
<p>Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age</p>	
<p>Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making</p>	
<p>Hospital Visit - Subsequent 99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of</p>	

Year	1900	1905	1910	1915	1920	1925	1930	1935	1940	1945	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	2005	2010	2015	2020
Population	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
GDP	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Unemployment	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Inflation	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Government Spending	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Interest Rates	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Trade Balance	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Healthcare Expenditure	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Education Expenditure	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Research & Development	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Energy Consumption	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Environmental Impact	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Life Expectancy	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220
Human Development Index	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220

Reference CPT Code Prioritization Guide

CPEP 14 Anesthesiology/Pathology

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

SERVICE	COMMENTS
Surgical Pathology 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 Breast, Reduction Mammoplasty Bronchus, Biopsy C	23% performed in office
Hospital Visit - Critical Care 99291 Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour	
Anesthesia 01210 Anesthesia for open procedures involving hip joint; not otherwise specified	0% performed in office
<i>MAJOR REFERENCE SERVICE CODES</i>	
Anesthesia 00562 Anesthesia for procedures on heart, pericardium, and great vessels of chest; with pump oxygenator	0% performed in office
Simple Immunology Tests 86580 Skin test; tuberculosis, intradermal	97% performed in office
Complex Pathology 88307 LEVEL V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curettings Bone Fragment(s), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Mastectomy - Partial/Simple Cervix, Conization Colon, S	6% performed in office
Pap Smears 86151 Cytopathology, smears, cervical or vaginal, up to three smears; requiring Interpretation by physician	14% performed in office

SERVICE	COMMENTS
Pathology 85060 Blood smear, peripheral, interpretation by physician with written report	32% performed in office
Other Anesthesia Services 62278 injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, single	13% performed in office
Special Stains 88342 immunocytochemistry (including tissue immunoperoxidase), each antibody	8% performed in office
Cytopathology 88108 Cytopathology, fluids, washings or brushings, except cervical or vaginal; concentration technique, smears and interpretation (eg, Saccomanno technique)	6% performed in office

Year	1900	1905	1910	1915	1920	1925	1930	1935	1940	1945	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	2005	2010	2015	2020																																																								
Population	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380	385	390	395	400	405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480	485	490	495	500
Area	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225	230	235	240	245	250	255	260	265	270	275	280	285	290	295	300	305	310	315	320	325	330	335	340	345	350	355	360	365	370	375	380	385	390	395	400	405	410	415	420	425	430	435	440	445	450	455	460	465	470	475	480	485	490	495	500

Reference CPT Code Prioritization Guide

CPEP 15 Neurosurgery

WALK-THROUGH/BUILDING BLOCK SERVICE CODES

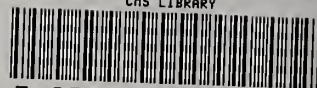
SERVICE	COMMENTS
Major Procedure - Expior/Decompr/Excis Disc 63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar	1% performed in office ¹
Consultation - Office 99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	
Nervous System Injections, Stimulations or Cranial Tap 61055 Cisternal or lateral cervical (C1 -C2) puncture; with injection of drug or other substance for diagnosis or treatment (eg, Ci -C2)	9% performed in office
<i>MAJOR REFERENCE SERVICE CODES</i>	
Nerve Repair and Destruction 64721 Neuroplasty and/or transposition; median nerve at carpal tunnel	3% performed in office
Major Procedure - Craniectomy or Craniotomy 61312 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	0% performed in office
Neurostimulator and Ventricular Shunt Implantation 62223 Creation of shunt; ventriculo-pertoneal, -pleural, other tenninus	1% performed in office

¹ Procedures indicated as performed 1% in office are likely to be reporting errors

SERVICE	COMMENTS
Revision and Removal of Neurological Device 63685 Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	2% performed in office
Major Procedure - Spine and Spinal Cord 63276 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	1% performed in office
Major Procedure - Other Nerve 64618 Sympathectomy, lumbar	1% performed in office
Major Procedure - Intracranial Surgery and Skull Procedures 61700 Surgery of intracranial aneurysm, intracranial approach; carotid circulation	0% performed in office
Major Procedure - Twist Drill, Burr Hole, Trephine 61154 Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	1% performed in office
<i>REDUNDANT REFERENCE SERVICE CODES</i>	
Orthopaedics - Spine 22842 Posterior instrumentation; segmental fixation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires)	
Consultation - Inpatient 99253 initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provider	
Office Visits - Established Patient 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	



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