

**Note :** CPT codes 38208, 38209 and 95990 are addressed later in this section (new and revised codes for 2004) and are also included in table 4. Also these work RVUs may differ from the work RVUs in Addenda B and C that reflect the adjustment to match the MEI weights.

CPT codes 38207 *Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage*, 38210 *Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest*, T-cell depletion, 38211 *Transplant preparation of hematopoietic progenitor cells; tumor cell depletion*, 38212 *Transplant preparation of hematopoietic progenitor cells; red blood cell removal*, 38213 *Transplant preparation of hematopoietic progenitor cells; platelet depletion*, 38214 *Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion*, 38215 *Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer*.

We continue to have the same concerns as outlined in the December 31, 2002 final rule (67 FR 80007) with respect to moving these codes off of the laboratory fee schedule. We are maintaining a status indicator "I" for these services making them not valid for Medicare purposes.

CPT Codes 93784 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report*, 93786 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only*, 93788 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report*, and 93790 *Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; physician review with interpretation and report*.

The RUC recommendations for these codes were received too late for inclusion in the 2003 final rule. We had established the following work RVUs for these services during 2002 in response to a national coverage determination: CPT code 93784–0.17 work RVUs; 93786–0.00 work RVUs; 93790–0.17 work RVUs and had indicated that CPT code 93788 was not covered. We stated we would maintain these work RVUs until we receive a RUC recommendation.

**Comment:** Some commenters urged us to consider the RUC recommendations during the refinement process and also questioned the noncovered status of CPT code 93788. CPT codes 93786 and 93788 are two separate codes for the technical component and the coding format is identical to the coding used for Holter monitoring, which also has two codes for the TC of the service. Commenters also requested that CPT code 93788 be listed as a covered service.

**Response:** We are accepting the RUC recommendation of 0.38 work RVUs for CPT codes 93784 and 93790 and 0.00 work RVUs for CPT code 93786. We have reviewed the issue of noncoverage of CPT code 93788 and based upon the information provided by the commenters will recognize CPT code 93788 for coverage and payment under the physician fee schedule. We are also accepting the RUC recommendation of 0.00 for CPT code 93788.

We received the following comments on HCPCS codes established in the December 31, 2002 final rule.

GO262 *Small intestinal imaging; intraluminal, from ligament of Treitz to the ileocecal valve, includes physician interpretation and report*.

We created this code to describe a new diagnostic test for which we will make separate payment under the physician fee schedule. We assigned a work RVU of 2.12 to the code based on a comparison to the work of other diagnostic tests and procedures that require review of significant amounts of data.

**Comment:** Some commenters stated that the time we used to establish the work RVU was greatly underestimated and may have been based on a misunderstanding of some of the time data contained in published literature. Based on limited survey data of physicians performing this procedure and comparison to the intensity of other services, commenters recommended a work RVU of 7.80.

**Response:** We are deleting HCPCS code G0262 since there is a new CPT code 91110, *Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with physician interpretation and report*, which will be used to report this service in 2004. We note that we accepted the RUC recommendation of 3.65 work RVUs for CPT 91110. If the commenters do not agree with the valuation of this service they may submit comments on this issue.

GO268 *Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing*.

This code was created to allow payment to a physician who removes impacted cerumen on the same date as his or her employed audiologist performs audiologic function testing. We noted that routine removal of cerumen is not paid separately, because it is considered to be part of the procedure with which it is billed (for example, audiologic function testing). This code is to be used only in those unusual circumstances when an employed audiologist who bills under a physician uniform provider identifier number (UPIN) performs audiologic function testing on the same day as removal of impacted cerumen requiring physician expertise for removal. This code should not be used when the audiologist removes cerumen, because removal of cerumen is considered to be part of the diagnostic testing and is not paid separately.

**Comment:** Commenters stated that creation of this G code was problematic because there could be many other "incident to" services in which a physician performs a separate medically necessary procedure, that, if less extensive, would be considered to be included in a nonphysician provider service. The commenters suggested that a modifier could be used to describe this situation, avoiding the creation of a G code.

**Response:** We disagree and believe that this is a unique situation that is most appropriately handled through the use of a G code.

GO269 *Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (e.g., angiaseal plug, vascular plug)*.

We created this code due to the inappropriate reporting of this service with codes for such procedures as "blood vessel repair" and "repair of arterial pseudoaneurysm", and indicated that there would be no separate payment for this service as the work, practice expense, and malpractice risk is included in the main invasive procedure.

**Comment:** Commenters disagreed with the creation of this G code because it is intended to report a service that is a required component of another service and believed that the creation of this code may lead to the creation of many codes for reporting inclusive procedures separately. Some commenters suggested that the creation of parenthetical