

instructions in CPT to instruct that "referenced procedures (*i.e.*, blood vessel repair, repair of arterial pseudoaneurysm) would not be appropriately reported in addition to the interventional vascular procedure" would address our concerns. Other commenters disagreed with our assertion that closure devices are included in the practice expense payment, as such devices are not typically used in every interventional or surgical case. Commenters suggested this code be a technical component service only and have RVUs commensurate with the cost of the device.

**Response:** As we indicated in the December 31, 2002, final rule, this code was created to address a specific concern about inappropriate reporting of this service using such procedures as "blood vessel repair" and "repair of arterial pseudoaneurysm." Since this service is considered part of the main invasive procedure, to the extent this is typically part of the invasive procedure, it is accounted for under the practice expense methodology. We will continue to consider this code bundled for Medicare purposes, that is, no separate payment will be made under the physician fee schedule.

**GO272** *Naso/oro gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)*

We indicated we were creating this code for use until an identical CPT code can become effective. We assigned this code a work RVU of 0.32.

**Comment:** Commenters disagreed with the 0.32 value assigned to this service and recommended that we replace the work RVUs with the RUC recommended work value for CPT code 43752.

**Response:** We are deleting HCPCS code G0272 and CPT code 43752, *Naso-oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)*, will be used to report this service.

**GO273** *Radiopharmaceutical biodistribution, single or multiple scans on one or more days, pre-treatment planning for radiopharmaceutical therapy of non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (e.g., radiolabeled antibodies) and* **GO274** *Radiopharmaceutical therapy, non-Hodgkin's lymphoma, includes administration of radiopharmaceutical (e.g., radiolabeled antibodies)*

We created G0273 to describe radionuclide scanning to determine the biodistribution of Zevulin. We assigned 0.86 work RVUs to this code based on a comparison to CPT code 78802, *Radiopharmaceutical localization of tumor; whole body*. We established G0274 to allow appropriate reporting of this new service and assigned a work RVU of 2.07 to this code.

**Comment:** Commenters urged us to reevaluate the RVUs assigned to these codes and expressed concern that a lack of understanding about this service has led to its inappropriate valuation. Additionally, commenters requested that we present these codes to the AMA for consideration by the CPT Editorial Panel and RUC.

**Response:** We are deleting HCPCS codes G0273 and G0274. CPT codes 79403, *Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion*, and 78802, *Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body single day imaging*, will be used to report these services.

**GO275** *Renal artery angiography (unilateral or bilateral) performed at the time of cardiac catheterization, includes catheter placement in the renal artery, injection of dye, flush aortogram and radiologic supervision and interpretation and production of images (List separately in addition to primary procedure) and* **GO278** *Iliac artery angiography performed at the same time of cardiac catheterization, includes catheter placement, injection of dye, radiologic supervision and interpretation and production of images (List separately in addition to primary procedure)*

We created these add-on codes to assure proper reporting of and payment for renal and iliac angiography performed at the time of cardiac angiography. We determined the work value of 0.25 for these two add-on procedures by using the work values for CPT codes 75625, *Aortography, abdominal, by serialography, radiological supervision and*

*interpretation and* 93544 *Injection procedure during cardiac catheterization; for aortography and adjusting for the procedure time.*

**Comment:** Commenters suggested that, if the true intention for the creation of G0275 was to assure correct coding of selective renal angiography performed in conjunction with cardiac catheterization, the RVUs are too low and not commensurate with the work associated with selective unilateral and/or bilateral renal angiography. However, if CMS' intention for G0275 is non-selective renal angiography, then this should be stated clearly in the code descriptor. Commenters also considered the work RVUs assigned to G0278 to be too low. If G0278 is meant to be a selective procedure, then the work RVU should take into consideration the selective catheterization codes (CPT codes 36425 and 36425) and associated imaging codes (CPT codes 75710 and 75716).

**Response:** As announced in Program Memorandum, Transmittal AB-03-119, Change Request 2853) issued August 8, 2003, the descriptors for these two services specify that they apply to non-selective angiography and have been revised as follows:

**GO275** *Renal artery angiography, non-selective, one or both kidneys, performed at the time of cardiac catheterization and/or coronary angiography, includes positioning or placement of any catheter in the abdominal aorta at or near the origins (ostia) of the renal arteries, injection of dye, flush aortogram, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure).* and

**GO278** *Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure).* We will be retaining the work RVU of 0.25 for these two codes.

**GO279** *Extracorporeal shock wave therapy; involving elbow epicondylitis*

**GO280** *Extracorporeal shock wave therapy; involving other than elbow epicondylitis or plantar fasciitis*

In the December 31, 2002 final rule we incorrectly established RVUs for CPT code 0020T, *Extracorporeal shock*