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Diagnostic-Radiology Relative Value Units were developed with the aid of an industry task force under the auspices of and approved by the Health Services Cost Review Commission. The descriptions of codes in this section of Appendix D were obtained from the 2017 edition of the Current Procedural Terminology (CPT) manual and the 2017 edition of the Healthcare Common Procedure Coding System (HCPCS). In assigning RVUs the group used the 2017 Medicare Physician Fee schedule (MPFS) released November 2, 2016. RVUs were assigned using the following protocol ("RVU Assignment Protocol").

The RVUs reported in the 2017 MPFS include 2 decimal points. In order to maintain whole numbers in Appendix D, while maintaining appropriate relative value differences reported in the MPFS, the RVU work group agreed to remove the decimals by multiplying the reported RVUs by ~~one hundred~~ ten and then rounding the product of the calculation, where values less than X.5 are rounded down and all other values are rounded up.

1. CPT codes with RVUs listed in the MPFS.
    a. For CPT codes with RVUs that include both professional (modifier 26) and technical (modifier TC) components, use only the technical (TC) component RVU.
    b. CPT codes with only a single RVU listed
        a. CPT codes that are considered technical only (such as treatment codes), the single RVU reported will be used.
        b. CPT codes considered professional only are not listed in Appendix D.
2. CPT codes that do not have RVUs listed in the MPFS (e.g. CMS Status Code "C")
    a. CPT 70170, 74190, 74235, 74300, 74301, 74328, 74329, 74330, 74340, 74355, 74360, 74363, 74425, 74450, 74470, 744885, 74740, 74742, 75801, 75803, 75805, 75807, 75810, 75894, 75952, 75954, 75956, 75957, 75958, 75959, 75970, 76930, 76932, 76940, 76941, 76945 and 76975 did not have a published RVU in the MPFS. As these codes are bundled with a surgical code, these procedures should be reported under Interventional Radiology/Cardiovascular.
    b. CPT 74420 did not have a published RVU in the MPFS. The work group agreed the work activity associate with this code is similar to CPT 74415. Given the similarity of the work activity, it was determined the same RVU should be applied to CPT 74420.
    c. CPT 74445 did not have a published RVU in the MPFS. The work group agreed that this code is priced similar to CPT 74415 by various state Medicaid agencies. Given the similarity in pricing it was determined the same RVU should be applied to CPT 74445.
    d. CPT 74775 did not have a published RVU in the MPFS. The group agreed that this code is priced similar to CPT 74455 by various state Medicaid agencies. Given the similarity in pricing it was determined the same RVU should be applied to CPT 74775. Note: 74455 is moving to RIC but its federal RVU was used for 74775.
    e. CPT 76001 did not have a published RVU in the MPFS. The group agreed the work activity associated with this code is similar to CPT 76000. Given the similarity of the work activity, it was determined the same RVU should be applied to CPT 76001.
    f. CPT 76125 did not have a published RVU in the MPFS. The group agreed the work activity associated with this code is similar to CPT 76120. Given the similarity of the work activity, it was determined the same RVU should be applied to CPT 76125.
    g. CPT 76140 did not have a published RVU in the MPFS. This code is a professional fee and weighted at 0.

h. CPT 76496, 76499 and 76999 did not have a published RVU in the MPFS. As these codes are for unlisted procedures, the group agreed these codes should be considered "By Report" and RVUs should be developed using the guidelines below.
i. CPT 76998 does not have a published RVU in the MPFS. As this service is for guidance, the group agreed to mirror fluoroscopic guidance CPT 76000 (11 RVUs).
j. CPT 77061 did not have a published RVU in the MPFS. The group agreed the work activity associated with this code is similar to CPT 77063. Given the similarity of the work activity, it was determined the same RVU should be applied to CPT 77061.
k. CPT 77062 did have a published RVU in the MPFS. The group agreed the work activity associated with this code is similar to CPT 77063. Given the similarity of the work activity, it was determined the same RVU should be applied to CPT 77062.
l. CPT 77065 did not have a published RVU per the MPFS. This code is not valid for Medicare reporting purposes as Medicare requires a HCPCS code for this service. Therefore, RVUs will be established at 26 RVUs to mirror HCPCS code G0206.
m. CPT 77066 did not have a published RVU per the MPFS. This code is not valid for Medicare reporting purposes as Medicare requires a HCPCS code for this service. Therefore, RVUs will be established at 34 RVUs to mirror HCPCS code G0204.
n. CPT 77067 did not have a published RVU per the MPFS. This code is not valid for Medicare reporting purposes as Medicare requires a HCPCS code for this service. Therefore, RVUs will be established at 28 RVUs to mirror HCPCS code G0202.
o. CPT 93315, 93317 and 93318 did not have a published RVU in the MPFS. The group agreed that these codes should be reported under the Electrocardiology section of Appendix D.
p. CPT 93895 did not have a published RVU in the MPFS. This service is non-covered by Medicare and should be developed "By Report" following the protocol listed below.
q. CPT 93998 did not have a published RVU in the MPFS. As this code are for unlisted procedures, the group agreed these codes should be considered "By Report" and RVUs should be established using the guidelines below.
r. HCPCS code C9744 did not have a published RVU in the MPFS. This code is similar to CPT 76705, however, testing time is approximately double. A factor of 1.88 to account for additional testing time will be applied to the RVU value for CPT 76705 and will be assigned 34 RVUs (1.88 x 18= 33.84).
s. HCPCS R0070 and R0075 did not have a published RVU in the MPFS. The group agreed that these codes were not diagnostic and therefore were excluded from Appendix D.

3. CPT/HCPCS codes for which the published RVU did not make sense,
    a. G0365 is a level II HCPCS associated with other vessel mapping services. To allow flexibility for reporting this service to all payers, it will be listed as "By Report."

Services With Both a HCPCS Code for Medicare and CPT Code for Non-Medicare

All known HCPCS codes have been addressed in a payer-neutral fashion with this update. In instances of where Medicare implements a new HCPCS code to be utilized in lieu of a CPT code for a service, the RVU developed by the hospital must mirror the established CPT RVUs. The RVU for the service must be the same for all payers.

CPT Codes with Bundled Procedures

CPT codes from 2017 with a surgical component have been assigned a zero (0) RVU value. When a Radiology CPT becomes bundled with a surgical code or replaced with a surgical code, these procedures should be charged as Interventional Radiology/Cardiovascular (IRC) and the associated costs of the procedure are to be reclassified to the IRC cost center.

Labor & Delivery Imaging

CPT codes that are listed in both Radiology and Labor & Delivery (e.g. Obstetrical Ultrasound) are to be charged based on where performed and the personnel performing the procedure. Procedures performed by Radiology staff are to be charged through Radiology and procedures performed by Labor & Delivery staff are to be charged through Labor & Delivery

Reporting of Imaging Guidance for Invasive Cases

Standard imaging RVUs are to be used for non-invasive imaging services. For invasive imaging services, the imaging guidance is either separately reportable or bundled into the code for the invasive service. Invasive imaging services occurring in an imaging suite must be charged using IRC minutes based on case time. For separately reportable imaging guidance, hospitals are to report one (1) IRC minute per imaging code. Imaging expenses associated with the guidance are to be allocated from the diagnostic imaging rate center to the IRC rate center.

When an operating room or operating room-clinic case involves separately reportable intraoperative/intraprocedural imaging guidance or imaging services, standard imaging RVUs are to be used. These cases are charged based on OR or ORC minutes. When imaging guidance is bundled into the underlying procedure, hospitals should not report any additional RVUs for the imaging. If imaging staff is assisting during a case where the imaging is bundled into the underlying procedure, expenses should be allocated from the imaging department to the operating room or operating room clinic rate center.

CPT Codes without an Assigned RVU Value

RVUs for new codes developed and reported by CMS after the FY 2017 reporting, must be developed "By Report". When assigning RVUs to these new codes, hospitals should use the RVU Assignment Protocol described above where possible using the most current MPFS. For codes that are not listed in the MPFS, hospitals should assign RVUs based on time and resource intensity of the services provided compared to like services in the department. Documentation of the assignment of RVUs to codes not listed in Appendix D should always be maintained by the hospital.

For any codes that are in the surgical series of CPT (i.e. 1XXXX – 6XXXX) and being performed in the imaging suite, these services are not "By Report", they are to be reported via IRC.

General Guidelines

The AMA CPT Code will be used as the identifier throughout the system. Assigned RVUs will be strictly tied to the CPT code.

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No additional RVUs are to be added to portable procedures regardless when or where the service is performed.

All RVUs are per CPT unless otherwise stated.

Standard supplies and contrast material are included in the RVU assignment and should not be assigned separately.

No drug is considered a routine part of any Radiology- Diagnostic examination; however, sedation and pain reducing agents may be used to make procedures more easily tolerated. These drugs should NOT be included in the RVU of the exam but would be billed separately through the pharmacy on an "as needed" basis. Drugs should not be assigned an RVU

CPT CODE	DESCRIPTION	RVU's
70010	Myelography, posterior fossa, supervision and interpretation only	IRC
70015	Cisternography, positive contrast, supervision and interpretation only	26
70030	Radiological exam, eye, for detection of foreign body	5
70100	Radiological exam, mandible, partial, less than four views	7
70110	Radiological exam, mandible, complete, minimum four views	7
70120	Radiological exam, Mastoids, less than three views per side	7
70130	Radiological exam, Mastoids complete, minimum of three views per side	10
70134	Radiological exam, Internal auditory meati, complete	10
70140	Radiological exam, Facial bones, less than three views	5
70150	Radiological exam, Facial Bones complete, minimum of three views	8
70160	Radiological exam, Nasal bones, complete, minimum of three views	7
70170	Dacryocystography, Nasolacrimal duct, radiological supervision and interpretation	IRC
70190	Radiological exam, Optic foramina	7
70200	Radiological exam, Orbits, complete, minimum of four views	8
70210	Radiological exam, Sinuses, paranasal, less than three views	6
70220	Radiological exam, Sinuses, paranasal complete, minimum of three views	7
70240	Radiological exam, Sella turcica	6
70250	Radiological exam, Skull, less than four views	7
70260	Radiological exam, Skull complete, minimum of four views	8
70300	Radiological exam, Teeth, single view	2
70310	Radiological exam, Teeth partial examination, less than full mouth	8
70320	Radiological exam, Teeth complete, full mouth	11

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CPT CODE	DESCRIPTION	RVU's
70328	Temporomandibular joint, open and closed mouth, unilateral	6
70330	bilateral	10
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	IRC
70350	Cephalogram (orthodontic)	3
70355	Orthopantogram	3
70360	Neck, soft tissue examination	5
70370	Pharynx or larynx, including fluoroscopy	17
70371	complete dynamic pharyngeal and speech evaluation by cine or video recording	13
70380	Salivary gland for calculus	7
70390	Sialography, supervision and interpretation only	IRC
71010	Radiological exam, chest, single view, frontal	4
71015	Radiological exam, chest, stereo, frontal	5
71020	Radiological exam, chest, 2 views, frontal & lateral	5
71021	Radiological exam, chest, 2 views, frontal & lateral w, apical lordotic procedure	6
71022	Radiological exam, chest, 2 views, frontal & lateral w, oblique projections	7
71023	Radiological exam, chest, 2 views, frontal & lateral, w, fluoroscopy	12
71030	Radiological exam, chest, complete, minimum of 4 views	7
71034	Radiological exam, chest, complete, minimum of 4 views, w, fluoroscopy	17
71035	Radiological exam, chest, special views, (e.g. lateral, decubitus, Bucky studies)	7
71100	Radiological exam, Ribs, unilateral, 2 views	6
71101	Radiological exam, Ribs, unilateral, including posteroanterior chest, minimum of 3 views	6
71110	Radiological exam, Ribs, bilateral, 3 views	7
71111	Radiological exam, Ribs, bilateral, including posteroanterior chest, minimum of 4 views	9
71120	Radiological exam, Sternum, minimum of 2 views	5
71130	Sternoclavicular joint or joints, minimum of 3 views	7
72020	Radiological exam, spine, single view, specify level	4
72040	Radiological exam, spine, cervical, 2 or 3 views	6
72050	Radiological exam, spine, cervical, 4 or 5 views	8
72052	Radiological exam, spine, cervical, 6 or more views	11

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CPT CODE	DESCRIPTION	RVU's
72070	Radiological exam, spine, thoracic, 2 views	6
72072	Radiological exam, spine, thoracic, 3 views	7
72074	Radiological exam, spine, thoracic, minimum 4 views	8
72080	Radiological exam, spine, thoracolumbar junction, minimum 2 views (to report thoracolumbar junction one view see CPT 72020)	5
72081	Radiological exam, spine, entire thoracic & lumbar, including skull, cervical and sacral spine if performed (e.g. scoliosis eval); one view	7
72082	Radiological exam, spine, entire thoracic & lumbar, including skull, cervical and sacral spine if performed (e.g. scoliosis eval); 2 or 3 views	13
72083	Radiological exam, spine, entire thoracic & lumbar, including skull, cervical and sacral spine if performed (e.g. scoliosis eval); 4 or 5 views	14
72084	Radiological exam, spine, entire thoracic & lumbar, including skull, cervical and sacral spine if performed (e.g. scoliosis eval); minimum 6 views	17
72100	Radiological exam, spine, lumbosacral, 2 or 3 view(s)	7
72110	Radiological exam, spine, lumbosacral, minimum 4 views	9
72114	Radiological exam, spine, lumbosacral, complete, including bending views, minimum of 6 views	13
72120	Radiological exam, spine, lumbosacral, bending views only, 2 or 3 views	8
72170	Radiological exam, pelvis, 1 or 2 view(s)	6
72190	Radiological exam, pelvis, minimum 3 view(s)	8
72200	Radiological exam, sacroiliac joints, less than three views	5
72202	Radiological exam, sacroiliac joints, 3 or more views	7
72220	Radiological exam, sacrum and coccyx, minimum of two views	5
72240	Myelography, cervical, supervision and interpretation only	IRC
72255	Myelography, thoracic, supervision and interpretation only	IRC
72265	Myelography, lumbosacral, supervision and interpretation only	IRC
72270	Myelography, entire spine canal, supervision and interpretation only	IRC
72275	Epidurography, radiological supervision and interpretation (includes 77003)	IRC

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CPT CODE	DESCRIPTION	RVU's
72285	Discography, cervical or thoracic, radiological supervision and interpretation	IRC
72295	Discography, lumbar, radiological supervision and interpretation	IRC
73000	Radiological exam, clavicle, complete	5
73010	Radiological exam, scapula complete	6
73020	Radiological exam, shoulder, one view	4
73030	Radiological exam, shoulder, complete, minimum 2 views	5
73040	Radiological exam, shoulder, arthrography, supervision and interpretation only	IRC
73050	Radiological exam, acromioclavicular joints, bilateral, w, or w, o weighted distraction	7
73060	Radiological exam, humerus, minimum two views	6
73070	Radiological exam, elbow, 2 views	5
73080	Radiological exam, elbow complete, minimum of three views	6
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	IRC
73090	Radiological exam, forearm, 2 views	5
73092	Radiological exam, forearm, upper extremity, infant, minimum of 2 views	5
73100	Radiological exam, wrist, 2 views	6
73110	Radiological exam, wrist complete, minimum of 3 views	7
73115	Radiological examination, wrist, arthrography, radiological supervision and interpretation	IRC
73120	Radiological exam, hand, minimum of 2 views	5
73130	Radiological exam, hand minimum of 3 views	6
73140	Radiological exam, finger(s), minimum of 2 views	7
73501	Radiological exam, hip, unilateral, w, pelvis when performed; 1 view	6

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CPT CODE	DESCRIPTION	RVU's
73502	Radiological exam, hip, unilateral, w, pelvis when performed; 2 to 3 views	8
73503	Radiological exam, hip, unilateral, w, pelvis when performed; minimum 4 views	10
73521	Radiological exam, hips, bilateral, w, pelvis when performed; 2 view	8
73522	Radiological exam, hips, bilateral, w, pelvis when performed; 3 to 4 views	9
73523	Radiological exam, hips, bilateral, w, pelvis when performed; minimum of 5 views	11
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	IRC
73551	Radiological exam, femur, 1 view	5
73552	Radiological exam, femur, minimum 2 views	6
73560	Radiological exam, knee, 1 or 2 views	6
73562	Radiological exam, knee, 3 views	7
73564	Radiological exam, knee, complete, 4 or more views	8
73565	Radiological exam, both knees, standing , anteroposterior	8
73580	Radiological exam, knee, arthrography, supervision and interpretation only	IRC
73590	Radiological exam, tibia and fibula, 2 views	6
73592	Radiological exam, tibia and fibula, lower extremity, infant, minimum of two views	5
73600	Radiological exam, ankle, 2 views	6
73610	Radiological exam, ankle complete, minimum of 3 views	6
73615	Radiological examination, ankle, arthrography, radiologic supervision and interpretation	IRC
73620	Radiological exam, foot, 2 views	5
73630	Radiological exam, foot, complete, minimum of 3 views	6
73650	Radiological exam, calcaneus, minimum of 2 views	5
73660	Radiological exam, toe(s), minimum of 2 views	6
74000	Radiological exam, abdomen, single anteroposterior view	4
74010	Radiological exam, abdomen, anteroposterior and additional oblique and cone views	7
74020	Radiological exam, abdomen, complete, including decubitus and, or erect views	7
74022	Radiological exam, complete acute abdomen series, including supine, erect, and, or decubitus views, single view chest	8

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CPT CODE	DESCRIPTION	RVU's
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	IRC
74210	Radiological exam, pharynx and, or cervical esophagus	17
74220	Radiological exam, esophagus	18
74230	Swallowing function, with cineradiography, videoradiography	28
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiologic supervision and interpretation	IRC
74240	Radiological exam, gastrointestinal tract, upper, w, or w, o delayed films, without KUB with and without delayed films, with KUB	22
74241	Radiological exam, gastrointestinal tract w, or w, o delayed films, with KUB	23
74245	Radiological exam, gastrointestinal tract, upper, w, small intestines, includes multiple serial images	35
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon, with or without delayed films, without KUB	26
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon, with or without delayed films, with KUB	30
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon, with or without delayed films, without KUB; w, small intestine follow-through	39
74250	Radiological exam, small intestines, includes multiple serial images	22
74251	Radiological exam, small intestines, includes multiple serial images via enteroclysis tube	108
74260	Duodenography hypotonic	89
74270	Radiological exam, colon, barium enema w, or w, o KUB	32
74280	Radiological exam, colon; air contrast with specific high density barium, w, or w, o glucagon	46
74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (e.g.. meconium ileus)	30
74290	Cholecystography, oral contrast	15

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CPT CODE	DESCRIPTION	RVU's
74300	Cholangiography and, or pancreatography; intraoperative, radiological supervision and interpretation	IRC
74301	additional set intraoperative, radiological supervision and interpretation	IRC
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	IRC
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	IRC
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	IRC
74340	Introduction of long gastrointestinal tube (e.g. Miller-Abbott) with multiple fluoroscopies and films	IRC
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	IRC
74360	Intraluminal dilation of strictures and, or obstructions (eg esophagus) radiological supervision and interpretation	IRC
74363	Percutaneous transhepatic dilation of biliary duct structure w, or w, o placement of stent, radiological supervision & interpretation	IRC
74400	Urography (pyelography), intravenous, w, or w, o KUB, w or w, o tomography	IRC
74410	Urography, infusion, drip technique and, or bolus technique	24
74415	Urography, infusion, drip technique and, or bolus technique, with nephrotomography	31
74420	Urography, retrograde, w, or w, o KUB	31
74425	Urography, antegrade (pyleostogram, nephrostogram, loopogram) supervision and interpretation only	IRC
74430	Cystography, contrast or chain, minimum of 3 views, supervision and interpretation only	IRC
74440	Vasography, vesiculography, epididymography, radiological supervision and interpretation only	IRC
74445	Corpora cavernosography, radiological supervision and interpretation	31
74450	Urethrocystography, retrograde, radiological supervision and interpretation only	IRC
74455	Urethrocystography, voiding, radiological supervision and interpretation only	IRC
74470	Radiological exam, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation only	IRC
74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation	IRC

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CPT CODE	DESCRIPTION	RVU's
74710	Pelvimetry, with or without placental localization	5
74740	Hysterosalpingogram, supervision and interpretation only	IRC
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	IRC
74775	Perineogram (e.g.. vaginogram, for sex determination or extent of anomalies)	18
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	IRC
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	IRC
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	IRC
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	IRC
75658	Angiography, brachial, retrograde, radiological supervision and interpretation	IRC
75705	Angiography, spinal, selective, radiological supervision and interpretation	IRC
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	IRC
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	IRC
75726	Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation	IRC
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	IRC
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	IRC
75736	Angiography, pelvic, selective or supraselective, radiological supervision and interpretation	IRC
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	IRC
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	IRC
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	IRC
75756	Angiography, internal mammary, radiological supervision and interpretation	IRC
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	IRC
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	IRC
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	IRC
75805	Lymphangiography, pelvic, abdominal, unilateral, radiological supervision and interpretation	IRC
75807	Lymphangiography, pelvic, abdominal, bilateral, radiological supervision and interpretation	IRC

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CPT CODE	DESCRIPTION	RVU's
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	IRC
75810	Splenoportography, radiological supervision and interpretation	IRC
75820	Venography, extremity, unilateral, radiological supervision and interpretation	IRC
75822	Venography, extremity, bilateral, radiological supervision and interpretation	IRC
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	IRC
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	IRC
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	IRC
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	IRC
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	IRC
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	IRC
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	IRC
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	IRC
75872	Venography, epidural, radiological supervision and interpretation	IRC
75880	Venography, orbital, radiological supervision and interpretation	IRC
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	IRC
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	IRC
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	IRC
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	IRC
75893	Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation	IRC
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	IRC

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CPT CODE	DESCRIPTION	RVU's
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	IRC
75901	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation	IRC
75902	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation	IRC
75952	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation	IRC
75953	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery, aneurysm, pseudoaneurysm, dissection, radiological supervision and interpretation	IRC
75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation	IRC
75956	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	IRC
75957	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation	IRC
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation	IRC
75959	Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation	IRC
75970	Transcatheter biopsy, radiological supervision and interpretation	IRC
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	IRC

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CPT CODE	DESCRIPTION	RVU's
75989	Radiological guidance (fluro, US or CT) for percutaneous drainage (e.g. abscess, specimen collection) w, placement of catheter, radiological supervision and interpretation	IRC
76000	Fluoroscopy (separate procedure- other than 71034 or 71023) up to 1 hour physician or other qualified health care professional time (e.g. cardiac fluoroscopy)	11
76001	Fluoroscopy, more than 1 hour physician or other qualified health care professional time, assisting a non-radiological physician or other qualified health care professional (e.g. Nephrosto-lithotomy, ERCP, bronchoscopy, transbronchial biopsy)	11
76010	Radiologic exam from nose to rectum for foreign body, single view, child	5
76080	Radiological exam, abscess, fistula or sinus tract study, radiological supervision and interpretation	8
76098	Radiological exam, surgical specimen	2
76100	Radiologic exam, single plane, body section (eg. tomography) other than w, urography	17
76101	Radiological examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	27
76102	Radiological examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	39
76120	Cineradiography, videography, except where specifically included	18
76125	Cineradiography, videography to complement routine examination	18
76140	Consultation on x-ray examination made elsewhere, written report	0
76376	3D Rendering w/ interpretation and reporting of CT, MRI, US, or other tomographic modality w/ image post processing under concurrent supervision; not requiring image postprocessing on an independent workstation - use in conjunction w/ code(s) for base imaging procedure	By Report
76377	3D Rendering w/ interpretation and reporting of CT, MRI, US, or other tomographic modality w/ image post processing under concurrent supervision; requiring image postprocessing on an independent workstation - use in conjunction w/ code(s) for base imaging procedure	By Report
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	By Report
76499	Unlisted diagnostic radiographic procedure (see guidelines)	By Report

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU
76506	Echoencephalography, real time w, image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities) including A-mode encephalography as secondary component where indicated	24
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	23
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only, performed during the same patient encounter	14
76512	Ophthalmic ultrasound, diagnostic; B-scan (w, or w, o superimposed non-quantitative A-scan) performed during the same patient encounter	11
76513	Ophthalmic anterior segment ultrasound, diagnostic; immersion (water bath) B-scan or high resolution biomicroscopy performed during the same patient encounter	17
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness) performed during the same patient encounter	1
76516	Ophthalmic biometry by ultrasound, echography, A-scan	13
76519	Ophthalmic biometry by ultrasound, echography, A-scan w, intraocular lens power calculation	15
76529	Ophthalmic ultrasonic foreign body localization	13
76536	Ultrasound soft tissue of head and neck (thyroid, parathyroid, parotid), real-time w, image documentation	25
76604	Ultrasound chest (includes mediastinum) real-time w, image documentation	17
76641	Ultrasound breast, unilateral, real-time w, image documentation includes axilla when performed; complete	20
76642	Ultrasound breast, unilateral, real-time w, image documentation includes axilla when performed; limited	15
76700	Ultrasound, abdominal, real time w, image documentation; complete	23
76705	Ultrasound, abdominal, real time w, image documentation; limited (ie single organ, quadrant, follow-up)	18
76706	Ultrasound, abdominal aorta, real time w/ image documentation, screening study for abdominal aortic aneurysm (AAA)	19
76770	Ultrasound, retroperitoneal (eg renal, aorta, nodes), real time w, image documentation; complete	22
76775	Ultrasound, retroperitoneal (eg renal, aorta, nodes), real time w, image documentation; limited	8
76776	Ultrasound, transplanted kidney, real time & duplex doppler w, image documentation;	34

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU
76800	Ultrasound, spinal canal and contents	23
76801	Ultrasound, pregnant uterus, real-time w, image documentation, fetal and maternal eval, first trimester (<14 wks 0 days) transabdominal approach; single or first gestation	21
76802	Ultrasound, pregnant uterus, real-time w, image documentation, fetal and maternal eval, first trimester (<14 wks 0 days) transabdominal approach; each additional gestation	6
76805	Ultrasound, pregnant uterus, real-time w, image documentation, fetal and maternal eval, after first trimester (> or = 14 wks 0 days) transabdominal approach; single or first gestation	26
76810	Ultrasound, pregnant uterus, real-time w, image documentation, fetal and maternal eval, plus detailed fetal anatomic examination, transabdominal approach; each addt'l gestation	12
76811	Ultrasound, pregnant uterus, real-time w, image documentation, fetal and maternal eval, plus detailed fetal anatomic exam, transabdominal approach; single or first gestation	24
76812	Ultrasound, pregnant uterus, real-time w, image documentation, fetal and maternal eval, plus detailed fetal anatomic exam, transabdominal approach; each additional gestation	32
76813	Ultrasound, pregnant uterus, real-time w, image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	17
76814	Ultrasound, pregnant uterus, real-time w, image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation	8
76815	Ultrasound, pregnant uterus, real-time w, image documentation, limited (eg fetal heartbeat, placental location, fetal position and, or qualitative amniotic fluid volume), 1 or more fetus	15
76816	Ultrasound, pregnant uterus, real-time w, image documentation, follow-up (eg re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach , per fetus	20
76817	Ultrasound, pregnant uterus, real-time w, image documentation; transvaginal	17
76818	Fetal biophysical profile; w, non-stress testing	20
76819	Fetal biophysical profile; w, o non-stress testing	14
76820	Doppler velocimetry, fetal; umbilical artery	6

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU
76821	Doppler velocimetry, fetal; middle cerebral artery	16
76825	Echocardiography, fetal, cardiovascular system, real-time w, image documentation (2D); w, or w, o M-mode recording	55
76826	Echocardiography, fetal, cardiovascular system, real-time w, image documentation (2D); w, or w, o M-mode recording; follow-up or repeat study	35
76827	Doppler Echocardiography, fetal pulsed wave and, or continuous wave w, spectral display; complete	13
76828	Doppler Echocardiography, fetal pulsed wave and, or continuous wave w, spectral display; follow-up or repeat study	7
76830	Ultrasound, transvaginal	25
76831	Endovaginal introduction of the saline enhanced endometrium	IRC
76856	Ultrasound pelvic (non-obstetric) real time w, image documentation; complete	21
76857	Ultrasound pelvic (non-obstetric) real time w, image documentation; limited or follow-up (eg follicles)	7
76870	Ultrasound scrotum and contents	10
76872	Ultrasound, transrectal	17
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning	26
76881	Ultrasound, extremity, non-vascular, real-time w, image documentation; limited; complete	25
76882	Ultrasound, extremity, non-vascular, real-time w, image documentation; anatomic specific	3
76885	Ultrasound, infant hips, real-time w, image documentation; dynamic; (requiring physician or other healthcare prof. manipulation)	31
76886	Ultrasound, infant hips, real-time w, image documentation; limited; static; (NOT requiring physician or other healthcare prof. manipulation)	22
76930	US guided aspiration of pericardium	IRC
76932	US guided endomyocardial biopsy	IRC
76936	US scan to localize and therapeutically compress a pseudo-aneurysm	IRC
76937	US guided for vascular access requiring US eval., of potential access sites, vessel patency, visualization of vascular needle entry w, permanent recording and reporting	IRC

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU
76940	US guidance for & monitoring of parenchymal tissue ablation	IRC
76941	US guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	IRC
76942	US guidance for needle placement (eg. Biopsy, aspiration, injection, localization device), imaging supervision and interpretation	IRC
76945	US guidance for chorionic villus sampling, imaging supervision and interpretation	IRC
76946	US guidance for amniocentesis, imaging supervsion and interpretation	IRC
76948	US guidance for aspiration of ova, imaging supervision and interpretation	IRC
76965	US guidance for interstitial radioelement application	IRC
76970	Ultrasound study follow-up (specify)	21
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	IRC
76977	US bone density measurement and interpretation, peripheral site(s); any method	1
76998	Ultrasonic guidance, intraoperative	11
76999	Unlisted ultrasonic procedure (eg diagnostic)	By Report
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)	IRC
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) ** NOTE surgical &, or injection codes listed depends on anatomical location	IRC
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	IRC
77053	Mammary ductogram or galactogram, single ducts, radiological supervision and interpretation	11
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	15
77061	Digital breast tomosynthesis; unilateral	7
77062	Digital breast tomosynthesis; bilateral	7
77063	Screening digital breast tomosynthesis; bilateral (list separately in addition to code for primary procedure)	7

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	26
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	34
77067	Screening mammography, bilateral (2 view study of each breast), including computer-aided detection (CAD) when performed	28
77071	Manual application of stress performed by physician or other qualified healthcare professional for joint radiography; including contralateral joint if indicated	9
77072	Bone age studies	4
77073	Bone length studies (orthoroentgenogram)	6
77074	Radiologic examination, osseous survey, limited (eg. for metastasis)	12
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	17
77076	Radiologic examination, osseous survey, infant	17
77077	Joint survey, single view, one or more joints (specify)	6
77080	Dual-energy X-ray absorptiometry (DXA) bone density study, 1 or more sites; axial skeleton (eg hips, pelvis, spine)	9
77081	Dual-energy X-ray absorptiometry (DXA) bone density study, 1 or more sites; appendicular skeleton (eg hips, pelvis, spine)	5
77085	Dual-energy X-ray absorptiometry (DXA) bone density study, 1 or more sites; appendicular skeleton (eg hips, pelvis, spine) including vertebral fracture assessment	11
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	7

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU
93880	Duplex scan of extracranial vessels complete bilateral study	46
93882	Duplex scan of extracranial vessels, unilateral or limited study	29
93886	Transcranial doppler study of the intracranial arteries; complete	65
93888	Transcranial doppler study of the intracranial arteries; limited	35
93890	Transcranial doppler study of the intracranial arteries; vasoreactivity study	66
93892	Transcranial doppler study of the intracranial arteries; emboli detection w, o intravenous microbubble injection	76
93893	Transcranial doppler study of the intracranial arteries; emboli detection w, intravenous microbubble injection	81
93895	Quantitative carotid intima media thickness and carotid atheroma eval; bilateral	
93922	Limited bilateral non-invasive physiologic study of Upper or Lower extremities arteries; (eg, for lower extremity: ankle, brachial indices at distal posterior tibial and anterior tibial, dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle, brachial indices at distal posterior tibial and anterior tibial, dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle, brachial indices at distal posterior tibial and anterior tibial, dorsalis pedis arteries w, transcutaneous oxygen tension measurement at 1-2 levels	21
93923	Complete bilateral non-invasive physiologic studies of Upper or Lower extremities arteries; 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurement at 3 or more levels, or single level study with provocative functional maneuvers (eg, measurements with postural provocative test, or measurements with reactive hyperemia)	32
93924	Non-Invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing (i.e. bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle, brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study	41
93925	Duplex scan of lower extremity arteries or arterial bypass grafts, complete bilateral study	62

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU
93926	Duplex scan of lower extremity arteries or arterial bypass grafts, unilateral or limited study	36
93930	Duplex scan of upper extremity arteries or arterial bypass grafts, complete bilateral study	47
93931	Duplex scan of upper extremity arteries or arterial bypass grafts, unilateral or limited study	29
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	46
93971	Duplex scan of lower extremity veins including responses to compression and other maneuvers, unilateral or limited study	28
93975	Duplex scan of arterial inflow or venous outflow of abdominal, Pelvic and, or scrotal contents and, or retroperitoneal organs; complete study	63
93976	Duplex scan of arterial inflow or venous outflow of abdominal, Pelvic and, or scrotal contents and, or retroperitoneal organs; limited study	35
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature or bypass grafts, complete study	43
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature or bypass grafts, unilateral or limited study27	27
93980	Duplex scan of arterial inflow and venous outflow of penile vessels, complete study	17
93981	Duplex scan of arterial inflow and venous outflow of penile vessels, follow-up or limited study	15
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording analysis of pressure and waveform tracings, interpretation and report	9

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU
93990	Duplex scan of hemodialysis access including arterial inflow, body of access and venous outflow	38
93998	Unlisted noninvasive vascular diagnostic study	By Report
C9744	Ultrasound, abdominal, with contrast	34
G0365	Vessel mapping of vessels for hemodialysis access	By Report
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema (Medicare reporting only)	46
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema (Medicare reporting only)	46
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk (Medicare reporting only)	53
G0130	Single energy x-ray absorptiometry (sexa) bone density study, on ore more sites, appendicular skeleton (peripheral) (e.g., radius, wrist, heel) (Medicare reporting only)	6
G0202	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed (Medicare reporting only)	28
G0204	Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral (Medicare reporting only)	34
G0206	Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral (Medicare reporting only)	26
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206) (Medicare reporting only)	7

STANDARD UNIT OF MEASURE REFERENCES
NUCLEAR MEDICINE

Approach

Nuclear Medicine Relative Value Units were developed with the aid of an industry task force under the auspices of and approved by the Health Services Cost Review Commission. The descriptions of codes in this section of Appendix D were obtained from the 2017 edition of the Current Procedural Terminology (CPT) manual and the 2017 edition of the Healthcare Common Procedure Coding System (HCPCS). In assigning RVUs the group used the 2017 Medicare Physician Fee schedule (MPFS) released November 2, 2016. RVUs were assigned using the following protocol ("RVU Assignment Protocol").

The RVUs reported in the 2017 MPFS include 2 decimal points. In order to maintain whole numbers in Appendix D, while maintaining appropriate relative value differences reported in the MPFS, the RVU work group agreed to remove the decimals by multiplying the reported RVUs by ten and then rounding the product of the calculation, where values less than X.5 are rounded down and all other values are rounded up.

1. CPT codes with RVUs listed in the MPFS.
    a. For CPT codes with RVUs that include both professional (modifier 26) and technical (modifier TC) components, use only the technical (TC) component RVU.
    b. CPT codes with only a single RVU listed
        a. CPT codes that are considered technical only, the single RVU reported will be used.
        b. CPT codes considered professional only are not listed in Appendix D.

2. CPT codes that do not have RVUs listed in the MPFS (e.g. CMS Status Code "C")
    a. CPTs 78099, 78199, 78299, 78399, 78499, 78599, 78699, 78799 and 78999 did not have a published RVU in the MPFS. As these codes are for an unlisted procedure, RVUs should be developed "By Report" following the protocol below in the section "CPT Codes Without an Assigned RVU Value."
    b. CPT 78267 did not have a published RVU in the MPFS. Due to its similarity to CPT 78270 in time and resources, it was assigned 26 RVUs.
    c. CPT 78268 did not have a published RVU in the MPFS. As time and resources used are about one-half of CPT 78267, it was assigned 13 RVUs.
    d. CPT 78282 did not have a published RVU in the MPFS. CMS APC weights for this code are similar to other gastrointestinal codes that are assigned approximately 2.5 RVUs per the MPFS, it was assigned 25 RVUs.
    e. CPT 78351 did not have a published RVU in the MPFS. Due to its similarity to CPT 78350 in time and resources, it was assigned 6 RVUs.
    f. CPT 78414 did not have a published RVU in the MPFS. Due to its similarity to CPT 78320 in assigned CMS APC weights, it was assigned 52 RVUs.
    g. CPTs 0331T and 0332T are new technology CPTs and did not have published RVUs in the MPFS. 0331T will mirror 78453 (74 RVUs) as workload is comparable and 0332T will mirror 78452 (115 RVUs) due to comparable workload.
    h. CPTs 78459, 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815 and 78816 did not have a published RVU in the MPFS. The workgroup agreed that two (2) RVUs per minute for average testing plus an additional one (1) RVU per minute to account for machine cost and other resources is a reasonable basis for establishing

RVUs for PET scans for a total of 3 RVUs per minute as follows:

CPT CODE	AVERAGE TESTING TIME	RVUS
78459	240 minutes	720
78491	80 minutes	240
78492	150 minutes	450
78608	120 minutes	360
78609	120 minutes	360
78811	90 minutes	270
78812	120 minutes	360
78813	150 minutes	450
78814	120 minutes	360
78815	145 minutes	435
78816	165 minutes	495

3. CPT/HCPCS codes for which the published RVU did not make sense
    a. CPT 38792 did not have a published non-facility RVU, the facility RVU was used.

Services with both a HCPCS for Medicare and CPT for Non-Medicare

All known HCPCS codes have been addressed in a payer-neutral fashion with this update. In instances of where Medicare implements a new HCPCS code to be utilized in lieu of a CPT code for a service, the RVU developed by the hospital must mirror the established CPT RVUs. The RVU for the service must be the same for all payers.

CPT Codes with Bundled Procedures

CPT codes from 2017 with a surgical component have been assigned a zero (0) RVU value. If a NUC CPT becomes bundled with a surgical code or replaced with a surgical code, these procedures should be charged as Interventional Radiology/Cardiovascular (IRC) and the associated costs of the procedure are to be reclassified to the IRC cost center. (This is minimal for Nuclear Medicine.)

Reporting of Imaging Guidance for Invasive Cases

Standard imaging RVUs are to be used for non-invasive imaging services. For invasive imaging services, the imaging guidance is either separately reportable or bundled into the code for the invasive service. Invasive imaging services occurring in an imaging suite must be charged using IRC minutes based on case time. For separately reportable imaging guidance, hospitals are to report one (1) IRC minute per imaging code. Imaging expenses associated with the guidance are to be allocated from the diagnostic imaging rate center to the IRC rate center.

When an operating room or operating room-clinic case involves separately reportable intraoperative/intraprocedural imaging guidance or imaging services, standard imaging RVUs are to be used. These cases are to be charged based on OR or ORC minutes. When imaging guidance is bundled into the underlying procedure, hospitals should not report any additional RVUs for the imaging. If imaging staff is assisting during a case where the imaging is bundled into the underlying procedure,

expenses should be allocated from the imaging department to the operating room or operating room clinic rate center.

CPT Codes without an Assigned RVU Value

RVUs for new codes developed and reported by CMS after the 2017 reporting, must be developed "By Report". When assigning RVUs to these new codes, hospitals should use the RVU Assignment Protocol described above where possible using the most current MPFS. For codes that are not listed in the MPFS, hospitals should assign RVUs based on time and resource intensity of the services provided compared to like services in the department. Documentation of the assignment of RVUs to codes not listed in Appendix D should always be maintained by the hospital.

For any codes that are in the surgical series of CPT (i.e. 1xxxx-6xxxx) and being performed in the imaging suite, these services are not "By Report"; they are to be reported via IRC. There is one exception to this rule – see Sentinel Node information below

Sentinel Node Injection

CPT 38792, although in the surgical series of CPT, will be kept in the NUC rate center with its associated RVUs of 6.

General Guidelines

The AMA CPT Code will be used as the identifier throughout the system. Assigned RVU's will be strictly tied to the CPT Code.

All RVUs are per CPT unless otherwise stated.

Standard supplies and contrast material are included in the RVU assignment and should not be assigned separately.

No drug, including radiopharmaceuticals, is considered a routine part of any NUC examination. Radiopharmaceuticals and sedation and pain reducing agents may be used with these procedures. These drugs should NOT be included in the RVU of the exam and are to be billed separately through the pharmacy on an "as needed" basis. Drugs should not be assigned an RVU

CPT	Description	RVU
38792	Injection procedure, radioactive tracer for identification of sentinel node	6
78012	Thyroid uptake, single or multiple quantitative measurements including stimulation, suppression, or discharge, when performed.	21
78013	Thyroid imaging (including vascular flow, when performed)	50
78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurements(s) (including stimulation, suppression, or discharge, when performed)	63
78015	Thyroid carcinoma metastases imaging; limited area (eg neck/chest only)	55
78016	Thyroid carcinoma metastases imaging; limited area (eg neck/chest only) w/additional studies (eg, urinary recovery)	73

STANDARD UNIT OF MEASURE REFERENCES
NUCLEAR MEDICINE

CPT	Description	RVU
78018	Thyroid carcinoma metastases imaging; whole body	79
78020	Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)	16
78070	Parathyroid planar imaging (including subtraction, when performed)	76
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)	87
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	98
78075	Adrenal imaging, cortex and/or medulla	119
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	By Report
78102	Bone marrow imaging; limited area	42
78103	Bone marrow imaging; multiple areas	54
78104	Bone marrow imaging; whole body	61
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	26
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	24
78120	Red cell volume determination (separate procedure); single sampling	24
78121	Red cell volume determination (separate procedure); multiple samplings	26
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	22
78130	Red cell survival study;	40
78135	Red cell survival study; differential organ/tissue kinetics (e.g., splenic and/or hepatic sequestration)	94
78140	Labeled red cell sequestration, differential organ/tissue (e.g., splenic and/or hepatic)	31
78185	Spleen imaging only, with or without vascular flow	56
78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization	99
78191	Platelet survival study	40
78195	Lymphatics and lymph node imaging	87
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	By Report
78201	Liver imaging; static only	49
78202	Liver imaging; with vascular flow	52

STANDARD UNIT OF MEASURE REFERENCES
NUCLEAR MEDICINE

CPT CODE	DESCRIPTION	RVU's
78205	Liver imaging (SPECT);	52
78206	Liver imaging (SPECT); with vascular flow	86
78215	Liver and spleen imaging; static only	50
78216	Liver and spleen imaging; with vascular flow	29
78226	Hepatobiliary system imaging, including gallbladder when present;	86
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	118
78230	Salivary gland imaging;	44
78231	Salivary gland imaging; with serial images	30
78232	Salivary gland function study	23
78258	Esophageal mobility	55
78261	Gastric mucosa imaging	62
78262	Gastroesophageal reflux study	61
78264	Gastric emptying study (e.g., solid, liquid, or both)	87
78265	Gastric emptying study (e.g., solid, liquid, or both); with small bowel transit	102
78266	Gastric emptying study (e.g., solid, liquid, or both); with small bowel and colon transit, multiple days	123
78267	Urea breath test, C-14 (isotopic); acquisition for analysis	26
78268	Urea breath test, C-14 (isotopic); analysis	13
78270	Vitamin B-12 absorption study (e.g. Schilling test); without intrinsic factor	26
78271	Vitamin B-12 absorption study (e.g. Schilling test); with intrinsic factor	23
78272	Vitamin B-12 absorption study combined, with and without intrinsic factor	25
78278	Acute gastrointestinal blood loss imaging	88
78282	Gastrointestinal protein loss	25
78290	Intestine imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus)	87
78291	Peritoneal-venous shunt patency test (e.g., LeVeen, Denver shunt)	62

STANDARD UNIT OF MEASURE REFERENCES
NUCLEAR MEDICINE

CPT CODE	DESCRIPTION	RVU's
78299	Unlisted gastrointestinal procedure, diagnostic Nuclear Medicine	By Report
78300	Bone and/or joint imaging; limited area	44
78305	Bone and/or joint imaging: multiple areas	56
78306	Bone and/or joint imaging; whole body	61
78315	Bone and/or joint imaging; 3 phase study	87
78320	Bone and/or joint imaging; tomographic (SPECT)	52
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	6
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	6
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	By Report
78414	Determination of central c-v hemodynamics (non-imaging) (e.g., ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	52
78428	Cardiac shunt detection	42
78445	Non-cardiac vascular flow imaging (i.e., angiography, venography)	46
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification , when performed); single study, at rest or stress (exercise or pharmacologic)	80
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification , when performed); multiple studies, at rest and/or redistribution and/or rest reinjection	115
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); singe study, at rest or stress (exercise or pharmacologic)	74
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	108
78456	Acute venous thrombosis imaging, peptide	79
78457	Venous thrombosis imaging, venogram; unilateral	40

STANDARD UNIT OF MEASURE REFERENCES
NUCLEAR MEDICINE

CPT CODE	DESCRIPTION	RVU's
78458	Venous thrombosis imaging, venogram; bilateral	47
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	720
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	47
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	45
78469	Myocardial imaging infarct avid, planar; tomographic SPECT with or without quantification	53
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	53
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	64
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction with or without quantification	37
78483	Cardiac blood pool imaging (planar) first pass technique; multiple studies, at rest or with stress (exercise and/or pharmacologic) wall motion study plus ejection fraction with or without quantification	50
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	240
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest or stress	450
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	49
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (list separately in addition to code for primary procedure)	6
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	By Report

STANDARD UNIT OF MEASURE REFERENCES
NUCLEAR MEDICINE

CPT CODE	DESCRIPTION	RVU's
78579	Pulmonary ventilation imaging (e.g., aerosol or gas)	47
78580	Pulmonary perfusion imaging (e.g., particulate)	59
78582	Pulmonary ventilation (e.g., aerosol or gas) and perfusion imaging	82
78597	Quantitative differential pulmonary perfusion, including imaging when performed	49
78598	Quantitative differential pulmonary perfusion and ventilation (e.g., aerosol or gas), including imaging when performed	77
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	By Report
78600	Brain imaging, less than 4 static views;	48
78601	Brain imaging, less than 4 static views; with vascular flow	55
78605	Brain imaging, minimum 4 static views;	51
78606	Brain imaging, minimum 4 static views; with vascular flow	87
78607	Brain imaging, tomographic (SPECT)	86
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	360
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	360
78610	Brain imaging, vascular flow only	47
78630	Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography	89
78635	Cerebrospinal fluid flow, imaging (not including introduction of material;) ventriculography	91
78645	Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation	87
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)	90
78650	Cerebrospinal fluid leakage detection and localization	88
78660	Radiopharmaceutical dacryocystography	45

STANDARD UNIT OF MEASURE REFERENCES
NUCLEAR MEDICINE

CPT CODE	DESCRIPTION	RVU's
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	By Report
78700	Kidney imaging morphology	44
78701	Kidney imaging morphology; with vascular flow	55
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	54
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)	34
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (e.g., angiotensin converting enzyme inhibitor and/or diuretic)	87
78710	Kidney imaging morphology; tomographic (SPECT)	50
78725	Kidney function study, non-imaging radioisotopic study	26
78730	Urinary bladder residual study (List separately in addition to code for primary procedure)	18
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	56
78761	Testicular imaging with vascular flow	52
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	By Report
78800	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area	46
78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	65
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	82
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	85
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging	150
78805	Radiopharmaceutical localization of inflammatory process; limited area	43
78806	Radiopharmaceutical localization of inflammatory process; whole body	85
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	85
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (e.g., parathyroid adenoma)	11
78811	Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)	270

STANDARD UNIT OF MEASURE REFERENCES
NUCLEAR MEDICINE

CPT CODE	DESCRIPTION	RVU's
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	360
78813	Positron emission tomography (PET) imaging; whole body	450
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)	360
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	435
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	495
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	By Report
79005	Radiopharmaceutical therapy, by oral administration	14
79101	Radiopharmaceutical therapy, by intravenous administration	14
79200	Radiopharmaceutical therapy, by intracavitary administration	15
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	IRC
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	23
79440	Radiopharmaceutical therapy, by intra-articular administration	14
79445	Radiopharmaceutical therapy, by intra-articular particulate administration	IRC
79999	Radiopharmaceutical therapy, unlisted procedure	By Report
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment	74
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment with tomographic SPECT	115

Approach

Therapeutic Radiology Relative Value Units were developed by an industry task force under the auspices of the Maryland Hospital Association. The descriptions of codes in this section of Appendix D were obtained from the 2015 edition of the Current Procedural Terminology (CPT) manual and the 2015 edition of the Healthcare Common Procedure Coding System (HCPCS). In assigning RVUs the group used the 2015 Medicare Physician Fee schedule (MPFS). RVUs were assigned using the following protocol ("RVU Assignment Protocol").

The RVUs reported in the 2015 MPFS include 2 decimal points. In order to maintain whole numbers in Appendix D, while maintaining appropriate relative value differences reported in the MPFS, the RVU work group agreed to remove the decimals by multiplying the reported RVUs by ten and then rounding the product of the calculation, where values less than X.5 are rounded down and all other values are rounded up.

1. CPT codes with RVUs listed in the MPFS.
    a. For CPT codes with RVUs that include both professional (modifier 26) and technical (modifier TC) components, use only the technical (TC) component RVU.
    b. CPT codes with only a single RVU listed
        a. CPT codes that are considered technical only (such as treatment codes), the single RVU reported will be used.
        b. CPT codes considered professional only (such as weekly treatment management and physician planning), are not listed in Appendix D.
2. CPT codes that do not have RVUs listed in the MPFS.
        a. CPT 77387 did not have a published RVU in the MPFS. The RVU work group agreed the work activity associated with this code is similar to CPT 77014. Given the similarity of the work activity, it was determined the same RVU should be applied to CPT 77387.
        b. CPT codes 77424 and 77425 did not have published RVUs in the MPFS. The RVU work group agreed the work activity associated with these codes is similar to CPT 77787. Given the similarity of the work activity, it was determined the same RVU should be applied to CPTs 77424 and 77425.
        c. CPT 77520 did not have a published RVU in the MPFS. The code does have an OPPS APC relative value weight, and it is valued the same as CPTs 77385 and 77386. It was determined the RVUs for 77385 and 77386 should be applied to CPT 77520.
        d. CPT 77522, 77523, and 77525 did not have published RVUs in the MPFS. These codes are in the same family of services as CPT 77520. The codes have an OPPS APC with a relative value weight 2.112 times greater than the APC for CPT 77520. It was determined CPT codes 77522, 77523, and 77525 should each have the same RVU which is calculated by multiplying 2.112 to the RVU of CPT 77520.

e. CPT 77402 did not have a published RVU in the MPFS. This is a code where Medicare's hospital based fee schedule and physician fee schedule differ. Since the 2015 MPFS is being used as the source for RVUs, the corresponding CPT value is G6003. The RVU work group used the same RVU for G6003 for CPT 77402.
f. CPT 77407 did not have a published RVU in the MPFS. This is a code where Medicare's hospital based fee schedule and physician fee schedule differ. Since the 2015 MPFS is being used as the source for RVUs, the corresponding CPT value is G6007. The RVU work group used the same RVU for G6007 for CPT 77407.
g. CPT 77412 did not have a published RVU in the MPFS. This is a code where Medicare's hospital based fee schedule and physician fee schedule differ. Since the 2015 MPFS is being used as the source for RVUs, the corresponding CPT value is G6011. The RVU work group used the same RVU for G6011 for CPT 77412.
h. CPT 77371 did not have a published RVU in the MPFS, and it was determined there was not a similar CPT for benchmarking. Table 1 provides the methodology employed to assign RVUs of 378 to CPT 77371.

Table 1: CPT 77371 RVU Assessment

CPT 77371 Gamma Knife Treatment Delivery RVU Assignment

a. Step One, Determine a base CPT: CPT 77385 and 77386 were used as a base to which the work associated with CPT 77371 could be compared and extrapolated. CPT 77385 and 77386 each have a RVU of 11.15

b. Step Two, Determine the comparative work components for the CPT in question (77371). These are the work components for which the relative workload will be evaluated against the base CPTs 77385 and 77386.

Component	Weighting	Weighting Methodology
Initial Set-up	65%	The setup for SRS treatment is 4Xs the work effort of an IMRT setup - criticality of coordinate system - application of frame
Treatment	20%	It takes on average 3Xs the amount of time to deliver an SRS Cobalt Based treatment vs. IMRT
QA	7.50%	The QA process is 50% less work effort than with IMRT
Resources	7.50%	The treatment delivery is managed by the Medical Physics personnel as compared to therapists for IMRT delivery. Physicists are 2Xs the resource intensity as IMRT therapists

c. Step Three, Extrapolate the RVU value

	Initial S/U	Treatment	QA	Resources			
Weighting	65%	20%	7.50%	7.50%			
Base RVU	11.15	11.15	11.15	11.15			
Multiplier	4	3	0.5	2	**Sum**	**Multiplier**	**RVUs**
Total RVUs	28.99	6.69	0.42	1.67	**37.77**	**10**	**378**

4. CPT codes for which the published RVU did not make sense,
    a. CPT 77333 had a RVU that did not seem reasonable as compared to CPT 77332 and 77334, which are in the same family of codes and clinical services. It was determined the RVU for CPT 77333 should be the average value of CPT codes 77332 and 77334.

CPT Codes without an Assigned RVU Value

An effort was made to assign RVUs to all codes that were effective in 2015. In the case of CPT codes listed as 'By Report', hospitals should assign RVUs based on the time and resource intensity of the service provided compared to like services in the department.

For new codes developed and reported by CMS after the 2015 reporting, these codes are considered to be "By Report". When assigning RVUs to these new codes, hospitals should use the RVU Assignment Protocol described above where possible. Documentation of the assignment of RVUs to codes not listed in Appendix D should always be maintained by the hospital.

STANDARD UNIT OF MEASURE REFERENCES
RADIOLOGY THERAPEUTIC

CPT Code	Procedure	RVU
77014	Computed tomography guidance for placement of radiation therapy fields	20
77280	Therapeutic radiology simulation-aided field setting; simple	66
77285	Intermediate	104
77290	Complex	120
77293	Respiratory motion management (list separately in addition to code for primary procedure)	101
77295	3-Dimensional radiotherapy plan, including dose-volume histograms	74
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	By Report
	MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES AND SPECIAL SERVICES	

CPT Code	Procedure	RVU
77300	Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	9
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	425
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	20
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	37
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	32
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	41
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	56
77321	Special teletherapy port plan, particles, hemibody, total body	12

STANDARD UNIT OF MEASURE REFERENCES
RADIOLOGY THERAPEUTIC

CPT Code	Procedure	RVU
77331	Special dosimetry (e.g., TLD, microdosimetry) (specify), only when prescribed by the treating physician	5
77332	Treatment devices, design and construction; simple, (simple block, simple bolus)	15
77333	Treatment devices, design and construction; intermediate, (multiple blocks, stents, bite blocks, special bolus)	20
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	25
77336	Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of therapeutic radiologist, reported per week of therapy	21
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	79
77370	Special medical radiation physics, consultation	32
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based	378
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	297
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	377
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	112
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	112
77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	20
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices	By Report
Radiation Treatment delivery (77401–77416) recognizes the technical component and the various energy levels.		

STANDARD UNIT OF MEASURE REFERENCES
RADIOLOGY THERAPEUTIC

RADIATION TREATMENT DELIVERY

Radiation Treatment delivery (77401–77416) recognizes the technical component and the various energy levels.

CPT Code	Procedure	RVU
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	6
77402	Radiation treatment delivery, > MeV; simple	45
77407	Radiation treatment delivery, >1 MeV; intermediate	72
77412	Radiation treatment delivery, >1 MeV; complex	77

CLINICAL TREATMENT MANAGEMENT

CPT Code	Procedure	RVU
77417	Therapeutic radiology port film(s)	3
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	9
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	18
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	147
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	147
77470	Special treatment procedure (e.g., total body irradiation, hemibody irradiation, per oral, vaginal cone irradiation)	13
77999	Unlisted procedure, therapeutic radiology treatment management	By Report

PROTON TREATMENT DELIVERY

CPT Code	Procedure	RVU
77520	Proton treatment delivery, simple, without compensation	112
77522	Proton treatment delivery, simple, with compensation	235
77523	Proton treatment delivery, intermediate	235
77525	Proton treatment delivery, complex	235

STANDARD UNIT OF MEASURE REFERENCES
RADIOLOGY THERAPEUTIC

HYPERTHERMIA

Hyperthermia treatments as listed in this section include external (superficial and deep), interstitial and intracavitary. Radiation therapy when given concurrently is listed separately.

Hyperthermia is used only as an adjunct to radiation therapy or chemotherapy. It may be induced by a variety of sources, e.g., microwave, ultrasound, low energy radio-frequency conduction, or by probes.

Physics planning and interstitial insertion of temperature sensors, and use of external or interstitial heat generating sources are included.

CPT Code	Procedure	RVU
77605	Hyperthermia, externally generated; deep (i.e., heating to depths greater than 4 cm)	183
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	266
77615	Hypothermia generated by interstitial probe(s); more than 5 interstitial applicators	252
77620	Hyperthermia generated by intracavitary probe(s)	105

STANDARD UNIT OF MEASURE REFERENCES
RADIOLOGY THERAPEUTIC

CLINICAL BRACHYTHERAPY

Clinical brachytherapy requires the use of either natural or manmade radioelements applied into or around a treatment field of interest. The supervision of radioelements and dose interpretation are performed solely by the therapeutic radiologist.

Definitions

(Sources refer to intracavitary placement or permanent interstitial placement; ribbons refer to temporary interstitial placement.)

Simple	Application with one to four sources/ribbons.
Intermediate	Application with five to ten sources/ribbons.
Complex	Application with greater than ten sources/ribbons.

CPT Code	Procedure	RVU
77750	Infusion or instillation of radioelement solution	31
77761	Intracavitary radiation source application; simple	53
77762	Intracavitary radiation source application; intermediate	61
77763	Intracavitary radiation source application; complex	79
77776	Interstitial radiation source application; simple	64
77777	Interstitial radiation source application; intermediate	54
77778	Interstitial radiation source application; complex	80
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	46
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	90
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	147
77789	Surface application of radioelement	17
77790	Surface application of radiation source	12
77799	Unlisted procedure, Clinical brachytherapy	By Report

STANDARD UNIT OF MEASURE REFERENCES
ELECTROCARDIOGRAPHY

Account Number	Cost Center Title
7290	Electrocardiography Service

The Electrocardiography Relative Value Units were developed by an industry task force under the auspices of the Maryland Hospital Association. These Relative Value Units will be used as the standard unit of measure related to the output of the Electrocardiography Center.

Electrocardiography (EKG) is a transthoracic interpretation of the electrical activity of the heart over a period of time. The EKG cost center operates specialized equipment to (1) Record graphically electromotive variations in actions of the heart muscle; (2) Record graphically the direction and magnitude of the electrical forces of the heart's action, (3) Record graphically the sounds of the heart for diagnostic purposes; (4) Imaging; (5) Cardioversion; and/or (6) Tiltable. Additional activities include, but are not limited to, the following:

Explaining test procedures to patient; operating electrocardiograph equipment; inspecting, testing and maintaining special equipment; attaching and removing electrodes from patient; a patient may remove electrodes and remit recording data from home when appropriate.

Description

This cost center contains the direct expenses incurred in performing electrocardiographic examinations, as well as up to six hours of recovery time. Included as direct expenses are: salaries and wages, employee benefits, professional fees (non-physician), supplies, purchased services, other direct expenses and transfers. Cost of contrast material is included in this cost center.

Code	Description (CQ)	RVUs
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	45
92960	Cardioversion in addition to TEE 5 RVUs. Also report TEE separately with 60 RVUs	5
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	12
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	30
93024	Ergonovine provocation test	30
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	30
93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	5
93225	Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous original waveform recording and storage, with visual superimposition scanning; recoding (includes connection, recording, and disconnection)	10
93226	Wearable electrocardiographic rhythm derived monitoring for 24 hours by continuous original waveform recording and storage, with visual superimposition scanning; scanning analysis with report	50

STANDARD UNIT OF MEASURE REFERENCES
ELECTROCARDIOGRAPHY

Code	Description (CQ)	RVUs
93270	Wearable patient activated electrocardiographic rhythm derived event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; recording (includes connection, recording, and disconnection)	10
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	30
93279	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system	15
93280	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead pacemaker system	15
93281	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead pacemaker system	15
93282	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead implantable cardioverter-defibrillator system	20
93283	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead implantable cardioverter-defibrillator system	20
93284	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead implantable cardioverter-defibrillator system	20
93285	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; implantable loop recorder system	20
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system	15
93287	Single, dual or multiple lead implantable cardioverter-defibrillator system	15

STANDARD UNIT OF MEASURE REFERENCES
ELECTROCARDIOGRAPHY

Code	Description (CQ)	RVUs
93288	Interrogation device evaluation (in person) with physician analysis, review, and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system	15
93289	Interrogation device evaluation (in person) with physician analysis, review, and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements	20
93290	Interrogation device evaluation (in person) with physician analysis, review, and report, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	20
93291	Interrogation device evaluation (in person) with physician analysis, review and report , includes connection, recording and disconnection per patient encounter; Implantable loop recorder system, including heart rhythm derived data analysis	20
93292	Interrogation device evaluation (in person) with physician analysis, review, and report, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	30
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with physician analysis, review and report(s), up to 90 days	15
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	20
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	20
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	45
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	20
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	60
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	45
93308	Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, follow-up or limited study	20

STANDARD UNIT OF MEASURE REFERENCES
ELECTROCARDIOGRAPHY

Code	Description (CQ)	RVUs
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	60
3315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	90
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	10
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	8
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	5
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	60
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	1
93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention. A standard tilt table evaluation of 45 minutes or less qualifies for 60 RVUs. A complex tilt table evaluation of greater than 45 minutes qualifies for 90 RVUs. Evaluation time includes the time necessary to prepare the patient for the evaluation and any post evaluation services.	60/90
93701	Bioimpedance, thoracic, electrical	5
93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	15
93740	Temperature gradient studies	By Report
93745	Initial set-up and reprogramming by a physician of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events	30
93750	Interrogation of Ventricular Assist Device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, recovery), with programming, if performed, and report	15

STANDARD UNIT OF MEASURE REFERENCES
ELECTROCARDIOGRAPHY

Code	Description (CQ)	RVUs
93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only	10
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	30
93799	Unlisted cardiovascular services or procedure (AICD Reprogramming)	By Report
G0166	External Counterpulsation, per treatment session	By Report

STANDARD UNIT OF MEASURE REFERENCES
ELECTROCARDIOGRAPHY

Contrast Codes

Code	Description (CQ)	RVUs
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies, complete	45 (93303) + 1 for contrast = 46 RVUs
C8922	Transthoracic echocardiography with contrast or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study	20(93304) + 1 for contrast = 21 RVUs
C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler	45 (93307)+ 1 for contrast = 46 RVUs
C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	20 (93308)+ 1 for contrast = 21 RVUs
C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	60 (93312) + 1 for contrast= 61 RVUs
C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation, and report	90 (93315) + 1 for contrast = 91 RVUs
C8927	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	By Report
C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time image documentation (2D), includes M-mode recoding, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	60 (93350) + 1 for contrast = 61 RVUs
C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	60 (93306)+ 1 for contrast = 61 RVUs

STANDARD UNIT OF MEASURE REFERENCES
ELECTROENCEPHALOGRAPHY

Codes Intentionally Omitted from List

93313	Placement of transesophageal probe only
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only.
93316	Placement of transesophageal probe only
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only.
93351	Echocardiography, transthoracic, real-time with image documentation (2D) , includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision
C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision

STANDARD UNIT OF MEASURE REFERENCES
ELECTROENCEPHALOGRAPHY

Approach

Electroencephalography Relative Value Units were developed with the aid of an industry task force under the auspices of and approved by the Health Services Cost Review Commission. The description of codes in this section of Appendix D were obtained from the 2017 edition of the Current Procedural Terminology (CPT) manual and the 2017 edition of the Healthcare Common Procedure Coding System (HCPCS). In assigning RVUs the group used the 2107 Medicare Physician Fee Schedule (MPFS) released November 2, 2016. RVUs were assigned using the following protocol ("RVU Assignment Protocol").

The RVUs reported in the 2017 MPFS include 2 decimal points. In order to maintain whole numbers in Appendix D, while maintaining appropriate relative value differences reported in the MPFS, the RVU work group agreed to remove the decimals by multiplying the reported RVUs by ten and then rounding the product of the calculation, where values less than X.5 are rounded down and all other values are rounded up.

1. CPT codes with RVUS listed in the MPFS.
    a. For CPT codes with RVUs that include both professional (modifier 26) and technical (modifier TC) components, use only the technical (TC) component RVU.
    b. CPT codes with only a single RVU listed
        i. CPT codes that are considered technical only, the single RVU reported will be used.
        ii. CPT considered professional only are not listed in Appendix D.
2. CPT codes that do not have RVUs listed in the MPFS (e.g. CMS Status Code "C")
    a. CPT 95824 did not have a published RVU in the MPFS. This CPT is infrequently reported by hospitals and will be listed "By Report."
    b. CPT 95941 did not have a published RVU in the MPFS. This procedure is not reported to Medicare but may be utilized for other payers. This CPT (1 hour of time) will be reported at 3 RVUs, mirroring 94940 (which is for 15 minutes) because physician is not 1:1 with patient;
    c. CPT 95943, 94965, 94966 and 95967 did not have a published RVU in the MPFS. These CPTs will be assigned "By Report." As this procedure is not currently being provided by hospitals. When hospitals do provide this service, RVUs shall be assigned following the protocol below in the section "CPT Codes Without An Assigned RVU Value."
    d. CPT 94951 did not have a published RVU in the MPFS. This CPT is infrequently reported by hospitals and will be listed "By Report."
    e. HCPCS codes G0398, G0399 and G0400 did not have published RVUs as they are for hospital use only. These procedures will mirror CPT 95806 at 30 RVUs.
3. CPT/HCPCS codes for which the published RVU did not make sense.
    a. There were not deviations from published RVUs when present.

Services with both a HCPCS for Medicare and CPT for NonMedicare

All known HCPCS codes have been addressed in a payer-neutral fashion with this update. In instances where Medicare implements a new HCPCS code to be utilized in lieu of a CPT code for a service, the

RVU developed by the hospital must mirror the established CPT RVUs. The RVU for the service must be the same for all payers.

Unattended and Home Sleep Studies

The RVUs for these services assumes the patients are coming to the hospital before and/or after the procedure to be hooked up/educated on equipment and unhooked/discharged from equipment. These RVUs do not relate to the portion of the service occurring without staff and/or at the patient's home.

CPT Codes Without an Assigned RVU Value

RVUs for new codes developed and reported by CMS after the 2017 reporting, must be developed "By Report." When assigning RVUs to these new codes, hospitals should use the RVU Assignment Protocol described above where possible using the most current MPFS. For codes that are not listed in the MPFS, hospitals should assign RVUs based on time and resource intensity of the services provided compared to like services in the department. Documentation of the assignment of RVUs to codes not listed in Appendix D should always be maintained by the hospital.

General Guidelines

The AMA CPT Code will be used as the identifier throughout the system. Assigned RVUs will be strictly tied to the CPT Code.

All RVUs are per CPT unless otherwise stated.

Standard supplies are included in the RVU assignment and should not be assigned separately.

No drug is considered a routine part of any EEG examination, however, sedation and pain reducing agents may be used to make procedures more easily tolerated. These drugs should NOT be included in the RVU of the exam but would be billed separately through the pharmacy on an "as needed" basis. Drugs should not be assigned an RVU.

ELECTROENCEPHALOGRAPHY

CPT Code	Description	RVU
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	251
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	285
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (e.g., by airflow or peripheral arterial tone), and sleep time	36
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (e.g., by airflow or peripheral arterial tone)	12
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	27
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	103
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (e.g., thoracoabdominal movement)	30
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	113
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	155

STANDARD UNIT OF MEASURE REFERENCES
ELECTROENCEPHALOGRAPHY

CPT Code	Description	RVU
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	140
95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	148
95812	Electroencephalogram (EEG) extended monitoring; 41-60 minutes	75
95813	Electroencephalogram (EEG) extended monitoring; greater than 1 hour	90
95816	Electroencephalogram (EEG); including recording awake and drowsy	85
95819	Electro-encephalogram (EEG); including recording awake and asleep	101
95822	Electroencephalogram (EEG); recording in coma or sleep only	89
95824	Electroencephalogram (EEG); cerebral death evaluation only	By Report
95827	Electroencephalogram (EEG); all night recording	170
95829	Electrocorticogram at surgery (separate procedure)	445
95830	Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording	62
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	9
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side	9
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands	11
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands	15
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	5
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	4
95857	Cholinesterase inhibitor challenge test for myasthenia gravis	15
95860	Needle electromyography; 1 extremity with or without related paraspinal areas	20
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	26
95863	Needle electromyography; 3 extremities with or without related paraspinal areas	33
95864	Needle electromyography; 4 extremities with or without related paraspinal areas	39
95865	Needle electromyography; larynx	17
95866	Needle electromyography; hemidiaphragm	19
95867	Needle electromyography; cranial nerve supplied muscle(s), unilateral	15
95868	Needle electromyography; cranial nerve supplied muscles, bilateral	20
95869	Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)	20
95870	Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters	20
95872	Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied	12
95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	15
95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)	15

STANDARD UNIT OF MEASURE REFERENCES
ELECTROENCEPHALOGRAPHY

CPT Code	Description	RVU
95875	Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)	16
95885	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)	11
95886	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)	13
95887	Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)	12
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report;	19
95907	Nerve conduction studies; 1-2 studies	12
95908	Nerve conduction studies; 3-4 studies	16
95909	Nerve conduction studies; 5-6 studies	19
95910	Nerve conduction studies; 7-8 studies	25
95911	Nerve conduction studies; 9-10 studies	28
95912	Nerve conduction studies; 11-12 studies	28
95913	Nerve conduction studies; 13 or more studies	31
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio	11
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt	14
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential	27
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	18
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs	31
95926	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs	30
95927	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head	31
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	37
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	39
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash	31
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	13
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method (for ultrasonography, see 76500 et seq.)	13
95938	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs	83

STANDARD UNIT OF MEASURE REFERENCES
ELECTROENCEPHALOGRAPHY

CPT Code	Description	RVU
95939	Central motor evoked potential study (transcranial motor stimulation); upper and lower limbs	108
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)	3
95941	Continuous intraoperative neurophysiology monitoring from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)	3
95943	Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change	By Report
95950	Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (e.g., 8 channel EEG) recording and interpretation, each 24 hours	71
95951	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (e.g., for pre-surgical localization), each 24 hours	By Report
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended	73
95954	Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (e.g., thiopental activation test)	92
95955	Electroencephalogram (EEG) during nonintracranial surgery (e.g., carotid surgery)	45
95956	Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse	404
95957	Digital analysis of electroencephalogram (EEG) (e.g., for epileptic spike analysis)	56
95958	Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring	99
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	40
95962	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	25
95965	Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (e.g., epileptic cerebral cortex localization)	By Report
95966	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (e.g., sensory, motor, language, or visual cortex localization)	By Report
95967	Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (e.g., sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)	By Report

STANDARD UNIT OF MEASURE REFERENCES
ELECTROENCEPHALOGRAPHY

CPT Code	Description	RVU
95970	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (i.e., cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming	19
95971	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	14
95972	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (i.e., peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming	17
95974	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	59
95975	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	32
95978	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programing; first hour	71
95979	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programing; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	31
95980	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	4

STANDARD UNIT OF MEASURE REFERENCES
ELECTROENCEPHALOGRAPHY

CPT Code	Description	RVU
95981	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	9
95982	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	15
95999	Unlisted neurological or neuromuscular diagnostic procedure	By Report
G0398	Home sleep test/type 2 portable (Medicare reporting only)	30
G0399	Home sleep test/type 3 portable (Medicare reporting only)	30
G0400	Home sleep test/type 4 portable (Medicare reporting only)	30
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	3

STANDARD UNIT OF MEASURE REFERENCES
PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT)

ACCOUNT NUMBER	COST CENTER TITLE
7510	**Physical Therapy**
7530	**Occupational Therapy**

The descriptions in this section of Appendix D were obtained from the 2003 edition of the Current Procedural Terminology (CPT) manual, and the 2003 edition of the Healthcare Common Procedure Coding System (HCPCS). Some of the codes are designed with time as a multiple. For example, code 97032, "Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes." While other codes are silent on time. For example code 29105, "Application of long arm splint (shoulder to hand)."

The review committee has elected to assign all Relative Value Units (RVU's) in this section of Appendix D, based on time. That decision required converting CPT non-time based codes to time based codes. The time increment selected was 15 minutes. **The 15-minute increments used in this Appendix D are subject to the Medicare 8 minute rule.** (For the benefit of the reader, all applicable PT and OT codes are grouped, per CPT definition, as either "NON-TIME" or "TIME" codes. However, for CPT codes under "NON-TIME", it is implicit that the service is provided in time multiples, as defined by the review committee. For emphasis the phrase "(*per HSCRC: each 15 minutes*)" has been added to the CPT description).

Hospitals may want to contact MHA for billing suggestions

STANDARD UNIT OF MEASURE REFERENCES
PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT)

Other considerations:

1. Supply costs are included in the HSCRC rate per RVU. There is one exception, which is noted under CPT code 29580.
2. The CPT codes reviewed account for the majority of services provided in PT & OT. There are some CPT codes not listed and new codes may be added in the future. These codes should be considered as "by report" by the individual institution.
3. CPT codes are in a process of constant revision and as such providers should review their institution's use of CPT codes and stay current with proper billing procedures.
4. The RVU's listed in this section of Appendix D are time based. The time increments are in 15-minute multiples. HSCRC expects providers to round up/down for services, when not provided in exactly a 15-minute multiple. For example services that are:
   a. 8 to 22 minutes = 15 minutes,
   b. 23 to 37 minutes = 30 minutes,
   c. 38 to 52 minutes = 45 minutes,
   d. 53 to 67 minutes = 60 minutes, etc.
5. Time increments used in this section of Appendix D are for direct patient time. Direct patient time is billable. Time spent for set-up, documentation of service, conference, and other non-patient contact is not billable.
6. It is expected and essential that all appropriate clinical documentation be prepared and maintained to support services provided.

CPT code	Description	RVU
NON-TIME BASED CODES		
29105	Application of long arm splint (shoulder to hand) (per HSCRC: each 15 minutes).	12
29125	Application of short arm splint (forearm to hand); static (per HSCRC: each 15 minutes).	10

STANDARD UNIT OF MEASURE REFERENCES
PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT)

NON-TIME BASED CODES

CPT code	Description	RVU
29126	Application of short arm splint (forearm to hand); dynamic (per HSCRC: each 15 minutes).	12
29130	Application of finger splint; static (per HSCRC: each 15 minutes).	8
29131	Application of finger splint; dynamic (per HSCRC: each 15 minutes).	10
29505	Application of long leg splint (thigh to ankle or toes) (per HSCRC: each 15 minutes).	12
29515	Application of short leg splint (calf to foot) (per HSCRC: each 15 minutes).	10
29580	Strapping; Unna boot (per HSCRC: each 15 minutes. Per HSCRC: charge for unna boot separately).	6
64550	Application of surface (transcutaneous) neurostimulator (per HSCRC: each 15 minutes. Per HSCRC, to be used for initial Tens application only).	5
90901	Biofeedback training by any modality (exception see 90911) (per HSCRC: each 15 minutes).	6
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry (e.g. Incontinence) (per HSCRC: each 15 minutes).	7
96110	Developmental testing, limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. (Per HSCRC: each 15 minutes).	9
97001	Physical Therapy evaluation (per HSCRC: each 15 minutes).	12

STANDARD UNIT OF MEASURE REFERENCES
PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT)

CPT code	Description	RVU
NON-TIME BASED CODES		
97002	Physical Therapy re-evaluation (per HSCRC: each 15 minutes).	9
97003	Occupational Therapy evaluation (per HSCRC: each 15 minutes).	12
97004	Occupational Therapy re-evaluation (per HSCRC: each 15 minutes).	9
97010	(per HSCRC: not reportable) Application of a modality to one or more areas; hot or cold packs.	0
97012	Application of a modality to one or more areas: traction, mechanical (per HSCRC: each 15 minutes).	4
97014	(per HSCRC: not reportable) Application of a modality to one or more areas; electrical stimulation (unattended).	0
97016	Application of a modality to one or more areas; Vasopneumatic devices (per HSCRC each 15 minutes).	3
97018	Application of a modality to one or more areas; Paraffin bath (per HSCRC: each 15 minutes).	2
97022	Application of a modality to one or more areas; Whirlpool, (per HSCRC: each 15 minutes).	3
97039	Unlisted modality (specific type and time if constant attendance), (per HSCRC: RVU assigned should be for a 15-minute increment)	by report
97139	Unlisted therapeutic procedure (specify), (per HSCRC: RVU assigned should be for a 15-minute increment).	By report

STANDARD UNIT OF MEASURE REFERENCES
PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT)

CPT Code	Description	RVU
NON-TIME BASED CODES		
97150	Therapeutic procedure(s), group (2, 3, or 4 patients). Therapeutic procedure(s), group (5 or more patients). (per HSCRC: each 15 minutes).	3 per patient 2 per patient
97601	Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (e.g., high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers). Including topical application(s) wound assessment, and instruction(s) for ongoing care, per session. (per HSCRC: each 15 minutes).	12
97602	(per HSCRC: not reportable) Removal of devitalized tissue from wound(s); non-selective debridement, without anesthesia (e.g. wet-to-moist dressings, enzymatic, abrasion), including topical application(s). wound Assessment and instruction(s) for ongoing care, per session.	0
97799	Unlisted physical medicine rehabilitation service or procedure (per HSCRC; RVU assigned should be for a 15-minute increment).	By report

HCPCS Code	Description	RVU
NON-TIME BASED CODES		
G0281	Electrical stimulation (unattended), to one or more areas, for Chronic Stage III and Stage IV pressure ulcers, arterial ulcers, Diabetic ulcers, and Venous stasis ulcers not demonstrating Measurable signs of healing after 30 days of conventional care, as Part of a therapy plan of care. (Per HSCRC: each 15 minutes).	4
G0282	Electrical stimulation (unattended), to one or more areas for wound care other than described in G0281 (per HSCRC: each 15 minutes).	4

STANDARD UNIT OF MEASURE REFERENCES
PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT)

HCPCS Code	Description	RVU
NON-TIME BASED CODES		
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care.	3
G0295	(per HSCRC: not reportable) Electromagnetic Stimulation, to one or more areas.	0

CPT Code	Description	RVU
TIME BASED CODES – (direct one to one patient contact)		
96111	Developmental testing, extended (includes assessment of motor, language, social adaptive and/or cognitive functioning by standardized developmental instruments, e.g. Bayley Scales of Infant Development) with interpretation and report, per hour.	48
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes.	4
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes.	5
97034	Application of a modality to one or more areas; Contrast baths, each 15 minutes.	3
97035	Application of a modality to one or more areas; Ultrasound. Each 15 minutes.	3
97036	Application of a modality to one or more areas; hubbard tank. Each 15 minutes.	4
97110	Therapeutic procedure, one or more areas, each 15 minutes, therapeutic exercises to develop strength and endurance, range of motion and flexibility.	6

STANDARD UNIT OF MEASURE REFERENCES
PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT)

CPT Code	Description	RVU
TIME BASED CODES – (direct one to one patient contact)		
97112	Therapeutic procedure, one or more areas; each 15 minutes, neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.	6
97113	Therapeutic procedure, one or more areas; each 15 minutes, aquatic therapy with therapeutic exercises.	6
97116	Therapeutic procedure, one or more areas, each 15 minutes, gait training (includes stair climbing).	6
97124	Therapeutic procedure, one or more areas; each 15 minutes, massage including effleurage, enture co and/or tapotement (stroking, compression percussion), (Supplement HSCRC description: The clinician uses massage to provide muscle relaxation, increase localized circulation, soften scar tissue, or mobilize mucous secretions in the lung via tapotement and/or percussion).	4
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes.	6
97504	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes.	6
97520	Prosthetic training, upper and/or lower extremities each 15 minutes.	5
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes.	7
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes.	5

STANDARD UNIT OF MEASURE REFERENCES
PHYSICAL THERAPY (PT), OCCUPATIONAL THERAPY (OT)

CPT Code	Description	RVU
TIME BASED CODES – (direct one to one patient contact)		
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes.	5
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.	6
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis), direct one-on-one contact by provider, each 15 minutes.	5
97542	Wheelchair management/propulsion training, each 15 minutes.	5
97545	Work hardening – conditioning, initial 2 hours.	40
97546	Work hardening – conditioning; each additional hour. (list separately in addition to code for primary procedure).	20
97703	Checkout for orthotic/ prosthetic use, established patient, each 15 minutes.	5
97750	Physical performance test or measurement (e.g. musculoskeletal, functional capacity), with written report, each 15 minutes (Supplemental HSCRC description: includes such tests as BTI, isokinetic tests, vision test with equipment, Etc.)	12

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

ACCOUNT NUMBER	COST CENTER TITLE
7240	Respiratory Therapy
7440	Pulmonary Function Testing

The Respiratory Therapy and Pulmonary rate centers encompass services that various members of the health care team may provide. In keeping with the principles in the Medicare Hospital Manual §210.10, when a respiratory therapist provides these services, they are reportable as respiratory services. However, if a nurse or other health care team member provides the services, they are considered a component of the patient day or visit charge, and they are not separately reportable. When services are provided on an inpatient basis, no CPT (Current Procedural Terminology) code is associated with the individual service on the patient bill. When providing services to outpatients, a CPT code must be associated with each service.

In an attempt to standardize the reporting of respiratory and pulmonary services, the most appropriate code(s) are listed in this appendix. These CPT codes are based on the 2003 AMA (American Medical Association) CPT manual. CPT codes are updated annually; therefore, these codes may change from year to year. As CPT is a physician based code set, it has a limited number and variety of CPT codes representing the services generally performed by respiratory therapists. A number of procedures did not have a matching CPT code; therefore, 94799 was used. It is recognized that the prevalence of the nonspecific 94799 code might be cause for concern to some institutions. However, in order to code the procedure appropriately, using 94799 was the best code available in many instances. It is understood that, as a nonspecific code, 94799 may not be accepted by some payers on an outpatient basis.

Each institution is expected to abide by CPT coding tenets and modifier use when assigning CPT codes to individual respiratory and pulmonary procedures.

ACCOUNT NUMBER	COST CENTER TITLE
7240	

Respiratory Therapy

CPT Code	Procedure Description	RVU
	Activity: Patient Assessments	
99201 to 99211	**Comprehensive Patient Assessments** Definition: The process of gathering and evaluating data from a patient's complete medical record, consultations, physiological monitors and bedside observations (that **does not** lead to the immediate administration of a treatment). This is a clinic visit code. Choose the appropriate CPT code from the series 99201 – 99252 based on documentation. RVU's for other are "by report."	25

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
94664	**Demonstration of Nebulization** Definition: Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device (94664 can be reported one time only per day of service). (This service is typically provided prior to discharge and is appropriate for new services).	10
	Activity: CPAP, and Mechanical Ventilation	
31500	**Endotracheal Intubation or Assist** Definition: Intubation, endotracheal, emergency procedure (This service includes extubation where applicable).	26
94799	**Endotracheal Tube Care** Definition: The care of an endotracheal tube with its associated oral or nasal care. Not reported for ventilator patient.	15
94799	**Tracheostomy Tube Care** Definition: The routine care of a tracheostomy tube and tracheostomy site. Not reported for ventilator patient.	20
31720	**Suctioning** Definition: Catheter aspiration (separate procedure): nasotracheal	11
94660	**Continuous Positive Airway Pressure(CPAP)**	
	Initial day, less than 12 hours	110
	Initial day, greater than 12 hours	170
	Subsequent day, less than 12 hours	85
	Subsequent day, greater than 12 hours	145
	Definition: Continuous positive airway pressure ventilation (CPAP), initiation and management using an artificial airway, nasal cannulas, nasal mask, face mask, or other equipment as ordered by the physician. (bi-phasic mode included)	

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
	Activity: Mechanical Ventilation	
94656	**Mechanical Ventilator**	
	Initial Day, less than 12 hours	140
	Initial Day, greater than 12 hours	240
	Definition:	
	Ventilation assist and management, initiation of pressure or volume present ventilators for assisted or controlled breathing; first day. (This service is comprehensive in nature and includes airway care, endotracheal tube care, patient transports, VD/VT ratio)	
94657	**Mechanical Ventilator**	
	Subsequent Day, less than 12 hours	125
	Subsequent Day, greater than 12 hours	210
	Definition:	
	Subsequent days	
94656	**Mechanical Ventilator Neonatal**	
	Initial Day, less than 12 hours	208
	Initial Day, greater than 12 hours	376
	Definition:	
	(As above when provided for newborns).	
94657	**Mechanical Ventilator Neonatal**	
	Subsequent Day, less than 12 hours	208
	Subsequent Day, greater than 12 hours	376
	Definition:	
	(Subsequent days – As above when provided for newborns).	
	Activity: Chest Physiotherapy	
94667	**Limited-Percussion/Vibration and** (Two Positions) **Postural Drainage,** Initial Treatment	35
94667	**Comprehensive-Percussion/Vibration and** (Four Positions) **Postural Drainage,** Initial Treatment	60
	Definition:	
	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation (the number of positions must be documented to support the level of service provided) with or without the use of adjunctive devised such as flutter valve, PEP, etc.	

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
94668	**Limited-Percussion/Vibration and** (Two Positions) **Postural Drainage,** Subsequent Treatment	25
94668	**Comprehensive-Percussion/Vibration and** (Four Positions) **Postural Drainage,** Subsequent Treatment Definition: Subsequent	50
94010	**Incentive Spirometry** Initial treatment Subsequent treatment Definition: Spontaneous deep breaths utilizing a mechanical device to encourage effective deep breathing. This also includes patient observation and assessment for effectiveness and adverse reactions.	 16 10
	Activity: Intermittent Medication The procedures listed in this section are represented by the same CPT Code; but are listed separately in recognition of the variation in time and, resource utilization involved in the various procedures.	
94640	**Hand-Held Nebulizer** Initial Treatment Subsequent Treatment Definition: The intermittent administration of an aerosol by a hand-held nebulizer, powered by air or specific oxygen concentration. (This also includes patient observation and assessment for effectiveness and adverse reactions).	 30 15
94640	**Intermittent Positive Pressure Breathing (IPPB)** Initial Treatment Subsequent Treatment Definition The intermittent administration of an aerosol by a pressure-cycled ventilator, delivering air or oxygen. (This also includes patient observation and assessment for effectiveness and adverse reactions).	 35 20

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
94640	**Ultrasonic Nebulizer**	
	Initial Treatment	35
	Subsequent Treatment	20
	Definition	
	The intermittent administration of an aerosol by way of ultrasonic nebulization, adjusting output, density of aerosol and oxygen concentration. (This includes patient observation and assessment for effectiveness and adverse reactions).	
	Activity: Metered Dose Inhaler	
94640	**Metered Dose Inhaler**	
	Initial Treatment	40
	Subsequent Treatment	25
	Definition	
	The administration of an aerosolized medication from a Metered Dose Inhaler device. (This includes patient observation, assessment for the effectiveness and adverse reactions).	
	Activity: Pentamidine Administration	
94642	**Pentamidine Administration**	62
	Definition	
	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis.	
	Activity: Small Particle Aerosol Generator (SPAG System	
94640	**SPAG**	
	Initial Day	70
	Subsequent Day	50
	Definition:	
	The initial application of a system to administer an antiviral drug by aerosol (initial day only). The aerosol is delivered by a SPAG-2 Collision generator continuously over a 16 to 18 hour period. Includes periodic evaluation of the SPAG system for proper function and of patient response to therapy.	
	Activity: Continuous Nebulization with Bronchodilators	
	This service is typically performed on an inpatient basis	
94640	**Continuous Nebulization with Bronchodilators**,	
	Initial Day	48

CPT Code	Procedure Description	RVU
	Definition: The collection and preparation of the equipment and medication necessary for the operation of a device providing Continuous Nebulization of Bronchodilators. (This includes patient observation and assessment for effectiveness). Also includes periodic evaluation, maintenance, adjustment, monitoring, and documentation of the function of a continuous nebulization with bronchodilators and of patient response.	
94640	**Continuous Nebulization with Bronchodilators,** Subsequent Day Definition: Periodic evaluation, maintenance, adjustment, monitoring, and documentation of the function of a continuous nebulization with bronchodilators and of patient response.	15
	Activity: Blood Gas Sampling and analysis Per CPT coding, blood gas sampling and analysis are provided and reimbursed separately. Only the portions of the complete service actually performed by the respiratory therapist are reportable in this rate center. Services performed by non-respiratory therapy personnel are reported under the appropriate rate center.	
36600	**Blood Gas Sampling-Arterial Puncture and/or Indwelling Catheter** Definition: Arterial puncture, withdrawal of blood for diagnosis	15
36416	**Collection of capillary blood specimen (e.g., finger, heel, ear stick)**	15
	Activity: End Tidal Carbon Dioxide Monitoring	
94770	**End Tidal Carbon Dioxide Monitoring** Initial Day Subsequent Day Definition: Carbon dioxide, expired gas determination by infrared analyzer	 48 38

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
	Activity: Pulse Oximetry Pulse oximetry services are frequently considered a component of a more comprehensive service per Correct Coding Initiative (CCI) edits. Additionally, this service is often considered standard protocol in intensive settings.	
94760	**Pulse Oximetry** Definition: Noninvasive ear or pulse oximetry for oxygen saturation; single determination.	10
94761	**Pulse Oximetry with multiple readings with exercise** Definition: Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (e.g., during exercise)	26
94762	**Pulse Oximetry, continuous** Definition: by continuous overnight monitoring (separate procedure)	40
	Activity: Transcutaneous Monitoring	
94725	**Transcutaneous Monitoring** Initial Day Subsequent Day Definition: Membrane diffusion capacity	 150 120
	Activity: Impedance Apnea Monitoring	
	Pediatric Pneumogram Definition: Circadian respiratory pattern recording, 12–24 hours continuous recording, infant. This procedure includes evaluation of data and report. This may not be reported in combination with EEG and EKG services.	130
94799	**Impedance Apnea Monitoring** Definition The application of an Impedance Monitoring system to assess a patient's enture co pattern with periodic evaluation of patient	48

CPT Code	Procedure Description	RVU
	condition and impedance monitoring system operation. Other than pediatric pneumogram above.	
94150	**Vital Capacity** Definition: Vital capacity, total (separate procedure)	18
94799	**Spontaneous Mechanics** Definition: A diagnostic procedure to determine a patient's ability to be extubated or weaned from a mechanical ventilator, or to determine ventilation status. Measurements may include negative inspiratory pressure, tidal volume, respiratory rate and flow vital capacity.	18
	Activity: Bronchoscopy Assist This service is not separately reportable by respiratory therapy and must be bundled into the facility fee for the enture copy procedure performed. The CPT code reported should match the procedure performed	
	Bronchoscopy Assist Definition: Activities related to assisting a bronchoscopy performed solely for the purpose of obtaining tissue samples and visualization of the tracheal bronchial tree for diagnostic of pulmonary problems, using a bronchoscopy cart.	15/qtr hour
MODE:	**SUPPLEMENTAL OXYGEN AND CONTINUOUS AEROSOL THERAPY**	
	Activity: Continuous Aerosol Therapy This service is typically performed on an inpatient basis.	
	Continuous Aerosol Therapy	
94799	**Initial Day** Definition: The initial application of equipment to supply and maintain a continuous aerosol mist, with or without increased oxygen concentration (FIO_2), to a patient, using a face mask, tracheostomy mask, T-Piece, hood or other device. Includes the	35

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
	periodic evaluation of the system supplying and maintaining a continuous aerosol mist with or without increased oxygen (FIO_2) to a patient. The aerosol may be heated or cool.	
94799	**Subsequent Day** Definition: The periodic evaluation of the system supplying and maintaining a continuous aerosol mist with or without increased oxygen (FIO_2) to a patient, using a face mask, tracheostomy mask, T-Piece, hood or other device. The aerosol may be heated or cool. Also includes the periodic changing of equipment supplying and maintaining a continuous aerosol mist.	30
	Oxygen Therapy Note: The charges for oxygen therapy represent the therapist's time spent setting up and monitoring the therapy on a daily basis. Oxygen therapy services provided by the nursing staff are not chargeable under respiratory therapy.	
94799	**Initial Day** Definition: The initial application and periodic monitoring of equipment supplying and maintaining continuous increased oxygen concentration (FIO_2) to a patient using a cannula, simple oxygen mask, non-rebreather mask or enturi-type mask.	12
94799	**Subsequent Day** Definition: The periodic monitoring of equipment supplying and maintaining continuous increased entur concentration (FIO_2) to a patient using cannula, simple oxygen mask, non-rebreather mask or enture-type mask.	7
	Activity: Tent Humidity Therapy **Tent Humidity Therapy**	
94799	Initial Day Definition: The initial application of the equipment supplying and maintaining	40

CPT Code	Procedure Description	RVU
	continuous aerosol mist with or without increased oxygen concentration (FIO_2) to a patient, using a tent or canopy device. Includes the periodic evaluation of the equipment supplying and maintaining continuous aerosol mist.	
94799	**Test Humidity Therapy** Subsequent Day Definition: The periodic evaluation of the equipment supplying and maintaining continuous aerosol mist with or without increased oxygen concentration (FIO_2) to a patient, using a tent or canopy device. Also includes the periodic of supplying and maintaining continuous aerosol mist with or without increased oxygen concentration (FIO_2) to a patient, using a tent.	30
MODE:	**PATIENT CARE ACTIVITIES**	
92950	**Cardio Pulmonary resuscitation** Definition: Tasks performed at a cardiac and/or respiratory arrest	15/qtr hour
94799	**Manual Ventilation** Definition: The use of manual resuscitator in special situations, (e.g. improve oxygenation in persistent fetal circulation, a patient with increased intracranial pressure, or a patient with asynchronous ventilation) using a manual resuscitation bag. This is not for use during routine bronchiohygiene. Typically performed on an inpatient basis.	15/qtr hour
94200	**Maximal Voluntary Ventilation** Definition: Maximum breathing capacity, maximal voluntary ventilation	10
	Activity: Spirometry	
94010	**Simply Spirometry** Definition: Spirometry, including graphic record, total and timed vital	23

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
	capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation.	
94060	**Spirometry with Bronchodilator** Definition: Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator (aerosol or parenteral)	47
94620	**Spirometry with Pre-and Post-Exercise; Pulmonary Stress Testing** Definition: Pulmonary stress testing; simple (e.g., prolonged exercise test for bronchospasm with pre-and post-spirometry)	58
93721	**Body Plethysmography** Definition: Plethysmography, total body; tracing only	45
94350	**Nitrogen Washout (includes Dilutional Lung Volumes)** Definition: Determination of maldistribution of inspired gas; multiple breath nitrogen washout curves including alveolar nitrogen or helium equilibration time.	29
94750	**Closing Volume** Definition: Pulmonary compliance study (e.g., Plethysmography, volume and pressure measurements)	18
94720	**Diffusion Capacity (DLCO)** Definition: Carbon Monoxide diffusing capacity (e.g. Single breath, steady state)	28
94070	**Bronchial Provocation** Definition: Prolonged post-exposure evaluation of bronchospasm with multiple spirometric determinations after antigen, cold air, methacholine or other chemical agent, with subsequent spirometrics.	75

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
94620	**Exercise Testing; simple** Definition: Pulmonary stress testing; simple (e.g., prolonged exercise test for bronchospasm with pre-and post-spirometry)	60
94621	**Exercise Testing: complex** Definition: Pulmonary stress testing; complex (including measurements of CO2 production, O2 uptake & EKG recordings)	90
93005	**EKG** Definition: Electrocardiogram, routine with at least 12 leads, tracing only	20
93017	**Cardiac Stress Testing** Definition: Cardiovascular stress test using maximal or sub maximal treadmill or bicycle exercise, continuous EKG monitoring or pharmacologic stress, tracing only	65
	Activity: Echocardiography There are multiple CPT codes for this service line. Each institution will need to examine their procedure and code accordingly.	
93303 thru 93308	**Echocardiography** Definition: Echocardiography, transthoracic	62
93312 thru 93318	**Trans Esophageal Echocardiography** Definition: Echocardiography via trans-esophageal probe	40
93350	**Stress Echo** Definition: Echocardiography, trans-thoracic. Real-time with image documentation (2D), with or without M0mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report. The appropriate stress testing code from the 93015-93018 series should be reported in addition	75

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
	to 93350 to capture the exercise portion of the study. In addition to the above codes, additional services performed may be coded using the CPT codes 93320, 93321 and/or 93325 as appropriate.	
	Activity: Holter Monitoring	
93225	**12-hour Holter Monitor Recording (includes hook-up)** Definition: Recording (includes hook-up recording, and disconnection)	40
93226	**12-Hour Holter Monitor Scanning, analysis and report** Definition: Scanning analysis with report	40
93225	**24-Hour Holter Monitor Recording (includes hook-up)** Definition: Recording (includes hook-up, recording, and disconnection)	40
93226	**24-Hour Holter Monitor Scanning analysis and report** Definition: Scanning analysis with report	60
36620	**Arterial Line Set-up** Definition: Arterial catherization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	30
93503	**Swan-Ganz Catheter Set-up** Definition: Insertion and placement of flow directed catheter (e.g., Swan-Ganz) for monitoring purposes	45
	Activity: Indirect Calorimetry	
94680	**Exercise Metabolic Rate** Definition: Oxygen Uptake, expired gas analysis; rest and exercise, direct, simple	75

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
94681	**Exercise Metabolic Rate** Definition: Oxygen Uptake, expired gas analysis; including CO_2 output, percentage oxygen extracted. Not to be reported in addition to 94621.	90
94690	**Resting Metabolic Rate** Definition: Oxygen Uptake, expired gas analysis; rest, indirect (separate procedure)	60
	Activity: ECMO (Extracorporeal Circulation Membrane Oxygenation	
33960	**ECMO,** Initial Day Definition: Prolonged extracorporeal circulation for cardio pulmonary insufficiency; initial 24 hours	60/hr
33961	**ECMO,** Subsequent Day Definition: Prolonged extracorporeal circulation for cardio pulmonary insufficiency; each additional 24 hours	60/hr
94799	**Nitric Oxide** Initial Day Subsequent Day Definition: The administration of a patented gas through a patented device. The purpose of administering this gas is for the treatment of Pulmonary Hypertension and other related conditions in patients who have this condition or related disease processes. This condition may be in newborns, adults or patients who exhibit signs of Pulmonary Hypertension. This gas may also be used to treat re-perfusion injury as in patients who have received heart and/or lung transplants.	200 170

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
94799	**Alternative Gas Administration**	
	Initial Day	137
	Subsequent Day	102
	Definition:	
	The administration of gases or mixtures of gases other than the traditional administration of oxygen or medical air. Administration requires procuring special equipment, special expertise, and additional time in providing this gas and systems to patients. Examples of these gases are Helium, Helium oxygen mixtures, Carbon Dioxide and mixtures, and Nitrogen gas mixtures.	

STANDARD UNIT OF MEASURE REFERENCES
LEUKOPHERESIS

Account Number	Cost Center Title
7760	Leukopheresis

Leukopheresis Relative Values as developed by the Johns Hopkins Hospital, reproduced below, shall be used to determine the units related to the output of the Leukopheresis cost center.

Procedure	Unit Value
Leukopheresis Run	
Granulocytes	15.6
Other Pheresis Runs	
Random Platelets	1.0
Matched Platelets	10.9
Therapeutic	5.0
Special	4.0

STANDARD UNIT OF MEASURE REFERENCES
LABOR AND DELIVERY

Account Number	Cost Center Title
7010	Labor and Delivery Service

Labor and Delivery Service

The Labor and Delivery Relative Value Units were developed by a task force which included clinical and financial representatives of Maryland hospitals and HSCRC staff. These relative value units will be used as the standard unit of measure related to the output of the Labor and Delivery Revenue Center.

All time reflects standard of 1 RVU=15 minutes of direct RN care. Charges made to Labor and Delivery RVUs must reflect entire procedure or event occurring in the Obstetrical suite without duplication, support or charges to other areas using RVUs, minutes, or hours per patient day at the same time. As an example a short stay D&C cannot be charged RVUs plus OR minutes; a sonogram cannot be charged RVUs to Labor and Delivery and to Radiology. Each institution should designate where a procedure is to be charged based on where that procedure is performed. For any Labor and Delivery OR suite procedure, RVUs or Minutes may be charged, but not both.

Primary Obstetrical Procedures:

These procedures include physical assessment, ~~and~~ pregnancy history, and vital signs. Delivery procedures are excluded. RVUs are assigned on the basis of RN time only in relation to these procedures. Charges for these Obstetrical charges (See section to follow entitled: L & D Observation/Triage services.)

1RVU=15 minutes of direct RN care

Procedure	RVUs
Amniocentesis – Diagnostic	3
Biophysical Profile with NST	5
Biophysical Profile w/o NST	4
Cervical Cerclage	10
Dilation & Curettage (D&C)	9
Dilation and Evacuation (D&E)	9
Doppler Flow Evaluation	1
External Cephalic Versions	10
*Minor OR procedure, emergent or non-emergent, w/o delivery	8
*Major OR procedure, emergent or non-emergent, w/o delivery	38
Non Stress Test, Fetal	5
Oxytocin Stress Test	5
Periumbilical Blood Sampling (PUBS)	18(+4w/multiples)
Periumbilical Blood Sampling (PUBS) double set up w/OR	2
Ultrasound, OB (performed and read by Obstetrics personnel only)	By Report

STANDARD UNIT OF MEASURE REFERENCES
LABOR AND DELIVERY

* The classification of minor and major procedures is related to the complexity of the case and the nursing work load required for patient care. The lists below are examples of procedures in each category, but the classification is not limited to these examples.

Minor:	Major:
Cerclage insertion or removal	Bladder repair
Incision and Drainage (I&D)	Bowel repair
Needle membrane	Hernia repair
Tubal ligation	Hysterectomy
Wound care	Oopherectomy

* "Minor" surgery is any invasive operative procedure in which only skin or mucous membranes and connective tissue is resected, e.g., vascular cutdown for catheter placement, implanting pumps in subcutaneous tissue. Also included are procedures involving biopsies or placement of probes or catheters requiring the entry into a body cavity through a needle or trocar in combination with a "minor" surgical procedure, e.g., the placement of electrodes into the CNS through reflected skin and a burr hole in the cranium, so long as the dura is not resected.

* "Major" surgery is any invasive operative procedure in which extensive resection is performed, e.g., a body cavity is entered, organs are removed, or normal anatomy is significantly altered. In general, if a mesenchymal barrier is opened (pleurum, peritoneum, meninges) or an extensive orthopedic procedure is involved, the surgery is considered "major". For surgical procedures that do not clearly fall in the above categories, the chance for significant inadvertent infection of the surgical site is to be a primary consideration.

The definition of Emergent and Non-emergent is based on timing also known as the “decision to incision time”. An emergent procedure is performed within 30 minutes of the physician’s decision. A non-emergent procedure is performed after that 30 minute window has passed.

STANDARD UNIT OF MEASURE REFERENCES
LABOR AND DELIVERY

DELIVERY Procedures:

The following procedures are primarily inpatient services, however if any are performed on an outpatient basis hospitals should apply the most appropriate CPT codes.

Procedures: (SELECT ONLY ONE):	RVUs
Fetal Demise/Genetic Termination 2nd or 3rd Trimester	30
Fetal Demise/Genetic Termination 2nd or 3rd Trimester w/Epidural	36
Delivery outside the hospital, prior to arrival	12
Vaginal Delivery (No anesthesia, uncomplicated)	24
Vaginal Delivery w/Vacuum/Forceps Assistance	26
Vaginal Delivery w/Epidural Anesthesia	30
Vaginal Delivery w/Epidural w/Forceps/Vacuum Assistance	32
Vaginal Delivery after prior C-section (VBAC)	32
Cesarean Section, non-emergent	18
Cesarean Section, non-emergent w/minor surgery	20
Cesarean Section, non-emergent w/major surgery	31
Cesarean Section, Emergency	37
Cesarean Section, emergent w/minor surgery	39
Cesarean Section, emergent w/major surgery	61

OBSTETRICAL ADD ON TO DELIVERY Procedures:

These are procedures that are performed in addition to the core procedures listed above:

Procedure	RVUs
Amnioinfusion	6
Double Set-Up/Failed Forceps/Vacuum	2
Intrauterine Pressure Catheter Monitoring (IUPC)	2
Induction/Augmentation w/delivery	4
Multiple Birth: Twins	6
Multiple Birth: Triplets	9
Multiple Birth: Quads	12
Neonatal Resuscitation (APGAR < 6 @ 1 minute; PH < 7.2)	4

STANDARD UNIT OF MEASURE REFERENCES
LABOR AND DELIVERY

POSTPARTUM OBSTETRICAL SURGICAL Procedures:

The following procedures are listed to capture RVUs for postpartum obstetrical surgeries that occur after an episode of delivery, vaginal or cesarean section. Please refer to page 2 for the definition and examples of minor and major procedures.

Procedures (**SELECT ONLY ONE)**:

Surgery, Additional minor, non-emergent	8
Surgery, Additional major, non-emergent	19
Surgery, Additional minor, emergent	16
Surgery, Additional major, emergent	38

MISCELLANEOUS PROCEDURES

	RVUs
Circumcision (even if performed in Nursery)	3
Oocyte Retrieval	10
Gamete Intrafallopian Tube Transfer (GIFT)/Tubal Embryo Transfer	16

ASSESSMENT/TRIAGE and OBSERVATION Services:

Hospitals should determine the most appropriate level of Assessment/Triage, the use of Observation, and Maternal Intensive Care; then apply the most appropriate observation and/or evaluation and management code depending on the physician order.

Services:	RVUs
Assessment/Triage Services	1

Assessment/Triage services may include, but are not limited to performing a health and physical assessment, pregnancy history and vital signs.

	RVUs
Outpatient Maternal Observation	1 per hour (15 min direct RN time per hour)

Observation is a valid clinical service. The primary purpose of observation services in L&D is to determine whether the patient should be admitted as an inpatient. The service includes the use of a hospital bed and periodic monitoring, by the facility's nursing or other staff, deemed reasonable and necessary to evaluate the patient's condition to determine whether she should be admitted.

Outpatient Maternal Observation minutes should be rounded up to the nearest full hour. This should be interpreted to mean that 30 minutes = 0 RVUs, 31 minutes = 1 RVU, 75 minutes = 1 RVU, etc…

Some common examples of providing observation and triage services included but not limited to are:

1) Labor evaluation
2) Cervical ripening
3) Fetal monitoring
4) Motor Vehicle Accident
5) IV hydration

STANDARD UNIT OF MEASURE REFERENCES
LABOR AND DELIVERY

L & D MATERNAL INTENSIVE CARE (MIC) RVUs:

Outpatient Maternal Intensive Care	2 RVUs per hour (30 min direct RN time per hour)

This category is reserved for patients prior to delivery requiring on-going intensive nursing care. This category may be charged only during the period of intensive interventions. ~~(~~Note: Patients who have been admitted and require on-going intensive nursing care should be reported with the applicable inpatient care room and board rate and not Maternal Intensive Care.~~)~~ Examples of disease processes with designated pharmaceutical and or nursing interventions are listed below but the examples are not all inclusive.

Diagnoses:
Cardiac Disease
Bleeding Disorders
Disseminated Intravascular Coagulation (DIC)
Diabetes Mellitus
Hypertensive Disorder of Pregnancy (HDP)
Preterm labor
Multisystem Disorders
Asthma

Examples of pharmaceuticals and nursing care necessary for MIC include but are not limited to the following:

Pharmaceutical:
Magnesium Sulfate
Ritodrine
Terbutaline (repeated SQ doses)
Aminophylline
Insulin IV drip
Apresoline
Heparin Sulfate
Phenytoin Sodium (Dilantin)
Pitocin
Nifedipine
Labatalol
AZT drip
IVIG Drip

Nursing Care:
Blood Transfusions (> 2 units)
Nebulizer Therapy
Invasive Hemodynamic Monitoring
Conscious Sedation procedures
- a) PUBS
- b) Fetal surgery
- c) Fetal exchange transfusion

Ventilation Therapy
Labor/Delivery care on another unit

Account Number 7310

INTERVENTIONAL RADIOLOGY/CARDIOVASCULAR

Definition of IRC

The Interventional Cardiovascular Services (IVC) rate center is re-named Interventional Radiology/Cardiovascular to better reflect both interventional radiologic and interventional cardiovascular services. The Interventional Radiology/Cardiovascular Department provides special diagnostic, therapeutic, and interventional procedures that include the use of imaging techniques to guide catheters and other devices through blood vessels and other pathways of the body. When these procedures are performed in the operating room and charged with operating room minutes, hospitals may not charge IRC minutes in addition to operating room minutes. All Medical/Surgical supplies utilized in these cases will be billed for separately through the MedSurg Supplies (MSS) rate center.

Assigning RVUs

RVUs are assigned based either on the actual clock minutes it takes to perform the procedure—similar to the assignment of Operating Room minutes or the average minutes it takes to perform the procedure based on an annual time study. Procedures with a separately billable imaging component are assigned a single RVU for the imaging component. It is assumed that the costs associated with the imaging component are already included in the IRC rate center and therefore should not generate additional revenue. A single RVU is reported for the imaging component so that, when appropriate, an imaging CPT code can be included in the coding of the case. In practice, this means hospitals may want to assign in their charge description master a value of one, representing one RVU, to each imaging component associated with an interventional procedure.

Start and Stop Times

The definition of start and stop time for procedures performed in IRC mirrors the definition used in the operating room.
Starting time is:

- The beginning of the procedure if general anesthesia is not administered, or
- The beginning of general anesthesia or conscious sedation administered in the procedure room

Ending time is:

- Removal of the needle or catheter, if general anesthesia is not administered, or
- The end of general anesthesia.

Six hours of recovery time is included in the minute value. The time the anesthesiologist spends with the patient in the recovery room is not counted. Sheath removal and hemostasis is considered part of recovery and is not to be counted.

The cost of sedation and pain reducing drugs used to make a procedure more easily tolerated are not included in the IRC rate center. The time it takes to administer the drugs is accounted for in counting the procedure minutes. Revenue and expenses associated with the drug itself are billed and reported through the Pharmacy rate center.

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Account Number 6720

OVERVIEW: REPORTING STRUCTURE FOR CLINIC SERVICES

DEFINITION OF CLINIC SERVICES

Clinic Services include diagnostic, preventive, therapeutic, rehabilitative, and educational services provided to non-emergent outpatients in a regulated setting. On rare occasions, clinic services will be provided to inpatients (Examples and discussion are included later in this document.)

Surgical procedures, diagnostic tests and other services that are better described in a separate cost center, such as Delivery, EEG, EKG, Interventional Cardiology, Laboratory, Lithotripsy, Occupational Therapy, Operating Room, Physical Therapy, Radiation Therapy, Radiology, Speech Therapy, are to be reported in those specific rate centers.

Clinic services may include either one or both of the following two components: an evaluation and management (E/M) visit, and non-surgical procedures. To report an E/M visit and a procedure on the same day, the E/M service must be separately identifiable. The Medicare definition of separately identifiable is included in the Evaluation and Management section.

RVU ASSIGNMENT OF CLINIC VISITS

The relative value units (RVUs) for the evaluation and management portion of a clinic visit are based on a 5-point visit level scale, while the RVUs for non-surgical procedures are specified by procedure. The development of the RVU values for each component will be explained in more detail in subsequent paragraphs. Clinic procedures considered surgery are to be reported via operating room minutes. The definition of surgical procedures will be explained in more detail later in this section.

RVUs were assigned based on clinical care time (CCT), as described in the E/M section, with a rule of 5 minutes of CCT per 1 RVU. This same logic should be applied to any services that are “by report”.

PART 1: EVALUATION AND MANAGEMENT (E/M) COMPONENT

CLINICAL CARE TIME

The evaluation and management portion of the clinic visit is based on a 5-point visit level scale. The amount of clinical care time provided to the patient during the E/M portion of the visit determines the visit level. Clinical care time is the combined total amount of time that each non-physician clinician spends treating the patient. The time does not necessarily have to be face-to-face with the patient, but the patient must be present in the department. The time spent by physicians, and other –physician providers, who bill professionally for their services is not included. It is possible for

multiple clinic personnel to be providing CCT to the same patient simultaneously. Therefore, in a given time interval, the hospital may record and report CCT greater than the actual clock time that as elapsed.

Both direct and indirect patient care may be included in CCT. Direct patient care will always be included in CCT. Indirect patient care may be included when the skills of a clinician are required to provide the care. Direct patient care includes tasks or procedures that involve face-to-face contact with the patient. These tasks may include: specimen retrieval, administration of medications, family support, patient teaching, and transportation of patients requiring a nurse or other clinical personnel whose cost is assigned to the Clinic. Indirect patient care includes tasks or procedures that do not involve face-to-face contact with the patient, but are related to their care. These tasks may include: arranging for admission, calling for lab results, calling a report to another unit, documentation of patient care, and reviewing prior medical records.

EXAMPLES OF SERVICES INCLUDED IN E/M COMPONENT

The following are examples of services performed by nursing and other clinical staff that may be included in CCT provided during the E/M portion of a clinic visit. The list is not all-inclusive and is only meant as a guide.

- Patient evaluation and assessment
- Patient education and skills assessment
- Patient counseling
- Patient monitoring that does not require equipment or a physician order (different from observation)
- Skin and wound assessment
- Wound cleansing and dressing changes
- Application of topical medications
- Transporting a patient, when it requires the skill of a clinician
- Coordination of care and discharge planning that requires the skill of a clinician

EXAMPLES OF SERVICES EXCLUDED FROM E/M COMPONENT

Services that do not require the skills of a clinician should be excluded from CCT. Examples of excluded activities are listed below. The list is not all-inclusive and is only meant as a guide.

- Patient waiting time
- All time spent on the phone with a payer
- Time spent securing payment authorization
- Chart set-up, room preparation
- Appointment setting
- Calling in prescriptions and entering orders and/or charges

PROFESSIONAL SERVICES ONLY VISIT

In instances where a patient sees only an *outside provider,* the hospital may only report a Level one E/M visit regardless of the amount of time a patient spends with the outside provider. An outside provider is a physician or other provider who bills professionally and is not included on the hospital's wage and salary reporting schedule. A level one E/M visit may also be reported when a patient is seen by clinic personnel and CCT totals 1-10 minutes, as per the E/M visit level guidelines below.

INTERNAL GUIDELINES

The RVUs for each visit level remain the same across every clinic. However, each clinic within a hospital is expected to develop and maintain a set of internal guidelines to standardize the amount of CCT required to perform common E/M services in the particular clinic. Hospitals are expected to conduct in-service programs to assure that new and existing clinic staff understand the guidelines and apply them fairly and consistently. The over-riding consideration is that there must be a "reasonable" relationship between the intensity of resource use and the assigned visit level.

The clinic's internal guidelines should include a typical time range for all of the commonly performed services in that clinic. The time range allows for the circumstances of the visit and judgment of the clinician, while maintaining a degree of uniformity among clinicians. The guidelines are not expected to dictate a definitive time value for every service that could be performed in a clinic. Instead their purpose is to provide an average time frame for commonly performed procedures. The format and content are at the facility's discretion. For example, taking vital signs: 5 minutes.

VISIT LEVELS

The minutes and RVUs for each of the five levels of an E/M visit are:

	New/Established	Minutes	RVUs
Level 1	99201/99211	0–10	2
Level 2	99202/99212	11–25	4
Level 3	99203/99213	26–45	7
Level 4	99204/99214	46–90	15
Level 5	99205/99215	>90	18

Facility E/M visits are reportable only with the above codes.

NEW VS. ESTABLISHED

The 2000 Federal Register defines a new vs. an established patient by whether or not the patient has an established medical record. Patients with a previously established medical record are considered established whether or not it is their first visit to a specific clinic.

SEPARATELY IDENTIFIABLE

To ensure uniform reporting by all Maryland hospitals, it is important to recognize when an E/M visit should be reported separately from a procedure or other E/M services. This manual is not meant to provide guidance on how to bill services or to interpret Medicare rules. Medicare discusses the term "separately identifiable" in Program Memorandum Transmittals AA-00-40 and A-01-80. Providers who want additional guidance or examples may check with their Medicare Administrative Contractor or other payor representative.

PART II: SERVICES AND NON-SURGICAL PROCEDURES

Each section includes tables with CPT codes, descriptions, and RVU values. It is prefaced with any information, coding guidelines, etc. that were used in setting the RVUs for each area. This manual is not meant to give direction or interpretation to Medicare billing or coding rules. Moreover, it is the goal of every work group that recommends revisions to RVUs that the revised system be as impervious as possible to future changes in billing rules and correct coding guidelines.

BACKGROUND INFORMATION ON DRUG ADMINISTRATION SERVICES

This manual is not meant to give direction or interpretation to Medicare billing or coding rules. However, substantial information on the current coding guidelines for injections, transfusions, and infusions is being included here because of the frequent changes and clarifications to coding guidelines for these services. The information is included to document the rules in place at the time the RVUs were developed and to provide rationale for the relative values. The Clinic RVU work group assigned RVUs to transfusions, infusions, and related drug administrations with the following information in mind.

VASCULAR ACCESS DEVICES

There are several codes related to vascular access devices, however, only 36593, "declotting-thrombolytic agent of vascular access device or catheter", is routinely and frequently performed in clinics. It was assigned an RVU value of 9. The insertion of non-tunneled central venous catheters (36555 and 36556) are performed and reported more frequently in interventional cardiology than in clinics, although a few hospitals routinely perform those procedures in clinics. After considering the options, the group decided that RVUs for the insertion of non-tunneled central venous catheters

(36555 and 36556) in the clinic would be reported via operating room minutes. (See the Surgical Procedures section of this appendix for further information.) The remaining CPT codes related to vascular access devices (36557-36620) are routinely performed in the IVC or operating room suite, and therefore, should not be assigned clinic RVUs. Any of these procedures that are performed in the clinic will be reported through the operating room cost center.

INJECTIONS

Are injections billed per injection, or per drug?

After substantial discussion, the work group agreed that injectable drugs are charged per injection when splitting a dosage is ordered and documented. The following examples were cited for further clarification.

- *If two drugs are mixed into one syringe/injection based* on nursing guidelines or standards of practice (such as Phenagran and Demerol), one unit/injection should be billed.

- *If two drugs cannot be administered together and require separate injections, two units of service may be billed, but the documentation should denote that these were separately administered based on the time injected. (Note: hospitals should avoid split drugs just for the sake of billing twice.)*

- *If an order is written as "10 mg morphine" and staff titrates it as 2 mg x 5 separate injections before the pain is relieved-the facility still can bill only one unit.*

- *If an order is written as "10 mg of morphine" and staff titrates 2 mg x 5 injections with no relief, and then the doctor orders an "additional 6 mg of morphine" and staff titrates 2 more injections of 2 mg prior to pain relief (14 mg total now administered)-two units/injections may be billed (7 actual injections performed).*

- *If an order is written as "10 mg of morphine" and staff titrates 2 mg x 5 injections with no relief, and then the doctor orders "5 mg of Torodol" and staff injects all 5 mg with pain relief-2 injections may be billed (one for each drug).*

If an order is written for an IM injection of Gentamycin, 160 mg. And a nurse administers it in a split 80 mg. IM dose, it should be billed as one unit of 90772 (IM injection). If it was ordered to be titrated in two 80 mg. doses, it could be billed as two units of 9077288. Hospitals may have specific physician-approved hospital policies that specify circumstances under which a dose is titrated. For example, "if a patient weights less than X, titrate IM injections over X mg. Into multiple injections of not more than X mg." In this case, charge and bill for each IM injection.

TRANSFUSIONS

Transfusion of blood or blood components (36430) will be internally stratified by the number of hours. Stratifying by the number of units transfused was rejected because the resources consumed in the transfusion of units vary by patient diagnosis and type of product. The first hour of transfusion is weighted heavier than subsequent hours to include the staff's time preparing and assessing the patient prior to and at the conclusion of the transfusion. The timing of the transfusion begins and ends with the start and stop of the transfusion, and/or resolution of any reaction to the blood product. Any fraction of the first hour can be reported as a full hour, subsequent hours are subject to simple rounding rules i.e., must be 30 minutes or more.

INFUSIONS

Infusion coding is currently divided into chemotherapy and non-chemotherapy, and first hour and each additional hour. The first hour of infusion is weighted heavier than subsequent hours to include the staff's time preparing, educating and assessing the patient prior to and at the conclusion of the infusion. The timing of the infusion begins and ends with the start and stop of the infusion. The treatment of a reaction to a chemotherapy infusion should not be included in the timing of the infusion. A hospital that believes time resolving a reaction should be accounted for may consider whether those services are separately identifiable and warrant an E/M code. Education including discussion of the management of side effects is included in the value of chemotherapy infusions.

For further clarification, providers are encouraged to consult with their Medicare Administrative Contractor or other payor representative.

DRUG ADMINISTRATION SERVICES

IMMUNIZATIONS

36430	Transfusion, blood or blood components, first hour (0-90 min)	12
36430	Transfusion, blood or blood components, two hours (91-150 min)	18
36430	Transfusion, blood or blood components, three hours (151-210 min)	24
36430	Transfusion, blood or blood components, four hours (211-270 min)	30
36430	Transfusion, blood or blood components, five hours (271-330 min)	36
36430	Transfusion, blood or blood components, six hours (331-390 min)	42
36430	Transfusion, blood or blood components, seven hours (391-450 min)	48
36430	Transfusion, blood or blood components, eight hours (451-510 min)	54
36591	Collection of blood specimen from a completely implantable venous Access device	6
36593	Declotting by thrombolytic agent of implanted VAD or cath	9

IMMUNIZATIONS

90465	Immuniz. <8 y/o, percut, intraderm, IM, subq, first	2
+90466	Immuniz. <8 y/o, ea. additional, per day	1
90467	Immuniz. <8 y/o, intranasal or oral, first	2
+90468	Immuniz. <8 y/o, intranasal or oral, ea. additional	1
90471	Immuniz. percut, intraderm, IM, subq, first	2
+90472	Immuniz. ea. Additional, per day	1
90473	Immuniz. intranasal or oral, first	2
+90474	Immuniz. intranasal or oral, ea. additional	1

NON-CHEMOTHERAPY INJECTIONS AND INFUSIONS

90760	IV infusion, hydration; initial, 31 minutes to 1 hour	12
+90761	IV infusion, hydration; ea add'l hr	6
90765	IV infusion, for therapy, prophylaxis, or diagnosis, initial, up to 1 hr	12
+90766	IV infusion, ea add'l hr	6
+90767	IV infusion, add'l sequential infusion up to one hour	6
+90768	IV infusion, concurrent infusion	1
90769	SubQ infusion for therapy or prophylaxis, initial, up to 1 hr, including pump set-up and establishment of subQ infusion site(s)	By Report
+90770	SubQ infusion for therapy or prophylaxis, ea add'l hr	By Report
+90771	SubQ infusion for therapy or prophylaxis, add'l pump set-up and establishment of new subQ infusion site(s)	By Report
90772	Therapeutic, prophylactic, or diagnostic injection, subQ, or IM	3
90773	Therapeutic, prophylactic, or diagnostic injection, intraarterial	By Report
90774	Therapeutic, prophylactic, or diagnostic injection, IV push, single or initial substance/drug	6
+90775	Therapeutic, prophylactic, or diagnostic injection, IV push, ea add'l IV push of a new substance/drug	3
+90776	Therapeutic, prophylactic, or diagnostic injection, ea add'l sequential IV push of the same substance/drug provided in a facility single or initial substance/drug	By Report
90779	Unlisted ther, prophyl, or dx IV or IA injection or infusion	By Report

CHEMOTHERAPY INFUSIONS

RVUs are "By Report" for several services that are performed infrequently within the state.

96401	Chemotherapy admin, subQ or IM, non-hormonal anti-neoplastic	6
96402	Chemotherapy admin, subQ or IM, hormonal anti-neoplastic	6
96405	Chemotherapy admin, intralesional, 1-7 lesions	By Report
96406	Chemotherapy admin, Intralesional, 8+ lesions	By Report
96409	Chemotherapy admin, IV push, single or initial substance/drug	6
+96411	Chemotherapy admin, IV push, ea add'l substance/drug	3
96413	Chemotherapy admin, IV infusion, up to one hour, single or initial	18
+96415	Chemotherapy, IV infusion, ea add'l hour	9
96416	Chemotherapy, IV infusion initiation of prolonged infusion, >8hrs, with port or implantable pump	By Report
+96417	Chemotherarpy, IV Infusion, ea add'l sequential infusion, up to 1 hr	9
96420	Chemotherapy, intra-arterial, push	By Report
96422	Chemotherapy, intra-arterial, infusion, up to 1 hr	By Report
+96423	Chemotherapy, intra-arterial infusion, ea add'l hr	By Report
96425	Chemotherapy, intra-arterial infusion, initiation of prolonged infusion,>8 hrs, with port or implantable pump	By Report
96440	Chemother into pleural cavity, w/ thoracentesis	By Report
96445	Chemo into peritoneal cavity, w peritoneocent.	By Report
96450	Chemo into CNS, intrathecal, w/ spinal puncture	By Report
96521	Refill and maintenance of portable pump	By Report
96522	Refill and maintenance of implantable pump	By Report
96523	Irrigation of implanted venous access device for drug delivery	3
96542	Chemo inject, subarach or intraventric, subq reserv.	By Report
96549	Unlisted chemotherapy procedure	By Report

PSYCHIATRY (EXCLUDES PARTIAL HOSPITALIZATION- PHP)

In instances where a patient only sees an outside provider who bills professionally, the hospital may only report two RVUs regardless of the amount of time a patient spends with the outside provider. Two RVUs corresponds to a level one E/M visit that is used to report the facility component of an E/M visit when a clinic patient is seen only by an outside provider. (*See Professional Services Only Visit under Part II: E/M Component.)* The following RVUs are to be assigned only when the service is performed by a non-physician provider who does not bill professionally for the service.

90791	Psychiatric diagnostic evaluation (no medical services)	12
90792	Psychiatric diagnostic evaluation (with medical services)	18
90785	Interactive complexity (add-on code)	By Report
	Psychotherapy	
90832	Psychotherapy, 30 minutes	6
90833	Psychotherapy, 30 minutes (add-on code to E&M code)	6
90834	Psychotherapy, 45 minutes	9
90836	Psychotherapy, 45 minutes (add-on code, to E&M code)	9
90837	Psychotherapy, 60 minutes	12
90838	Psychotherapy, 60 minutes (add-on code to E&M code)	12
90839	Psychotherapy for crisis, first 60 minutes	12
90840	Psychotherapy for crisis, each additional 30 minutes (add on code)	6
90853	Group Psychotherapy (other than that of multi-family)	3
90845	Psychoanalysis	By Report
90846	Family psychotherapy w/o patient	10
90847	Family psychotherapy w/ patient	10
90849	Multiple family group psychotherapy	By Report
90853	Group psychotherapy	3
	Other	
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	By Report
90870	Electroconvulsive therapy (ECT), single seizure. Performed and reported in OR	
90875	Individual psychophysiolog ther-biofdbk w/ psychotherapy, 20-30 min	6
90876	Individual psychophysiolog ther-biofdbk w/ psychotherapy, 45-50 min	10
90880	Hypnotherapy	By Report
90882	Environmental intervention for med management	By Report
90885	Psychiatric eval of records, reports & tests for diagnosis	By Report
90887	Interpret of psych or med exams & data to family	By Report
90889	Prep of report of pt status, hx, tx, or progress	By Report
90899	Unlisted psychiatric service or procedure	By Report

BIOFEEDBACK TRAINING

RVUs were left as “by report” as these services are not routinely performed in the Clinic setting.

These services are also reportable via the rehabilitation rate centers.

90901	Biofeedback training, any modality	By Report
90911	Biofeedback training, perineal muscles	By Report

OPHTHALMOLOGY

COMPREHENSIVE VS. INTERMEDIATE

In deciding whether to code an ophthalmologic exam as comprehensive vs. intermediate, the direction in the most recent CPT manual should be consulted. RVUs were set with the following distinction in mind: a comprehensive visit includes treatment, whereas, an intermediate visit does not.

92002	Ophthalmol svcs, medical exam, intermed, new pt.	4
92004	Ophthalmol svcs, medical exam, comprehensive, new pt.	6
92012	Ophthalmol svcs, medical exam, intermed, estab pt.	3
92014	Ophth svcs, medical exam, comprehensive, estab pt.	4
92015	Determination of refractive state	2
92018	Ophthal exam under gen anesth, complete	By Report
92019	Ophthal exam under gen anesth, limited	By Report
92020	Gonioscopy	By Report
92060	Sensorimotor exam, interp and report	9
92065	Orthoptic &/or pleoptic training w/ med. Direction	6
92070	Fitting of contact lens, include. Lens supply	By Report
92081	Visual field exam, w/ interp & report, limited	2
92082	Visual field exam, w/ interp & report, intermed.	4
92083	Visual field exam, w/ interp & report, extended	6
92100	Serial tonometry, w/ interp & report	By Report
92120	Tonography w/ interp & report	By Report
92130	Tonography w/ water provocation	By Report
92135	Scanning computerized ophthalmic diagnostic imaging, posterior seg, w/ interp & report, unilateral	4
92136	Ophthalmic biometry, partial coherence interferometry	By Report
92140	Provocative tests for glaucoma, w/ interp & report	By Report
92225	Ophthalmoscophy, extended, interp & report, initial	By Report
92226	Ophthalmoscophy, extended, interp & report, subsequent	By Report
92230	Fluorescein angioscopy, w/ interp & report	By Report
92235	Fluorescein angiography, w/ interp & report	4
92240	Indocyanine-green angiography, w/ interp & report	2
92250	Fundus photography w/ interp & report	2
92260	Ophthalmodynamometry	By Report

92265	Needle oculoelectromyography, w/interp & repor	By Report
92270	Electro-oculomyography, w/interp & report	By Report
92275	Electro-retinography, 2/interp & report	By Report
92283	Color vision exam, extended	By Report
92284	Dark adaptation exam w/interp & report	By Report
92285	External ocular photography, w/interp & report 3	
92286	Special anterior segment photography, w/interp & report	By Report
92287	Ant. Segment photo, w/fluorescein angiography	By Report
92499	Unlisted Ophthalmological service or procedure	By Report

CARDIAC REHABILITATION

RVUs for caridac rehab were based on the principle of one RVU per five minutes of clinical care time, with the assumptions that services are usually provided in a group setting with a staff to patient ratio of 1:3, and sessions last 60-75 minutes.

93797	Physician services for cardiac rehab, without monitoring	0
93798	Physician services for cardiac rehab, continuous monitoring	5

ALLERGY TESTING/IMMUNOTHERAPY

RVUs were left as “by report” as these services are not routinely performed in the hospital setting.

95004	Percutaneous tests w/ allergenic extracts, immed type reaction, incl test interp & report by physician, specify # of tests	By Report
95010	Percutaneous tests, w/ drugs, biological, venom, immed. rxn	By Report
95015	Intracutaneous tests, w/ drugs, biologicals, venom, immed. rxn	By Report
95024	Intracutaneous/intradermal tests, w/ allergenic extracts, immed. Rxn, incl test interp & report by physician, specify # of tests	By Report
95027	Intracutaneous/intradermal tests, w/ allergenic extracts, airborne, immed. Rxn, incl test interp & report by physician, specify # of tests	By Report
95028	Intracutaneous tests, allergenic extracts, delayed rxn, + reading	By Report
95044	Patch or application tests	By Report
95052	Photo patch tests	By Report
95056	Photo tests	By Report
95060	Ophthalmic mucous membrane tests	By Report
95065	Direct nasal mucous membrane tests	By Report
95070	Inhalation bronchial challenge, w/ histamine or methacholine	By Report
95071	Inhalation bronchial challenge, w/ antigens or gases	By Report
95075	Ingestion challenge, sequential and incremental	By Report
95180	Rapid desensitization procedure, ea hour	By Report
95199	Unlisted allergy/clinical immunologic service or procedure	By Report

ENDOCRINOLOGY

RVUs were left as "by report" as these services are not routinely performed in the hospital setting.

95250	Glucose monitoring, up to 72 hours by continuous recording	By Report

PSYCHOLOGICAL TESTING

Some of the following CPTs may also be reported via the speech language pathology (STH) rate center using the RVUs defined in that rate center.

96101	Psyc Testing per hour of MD or Ph.D time, both face-to-face time to administer tests & interp & report prep time	12
96102	Psyc Testing w/ qualified health care professional interp & report, admin by tech, per hr of tech time, face-to-face	By Report
96103	Psyc Testing admin by computer, w/ qualified health care professional interp & report	By Report
96105	Assessment of aphasia12	
96110	Developmental testing	By Report
96111	Developmental testing, extended	By Report
96116	Neurobehavioral status exam	12
96118	Neropsych testing, per hr of MD or Ph.D, both face-to face time to administer tests & interp & report prep time	By Report
96119	Neuropsychological testing battery, admin. by technician, per hour	By Report
96120	Neuropsychological testing battery, admin. by computer, per hour	By Report
96125	Standardized cognitive performance testing, per hr, both Face-to-face time admin tests & interp & report prep time	By Report

PHOTODYNAMIC THERAPY/DERMATOLOGY

RVUs were left as "by report" as these services are not routinely performed in the hospital setting.

96567	Photodynamic therapy, external application of light	By Report
+96570	Photodynamic therapy, endoscopic application of light, 30 min	By Report
+96571	Photodynamic therapy, endoscopic, ea additional 15 min	By Report
96900	Actinotherapy	By Report
96902	Microscopic exam of hair–telogen and anagen counts	By Report
96910	Photochemotherapy, tar & UVB or petrolatum & UVB	By Report
96912	Photochemotherapy, psoralens & UVB	By Report
96913	Goeckerman &/or PUVA, severe, 4-8 hrs, direct superv.	By Report

96920	Laser treatment, <250 cm²	By Report
96921	Laser treatment, 250-500 cm²	By Report
96922	Laser treatment, > 500 cm²	By Report
96999	Unlisted special dermatological service or procedure	By Report

MEDICAL NUTRITION THERAPY

These services are currently not a facility benefit for Medicare purposes, but are routinely performed in the hospital clinic setting.

97802	Medical nutrition therapy, Individual, initial, ea 15 min	3
97803	Medical nutrition, Individual, re-assess, ea 15 min	3
97804	Medical nutrition, group, re-assess, ea 30 min	4
G0270	Medical nutrition therapy, Individual, ea 15 min	3
G0271	Medical nutrition therapy, group, ea 30 min	4

ACUPUNCTURE AND CHIROPRACTIC

RVUs were left as “by report” as these services are not routinely performed in the hospital setting.

97810	Acupuncture, 1 or more needles, 15 min	By Report
+97811	Acupuncture, 1 or more needles, addl 15 min	By Report
97813	Acupunct, 1 or more needle, w/elect. Stim, 15 min	By Report
+97814	Acupunct, 1 or more needle, w/ elect. Stim, addl 15 min	By Report
98925	Osteopathic manipulative trmt (OMT); 1-2 regions	By Report
98926	Osteopathic manipulative trmt (OMT); 3-4 regions	By Report
98927	Osteopathic manipulative trmt (OMT); 5-6 regions	By Report
98928	Osteopathic manipulative trmt (OMT); 7-8 regions	By Report
98929	Osteopathic manipulative trmt (OMT); 9-10 regions	By Report
98940	Chiropractic manipulation, spinal 1-2 regions	By Report
98941	Chiropractic manipulation, spinal 3-4 regions	By Report
98942	Chiropractic manipulation, spinal 5 regions	By Report
98943	Chiropractic manip, extraspinal 1 or more regions	By Report

DIABETES SELF MANAGEMENT TRAINING

G0108	Diabetes self management, Individual, 30 min.	6
G0109	Diabetes self management, group, 30 min.	3

SMOKING CESSATION

99406	Smoking/tobacco-use cessation counseling; intermediate, >3-10 min	2
99407	Smoking/tobacco-use cessation counseling; intensive, >10 min	9

ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE

99408Alcohol and/or substance abuse structured screening and brief intervention services; 15-30 min	By Report
99409Alcohol and/or substance abuse structured screening and brief intervention services; >30 min	By Report

GASTROENTEROLOGY

All GI services (codes 91000-91299) will be reported through the operating room center. (See the Surgical Procedure section for more information.)

WOUND CARE

No new assignments were made for services performed in a wound care clinic. The following codes are not reportable in Clinic because they are already assigned in the Physical Therapy cost center: 97597, 97598, 97602, 97605, 97606, 0183T. The decision to use 1104X codes to describe excisional debridement should be made based on guidance from your Medicare Administrative Contractor or other payor representative.

PART III: SURGICAL PROCEDURES

Any surgical procedures performed in a clinic should be reported via the operating room cost center, and associated surgical costs allocated to the operating room rate center (excluding the exceptions listed in more detail below). Surgical procedures are defined as all procedures corresponding to CPT codes from 10000 to 69999 (surgery) and 91000 to 91299 (gastroenterology).

A few rate centers include a limited number of surgical procedures with CPT codes between 10000 and 69999 that have already been assigned RVUs relative to other procedures in that cost center. For the most part, the RVU values and reporting of these procedures will remain unchanged. The procedures and how they should be reported are:

- *Clinic*-Specimen Collection via VAD (CPT 36591), Declotting (CPT 36593), and Blood Transfusions (CPT 36430) have been assigned Clinic RVUs, and should be reported as clinic revenue.

  Delivery-Non-Stress Tests, amniocentesis, external versions, cervical cerclages, dilation and curettage/evacuation and curettage, hysterectomies, deliveries, etc. Continue to report via DEL by assigned RVUs.

Interventional Cardiology-certain IVC procedures have surgical CPT codes are defined in the IVC rate center with RVUs. Hospitals should continue to report using those IVC RVUs

- until instructed otherwise.

- *Laboratory*-Venipunctures/Capillary punctures. These procedures are considered to be part of the E/M component of a clinic visit. If a hospital chooses to code and report them separately in the clinic, the RVU is zero. If a phlebotomist comes to the clinic to do the procedure, the revenue and expenses are allocated to LAB.

- *Lithotripsy*-Procedures will continue to be reported in the LIT cost center as the number of procedures.

- *Occupational and Physical therapy*-Splinting, Strapping and Unna Boot application (CPT codes 29105-29590) continue to report with assigned PT/OT RVUs

- *Radiation Therapy*-Stereotactic Radiosurgery (61793). Continue to report with assigned RAT RVUs.

- *Speech Therapy*-Laryngoscopy (31579). Continue to report via STH by assigned RVUs.

- *Therapeutic apheresis*-Continue to report through LAB; RVUs are by report.

Non-physicians may perform procedures that will be reported as operating room revenue. The HSCRC acknowledged that it is appropriate for non-physicians to generate operating room minute charges as long as the clinician is providing services within the scope of his or her practice standards.

DOCUMENTING START AND STOP TIMES FOR SURGICAL PROCEDURES PERFORMED IN CLINIC

The definition of stop and start time for surgical procedures performed in clinics is the same definition as that used in the operating room Chart of Accounts that states:

> *Surgery minutes is the difference between starting time and ending time defined* as follows: *Starting time is the beginning of anesthesia administered in the operating room or the beginning of surgery if anesthesia is not administered or if anesthesia is administered in other than the operating room. Ending time is the end of the anesthesia or surgery if anesthesia is not administered. The time the anesthesiologist spends with the patient in the recovery room is not to be counted.*

Clinicians need to document procedure stop and start times in the medical record, unless the hospital is using average times. It is not necessary to keep a log similar to the one kept in the Operating Room (OR) to document the minutes of each procedure. Unlike in the OR, clinic staff may enter and leave the room during a procedure. This does not affect the calculation of procedure minutes. Please

reference additional information in this section regarding reporting of actual minutes (included vs. excluded minutes).

As an alternative to reporting actual minutes, hospitals may report procedures using average times that are "hard coded". To report average procedure times, hospitals should conduct time studies to find the average time it takes to perform common procedures and periodically verify these average times. Please reference additional information in this section regarding reporting of average minutes (included vs. excluded minutes).

ACTIVITIES INCLUDED IN PROCEDURE TIME

As stated above, the definition of procedure start and stop times for surgical procedures performed in the clinic is the same as the definition of procedure start and times for procedures performed in the operating room. However, for surgical procedures performed in the clinic, some activities that are integral to the procedure may not be typically thought of as included in the time of the procedure. The following lists of included and excluded activities are examples to guide the decision of which activities to include and exclude from the timing of surgical procedures performed in clinics. These lists are not all-inclusive but should be used as a guide when reporting minutes for these services.

INCLUDED ACTIVITIES

When the following activities are integral to a procedure, the time it takes to perform the activity should be included in the procedure time. These services are all above and beyond the actual performance of the surgical service, i.e. "cut to close". Many of these examples apply directly to wound care but should also be applied to all surgical procedures performed in the clinic. The overriding consideration is that the minutes associated with the procedure along with the minutes associated with clinical care time spent preparing the recovering the patient are reportable surgical minutes.

- Positioning of the patient in preparation for the procedure
- Removal of dressing/casting/Unna boot (i.e. whatever covers the wound)
- Cleansing of wound
- Wound measurement and assessment
- Applications of topical/local anesthetic
- Application of topical pharmaceuticals and dressing post procedure
- Monitored time when waiting for anesthetic to become effective
- Taking vital signs
- Monitored time when waiting for cast to dry

Monitored time post procedure when waiting for recovery from anesthetic

EXCLUDED ACTIVITIES

The time it takes to perform the following activities should not be included in the procedure time.

- Waiting time in general
- Teaching
- Non-monitored time when waiting for topical and/or local anesthetic to become effective
- Non-monitored time when waiting for cast to dry
- Non-monitored time post procedure when waiting for recovery from anesthetic

PART IV: MISCELLANEOUS INFORMATION

COUNTING CLINIC VISITS

The definition of a clinic visit follows the logic of the definition of a referred ambulatory visit. See Section 500 Reporting Instructions page 017 Schedule V2B columns 1 to 3. A patient who is seen in a clinic and receives an E/M service and/or non-surgical procedure is counted for one clinic visit. A patient who is seen in a clinic and receives a surgical procedure is counted as a surgery visit. A patient who is seen in a clinic and receives an E/M service plus a surgical procedure is counted as two visits- clinic and surgery. A patient receiving E/M services and/or non-surgical procedures in two different clinics is counted as two visits. Patients who are seen twice at the same clinic at two different times on one day for therapeutic or treatment protocol reasons are counted as having two visits. However, patients who are seen in the same clinic at two different times on one day because of scheduling difficulties would be counted as one visit. More information on counting visits is included in Part III: Surgical Procedures under the Same Day Surgery section and in Section 500 of this manual-Reporting Instructions for Schedule OVS.

STANDARD UNIT OF MEASURE REFERENCES
AMBULANCE SERVICES- REBUNDLED

Account Number	Cost Center Title
6800	Ambulance Services-Rebundled

The Ambulance Service-Rebundled relative value units listed below were developed by the Health Services Cost Review Commission. They will be used as the standard unit of measure to determine the charges for round-trip ambulance services for hospital inpatients from the hospital to the facility of a third party provider of a non-physician diagnostic or therapeutic services.

Basic Ambulance Service

Service	Relative Value Units
Base Charge	112.5
Per Mile	1.5
Downtown - Per Hour	37.5
Overtime Premium (Night, Weekend, etc.)	15

Advance Ambulance Service

Service	Relative Value Units
Base Charge	225
Per Mile	3.0
Downtime - Per Hour	75
Overtime Premium (Night, Weekend, etc.)	30

STANDARD UNIT OF MEASURE REFERENCES
SPEECH THERAPY

ACCOUNT NUMBER	COST CENTER TITLE
7550	Speech Therapy

The descriptions of codes in this section of Appendix D were obtained from the 2003 edition of the Current Procedural Terminology (CPT) manual, and the 2003 edition of the Healthcare Common Procedure Coding System (HCPCS). Some of these codes are time-based; for example, 97110, "Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility," while other codes are non-time based; for example, code 96110, "Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report." The review committee felt that the current system could be improved by converting all the codes to time-based. The codes could then be used in increments of 15 minutes with the total time, and therefore charge, dependent on the complexity and tolerance of the patient. This rationale was used in the revision of the Physical and Occupational Therapy appendices, and applied to Speech, would maintain consistency across the rehabilitation disciplines.

The amount of time counted is time spent evaluating and treating the patient. This could include time spent reviewing medical records in the presence of the patient (where you may ask for clarification or additional information from the patient), but not time spent writing a report after the session with the patient is concluded. With the exception of a few codes that are described in the CPT manual in increments of one hour, the review committee assigned all Relative Value Units (RVU's) in this section of Appendix D based on 15-minutes increments. **The 15-minute increments used in this Appendix D are subject to the Medicare 8 minute rule.**

Converting non-tie based CPT codes to a time basis requires that the hospital's Charge Description Master (CDM) be set up with the most likely time multiples of a test to avoid confusion in billing payors who may not expect to see multiple units of a non-time-based service being provided. As an example, billing 96110 (described as non-time-based) at an assumed rate per unit of $5.00, the CDM could read as follows:

CPT Code	Description	Unit	CMD#	Total RVU	Total Price
96110	**Developmental testing; limited - 15 min.**	**1**	**xxx16**	**9**	**$ 45.00**
96110	**Developmental testing; limited - 30 min.**	**1**	**xxx17**	**18**	**$ 90.00**
96110	**Developmental testing; limited - 45 min.**	**1**	**xxx18**	**27**	**$135.00**
96110	**Developmental testing; limited - 60 min.**	**1**	**xxx19**	**36**	**$180.00**

STANDARD UNIT OF MEASURE REFERENCES
SPEECH THERAPY

As a comparison, billing 97110 (described as time-based), the CDM would read as follows:

CPT Code	Description	Unit	CMD#	Total RVU	Total Price
97110	**Therapeutic procedure - 15 min/ea.**	**1**	**xxx26**	**6**	**$30.00**

If this service were provided for 45 minutes, the therapist would specify a quantity (unit) of 3 and not 1. The facilities CDM/Revenue system would extend the RVU to 18 and the Total Price to $90.00.

The committee referenced the RVU's found in the 2003 Medicare Fee Schedule for Speech-Language Pathologists & Audiologists as presented by the American Speech-Language Hearing Association to assist in determining the relative appropriateness of each procedure's RVU.
Other considerations:

1. Routine Supply cost is included in the HSCRC rate per RVU.
2. Non-routine supply (such as TEP, passey-muir speaking valve) costs are billable as M/S Supplies.
3. Durable Medical Equipment (DME) for Inpatient services is billable as M/S Supplies. However, DME provided to Outpatients are not regulated by HSCRC, and all applicable payor DME billing requirements would apply.
4. The CPT codes reviewed account for the majority of services provided in ST. There are some CPT codes not listed and new codes may be added in the future. These codes should be considered as "by report" by the individual institution. (Note: "By report" means the HSCRC has not assigned a RVU to the specific test/procedure. Should the facility provide the service, the facility is to develop an RVU consistent with other comparable ST services performed within the department and contact the HSCRC to report the use of the procedure along with the logic for the RVU assignment).
5. CPT codes are in a process of constant revision and as such, providers should review their institution's use of CPT codes and stay current with proper billing procedures.
6. The RVU's listed in this section of Appendix D are time-based. The time increments are in 15-minute multiples. HSCRC expects providers to round up/down for services, when not provided in exactly a 15-minute multiple. For example services that are:
   a. 8 to 22 minutes = 15 minutes,
   b. 23 to 37 minutes = 30 minutes,
   c. 38 to 52 minutes = 45 minutes,
   d. 53 to 67 minutes = 60 minutes, etc.

STANDARD UNIT OF MEASURE REFERENCES
SPEECH THERAPY

7. Billable time is spent evaluating and treating the patient. Time spent for set-up, documentation of service, conference, and other non-patient contact is not reportable or billable.
8. It is expected and essential that all appropriate clinical documentation be prepared and maintained to support services provided.

CPT Code	Description	RVU
NON-TIME-BASED CODES THAT BECOME TIME-BASED		
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy *(per HSCRC: each 15 minutes).*	25
92506	Evaluation of speech, language, voice communication, auditory processing, and/or aural rehabilitation status. *(per HSCRC: each 15 minutes).*	12

CPT Code	Description	RVU
NON-TIME-BASED CODES THAT BECOME TIME-BASED		
92507	Treatment of speech, language, voice communication and/or auditory processing disorder (includes aural rehabilitation); individual. *(per HSCRC: each 15 minutes).*	6
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); *(per HSCRC: each 15 minutes).*	
	Groups of two, three, or four	3 per patient
	Groups of five or more	2 per patient
92526	Treatment of swallowing dysfunction and/or oral function for feeding. *(per HSCRC: each 15 minutes).*	6
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech. *(per HSCRC: each 15 minutes).*	12
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device. *(per HSCRC: each 15 minutes).*	12

STANDARD UNIT OF MEASURE REFERENCES
SPEECH THERAPY

CPT Code	Description	RVU
NON-TIME-BASED CODES THAT BECOME TIME-BASED		
92606	Therapeutic service(s) for the use of non-speech generating device, including programming and modification. *(per HSCRC: each 15 minutes).*	6
92609	Therapeutic services for the use of speech generating device, including programming and modification. *(per HSCRC: each 15 minutes).*	6
92610	Evaluation of oral and pharyngeal swallowing function. *(per HSCRC: each 15 minutes).*	12
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording. *(per HSCRC: each 15 minutes).*	17
92612	Flexible fiberooptic endoscopic evaluation of swallowing by cine or video recording. (If flexible fiberoptic or endoscopic evaluation of swallowing is performed without cine or video recording. Use 92700). *(per HSCRC: each 15 minutes).*	22
92614	Flexible fiberoptic endosopic evaluation, laryngeal sensory testing by cine or video recording. *(per HSCRC: each 15 minutes).*	19
92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording. *(per HSCRC: each 15 minutes).*	24
92700	Flexible fiberoptic endoscopic evaluation of swallowing without cine or video recording. *(per HSCRC: each 15 minutes).*	22
92700	Unlisted otorhinological services or procedures, *(per HSCRC: each 15 minutes).*	by report

STANDARD UNIT OF MEASURE REFERENCES
SPEECH THERAPY

CPT Code	Description	RVU
NON-TIME-BASED CODES THAT BECOME TIME-BASED		
96110	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. *(per HSCRC: each 15 minutes).*	9
97150	Therapeutic procedure(s), group *(per HSCRC: each 15 minutes; supplemental HSCRC definition: swallow therapeutic procedure(s)*	
	Groups of two, three, or four	3 per patient
	Groups of five or more	2 per patient

CPT Code	Description	RVU
TIME-BASED CODES		
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour.	48
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to face with the patient; each additional 30 minutes. *(List separately in addition to code for primary procedure.)*	24
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g. by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour.	48
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g. Bayley Scales of Infant Development) with interpretation and report, per hour.	48
96115	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g. acquired knowledge, attention memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour.	48

STANDARD UNIT OF MEASURE REFERENCES
SPEECH THERAPY

CPT Code	Description	RVU
TIME-BASED CODES		
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility.	6
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities. *(Supplemental HSCRC definition: includes DPNS)*	6
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes.	7
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (One-on-one) patient contact by the provider, each 15 minutes.	5
97703	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	5

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

ACCOUNT NUMBER	COST CENTER TITLE
7580	Audiology

The descriptions in this section of Appendix D were obtained from the 2003 edition of the Current Procedural Terminology (CPT) manual, and the 2003 edition of the Healthcare Common Procedure Coding System (HCPCS).

It was the objective of the review committee to maintain RVU consistency among Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology in terms of RVU value and a time-based approach. The review committee was able to achieve this consistency in assigning RVU values to the audiology codes, but decided that some codes specifically codes associated with Vestibular ENG (92541–92547), and codes for tests generally considered add-ons to a standard audiometry evaluation (92561–92577) should remain non-time based. CPT code 95920, intraoperative neurophysiology testing was already described in one-hour increments. The remaining codes were converted to time based codes with 15-minute increments. **The 15-minute increments used in this Appendix D are subject to the Medicare 8 minute rule.** For CPT code 95920, intraoperative neurophysiology testing, measured in one-hour increments, any partial hour of service is rounded up or down, and reported in full hours.

The decision to convert non-time based CPT codes to a time basis, created a possible billing concern where payors may not expect to see multiple units of a service being provided. As a solution to that concern, the review committee suggested that hospitals' Charge Description Master (CDM) be set up with the most likely time multiples of a test, but that the unit will always show "1." Using the example of (a non-time based) 92579 and using an assumed rate per unit of $5.00, the CDM (four CDM numbers are used) could read as follows:

CPT Code	Description		Unit	CMD#	Total RVU	Total Price
92579	VRA	15 min.	1	xxx16	12	$60.00
92579	VRA	30 min.	1	xxx17	24	$120.00
92579	VRA	45 min.	1	xxx18	36	$180.00
92579	VRA	60 min.	1	xxx19	48	$240.00

As a comparison, below is a CDM example of a procedure that is CPT time based.

CPT Code	Description	Unit	CMD#	Total RVU	Total Price
95920	Intraop. Neurophys. Test-60/min/ea	1	xxx26	24	$120.00

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

To assist the committee in its effort to determine the relative appropriateness of each procedure's RVU; the committee made reference to the RVUs found in the 2003 Medicare Fee Schedule for Speech-Language Pathologists & Audiologists as presented by the American Speech-Language Hearing Association.

Other Considerations:

1. Routine Supply cost is included in the HSCRC rate per RVU.
2. Non-routine supply costs are billable as M/S Supplies.
3. Durable Medical Equipment (DME) for Inpatient services is billable as M/S Supplies. However, DME provided to Outpatients are not regulated by HSCRC, and all applicable payor DME billing requirements would apply.
4. The CPT codes reviewed account for the majority of services provided in Audiology. There are some CPT codes not listed and new codes may be added in the future. These codes should be considered as "by report" by the individual institution.

   NOTE: "By Report" means the HSCRC has not assigned a RVU to the specific test or procedure. Should the facility provide the service, the facility is to develop a RVU; which is to be consistent with other comparable Audiology Services performed within the department. The facility is responsible for contacting the HSCRC to report the use of the procedure and the logic for the RVU assignment.
5. CPT codes are in a process of constant revision and as such, providers should review their institution's use of CPT codes and stay current with proper billing procedures.
6. The RVU's listed in this section of Appendix D are time based. The time increments are in 15-minute multiples. HSCRC expects providers to round up/down for services, when not provided in exactly a 15-minute multiple. For example services that are:

   a. 8 to 22 minutes = 15 minutes,
   b. 23 to 37 minutes = 30 minutes
   c. 38 to 52 minutes = 45 minutes,
   d. 53 to 67 minutes = 60 minutes, etc.

7. Time increments used in this section of Appendix D are for direct patient time. Direct patient time is reportable/billable. Time spent for set-up, documentation of service, conference, and other non-patient contact is not reportable/billable.

8. It is expected and essential that all appropriate clinical documentation be prepared and maintained to support services provided.

CPT Code	Description	RVU
NON-TIME BASED THAT REMAIN NON-TIME BASED CODES		
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording	14
92542	Positional nystagmus test, minimum of 4 positions, with recording	14
92543	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests), with recording	8
92544	Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording	12
92545	Oscillating tracking test, with recording	12
92546	Sinusoidal vertical axis rotational testing	21
92547	Use of vertical electrodes (List separately in addition to code for primary procedure	12
92561	Bekesy audiometry, diagnostic	7
92562	Loudness balance test, alternative binaural or monaural	4
92563	Tone decay test	4
92564	Short increment sensitivity index (SISI)	5
92565	Stenger test, pure tone	4
92567	Tympanometry (impedance testing)	5
92568	Acoustic reflex testing	4

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

CPT Code	Description	RVU
NON-TIME BASED THAT REMAIN NON-TIME BASED CODES		
92569	Acoustic reflex decay test	4
92571	Filtered speech test	4
92572	Staggered spondaic word test	1
92573	Kinbard test	4
92575	Sensorineural acuity level test	3
92576	Synthetic sentence identification test	5
92577	Stenger test, speech	7
CPT Code	**Description**	**RVU**
NON-TIME BASED THAT BECOME TIME BASED CODES		
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing therapeutic services) with or without speech processor programming *(per HSCRC: each 15 minutes)*	20
92516	Facial nerve function studies (e.g. Electroneuronography) *(per HSCRC: each 15 minutes)*	9
92548	Computerized dynamic posturography *(per HSCRC: each 15 minutes)*	39
92551	Screening test, pure tone, air only *(per HSCRC: each 15 minutes)*	Non-reportable
92552	Pure tone audiometry (threshold); air only *(per HSCRC: each 15 minutes)*	5
92553	Pure tone audiometry (threshold); air and bone *(per HSCRC: each 15 minutes)*	7

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

CPT Code	Description	RVU
NON-TIME BASED THAT BECOME TIME BASED CODES		
92555	Speech audiometry threshold *(per HSCRC: each 15 minutes)*	4
92556	Speech audiometry threshold: with speech recognition *(per HSCRC: each 15 minutes)*	6
92557	Comprehensive audiometry threshold evaluation & speech recognition (92553 & 92556 combined) *(per HSCRC: each 15 minutes)*	12
92559	Audiometric testing of groups *(per HSCRC: each 15 minutes)*	Non-reportable
92560	Bekesy audiometry, screening *(per HSCRC: each 15 minutes)*	Non-reportable
92579	Visual reinforcement audiometry (VRA) *(per HSCRC: each 15 minutes)*	12
92582	Conditioning play audiometry *(per HSCRC: each 15 minutes)*	12
92583	Select picture audiometry *(per HSCRC: each 15 minutes)*	9
92584	Electrocochleagraphy *(per HSCRC: each 15 minutes)*	25
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive *(per HSCRC: each 15 minutes)*	21
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited *(per HSCRC: each 15 minutes)*	18

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

CPT Code	Description	RVU
NON-TIME BASED THAT BECOME TIME BASED CODES		
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited (supplemental HSCRC description: Universal newborn hearing screen program) *(per HSCRC: each 15 minutes)*	6
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products) *(per HSCRC: each 15 minutes)*	14
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products) (supplemental HSCRC description: Universal newborn hearing screen program) *(per HSCRC: each 15 minutes)*	5
92588	Evoked otoacustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies) *(per HSCRC: each 15 minutes)*	16
92589	Central auditory function tests(s) (specify) *(per HSCRC: each 15 minutes)*	5
92596	Ear protector attenuation measurements *(per HSCRC: each 15 minutes)*	6
92601	Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming *(per HSCRC: each 15 minutes)*	33
92602	Diagnostic analysis of cochlear implant, patient under 7 years of age; with subsequent programming *(per HSCRC: each 15 minutes)*	23
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming *(per HSCRC: each 15 minutes)*	23

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

CPT Code	Description	RVU
NON-TIME BASED THAT BECOME TIME BASED CODES		
92604	Diagnostic analysis of cochlear implant, age 7 years or older; with subsequent programming (per HSCRC: each 15 minutes)	15
95925	Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs (per HSCRC: each 15 minutes)	11
69210	Removal impacted cerumem (separate procedure), one or both ears (per HSCRC: each 15 minutes)	6
CPT Code	**Description**	**RVU**
TIME BASED CODES - (direct one to one patient contact)		
95920	Intraoperative neurophysiologic testing, per hour (List separately in addition to code for primary procedure)	24

ACCOUNT NUMBER	COST CENTER TITLE
7210	Laboratory Services

Approach

The descriptions of codes in this section of Appendix D were obtained from the 2014 edition of the Current Procedural Terminology (CPT) manual, and the 2014 edition of the Healthcare Common Procedure Coding System (HCPCS). In assigning relative value units (RVU's) to laboratory codes, an effort was made to maintain consistency across laboratory sections. RVU assignments were developed considering Medicare fee schedule, technician time, reagent costs, and supply costs. Future assignments of RVU's should take existing assignments to similar CPT codes into consideration as well as the Medicare fee schedule, technician's time, reagent costs, and supply costs, the methodology used in performing the test. Since the cost of supplies for each test was considered when the RVU's were developed, hospitals may not bill separately for any laboratory supplies.

CPT Codes Without an Assigned RVU Value

By Report Some CPT codes in the appendix are rarely used or have significant range in reagent supply costs and have not been assigned RVUs; they are labeled "by report". In addition, new CPT codes may be added in the years following this revision that will not have assigned RVUs. In the case a laboratory performs a test that does not have assigned RVUs, or a test that is not listed, the lab will select an appropriate CPT code and assign a reasonable value based on the above criteria (existing assignments to similar CPT codes, technician's time, reagent and supply costs, and the methodology used in performing the test). The laboratory reporting such tests to the HSCRC must maintain adequate documentation of the rationale used in assigning the RVU. In the case of a CPT code covering multiple tests with varying resources, the hospital is allowed to assign different RVU values as long as they maintain the documentation of the rationale.

Non-Regulated; Professional Services
CPT codes that describe the interpretation of results are considered professional, not technical services and are valued at zero RVUs, or labeled "non-regulated". Professional services are considered physician services, not regulated hospital services, and should not be reported to the HSCRC.

Professional Component of Service Referred to Outside Laboratory
According to the *Medicare Claims Processing Manual,* a clinical diagnostic laboratory may refer a specimen to an independent laboratory (one separate from a physician's office or hospital) for testing. When the hospital obtains laboratory services for patients under arrangements with clinical laboratories or other hospital laboratories, only the originating hospital can bill for the arranged services.

By providing the services under arrangement, it is as if the initiating laboratory has performed the service themselves; therefore, can bill for the complete service provided (including those codes stating "with interpretation"). Also from Medicare, "where a referring laboratory prepares a specimen before transfer to a reference laboratory these preparatory services are considered integral part of the testing process and the costs of such services are included in the charge for the total testing service."

For example, a specimen is collected at the hospital, prepared and sent out to the reference laboratory for testing and interpretation. The reference laboratory has an arrangement with the hospital to provide such services and bills the hospital appropriately. The reference laboratory does not bill the patient or the patient's insurance. The hospital bills the patient/insurance for the testing that has been completed. In this appendix, services, such as 88291, that include both a professional and technical component and are typically performed by an outside laboratory are labeled "By Report."

Non-Regulated; Autopsy Service (CPT Codes 88000-88099)
Autopsy, CPT code 88020, is labeled "not reportable"-meaning no value may be reported to the HSCRC for this service. Do not report Autopsy RVU's to the HSCRC.

General Advice

- The HSCRC system is a revenue reporting and payment system; it does not dictate billing rules. Hospitals should adhere to the billing requirements of CMS and exhibit good billing practices as defined by the OIGs Model Compliance Plan.
- The RVU assigned to a test will be the same regardless of whether the analysis is performed at the hospital's laboratory or sent to another laboratory.
- Additional RVUs have not been allotted for STAT testing or for specimen dispatch; this is regarded as overhead expense.
- The RVUs are assigned per reported test, do not bill double the RVU's when a test is run in multiple times on the same sample.
- If a procedure has multiple CPT codes, the hospital may report all applicable CPT codes.
- No RVUs have been allotted for calculated tests such as INR, albumin/globin ratios, etc.
- Simple confirmatory testing should not generate additional reported RVUs. For example, sulfosalicylic acid used to confirm abnormal protein from urine dipstick would not warrant additional RVUs.
- More complex reflex testing that is performed based on initial test results would generate additional RVU's. Reflex testing to a more definitive assay includes such things as: anti-body panel following a positive anti-body screen; IgM anti-hepatitis A after a positive anti-hepatitis A; Western blot testing after a positive HIV anti-body assay; phase contrast platelet count used to test a low automated platelet count. Hospitals must obtain an additional physician's order or follow established policies for reflex testing.

- Regarding CMS/AMA Panels, the hospital laboratory should bill tests as a defined panel even if the tests are ordered individually.
- Do not use a code with a general or miscellaneous description when a specific code is available.
- Phlebotomy is a billable laboratory procedure. In order to bill for this service, the lab must perform the phlebotomy and report all expenses such as personnel and supplies associated with this service.
- Point of Care Testing is also a billable laboratory procedure. Revenue and expenses for point of care testing must be reported as a laboratory service.
- Lab testing cannot be billed as a supply charge; a laboratory CPT code must be used.

- Therapeutic apheresis has been moved from the laboratory rate center to the clinic rate center.

- Bone and Tissue have moved from the laboratory rate center to the supply rate center.

Regulated vs. Unregulated Laboratory Services

HSCRC rules govern inpatient services as defined by Medicare, and outpatient services performed at the hospital. Any sample collected on regulated hospital premises is part of this regulated system and must be reported when the patient is still an inpatient or presents as an outpatient. If a patient is discharged a test ordered through the laboratory system is considered regulated within the first 14 days post-discharge for Medicare patients and at discharge for all other patients.

This includes samples referred to other reference labs. Under Medicare guidelines, when a hospital provides and/or refers laboratory services for patients under arrangements with clinical laboratories or other hospital laboratories, only the originating hospital can bill for the arranged services (per the Medicare Claims Processing Manual). By providing the services under arrangement, it is as if the initiating laboratory has performed the service, and can therefore bill for the complete service provided.

Samples received by a hospital laboratory from other sources, e.g., doctors' offices, other laboratories, are not part of HSCRC regulated activity. Similarly, samples that are collected or tested by hospital employees stationed away from hospital property are not regulated. The costs associated with these services should not be included in regulated expenses reported to the HSCRC.

Blood Bank

Blood Products are described by HCPCS codes. In establishing RVU's for the new HCPCS codes, individual values for existing basic blood products (whole blood, red blood cells, fresh frozen plasma, and platelets) were combined with individual values for existing manipulations to blood products (washing, rejuvenation, leukoreduction, irradiation, etc.) to build the corresponding RVUs for the new HCPCS Codes.

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CPT Code	Description	RVU
Venous/Capillary		
36415	Collection of venous blood by venous puncture	8
	[see also G0001]	
36416	Capillary blood collect (eg, finger, heel, ear stick)	6
	[see also G0001]	
Therapeutic Apheresis		
36511	Therapeutic apheresis-WBC	0
36512	Therapeutic apheresis-RBC	0
36513	Therapeutic apheresis-platelets	0
36514	Therapeutic apheresis-Plasma	0
Organ or Disease Oriented Panels		
80047	Basic Metabolic panel (calcium, ionized)	11
80048	Basic Metabolic panel (with Calcium)	11
80050	General Health Panel	Depends on tests
80051	Electrolyte panel	8
80053	Comprehensive metabolic panel(with C02, AST)	15
80055	Obstetric Panel	Depends on tests
80061	Lipid panel	19
80069	Renal function panel	12
80074	Acute Hepatitis Panel	90
80076	Hepatic Function Panel (with Total Protein)	11
Drug Testing		
80100	Drug screen, multiple classes	By report
80101	Drug screen, each drug or class	8
80102	Drug confirmation	25
80103	Tissue prep for drug analysis	By report
80104	Drug screen, multiple drug classes other than chromatographic method, each procedure	By Report

Therapeutic Drug Assays

CPT Codes	Description	RVU
80150	Amikacin, assay	15
80152	Amitriptyline	30
80154	Benzodiazepines	30
80155	Caffeine	15
80156	Carbamazepine, total	15
80157	Carbamazepine, free	15
80158	Cyclosporine	20
80159	Clozapine	30
80160	Desipramine	30
80162	Digoxin	15
80164	Dipropylacetic acid (valproic acid)	15
80166	Doxepin	30
80168	Ethosuximide	15
80169	Everolimus	30
80170	Gentamicin	15
80171	Gabapentin	15
80172	Gold	40
80173	Haloperidol	30
80174	Imipramine	30
80175	Lamotrigine	15
80176	Lidocaine	15
80177	Levatiracetam	15
80178	Lithium	15
80180	Mycophenolate (Mycophenolic Acid)	20
80182	Nortriptyline	30
80183	Oxcarbazepine	15
80184	Phenobarbital	15
80185	Phenytoin, total	15
80186	Phenytoin, free	15
80188	Primidone	30

CPT Codes	Description	RVU
80190	Procainamide	15
80192	Procainamide with metabolites	30
80194	Quinidine	15
80195	Sirolimus	30
80196	Salicylate	15
80197	Tacrolimus	30
80198	Theophylline	15
80199	Tiagabine	30
80200	Tobramycin	15
80201	Topiramate	15
80202	Vancomycin	15
80203	Zonisamide	15
80299	Quantitation of drug not specified	By report

Evocative/Suppression Testing

80400	ACTH stimulation panel, adrenal insufi.	30
80402	ACTH stimulation panel, 21 hydro insuff.	100
80406	ACTH stim panel, 3 beta-hydroxy insuff	80
80408	Aldosterone suppression eval panel	80
80410	Calcitonin stimul panel	90
80412	Corticotropic releas horm stim panel	270
80414	Chorionic gonad stim panel, testosterone	90
80415	Estradiol response panel	90
80416	Renin stimulation panel, renal vein	90
80417	Renin stimulation panel, peripheral vein	30
80418	Pituitary evaluation panel	608
80420	Dexamethasone supression panel	94
80422	Glucagon tolerance panel, insulinoma	57

CPT Code	Description	RVU
80424	Glucagon tolerance panel, pheochrom	180
80426	Gonadotropin hormone panel	160
80428	Growth hormone stimulation panel	128
80430	Growth hormone suppression panel	140
80432	Insulin induced C-peptide suppression	110
80434	Insulin tolerance panel, ACTH insuff	101
80435	Insulin tolerance panel, GH deficiency	180
80436	Metyrapone Panel	80
80438	TRH stimulation panel, 1 hour	45
80439	TRH stimulation panel, 2 hour	60
80440	TRH stimulation panel, hyperprolactin	60

Consultations (Clinical Pathology)

80500	Clinical pathology consultation; limited	0
80502	Clinical pathology consultation; comprehensive	0

Urinalysis

81000	Urinalysis, nonauto, w/scope	9
81001	Urinalysis, auto, w/scope	9
81002	Urinalysis, nonauto w/o scope	4
81003	Urinalysis, auto, w/o scope	4
81005	Urinalysis, qualitative or semiquant	9
81007	Urine bacteria screen, non-culture	4
81015	Microscopic exam of urine only	5
81020	Urinalysis, glass test	By report
81025	Urine pregnancy test, visual color comparison	10
81050	Urine, timed, volume measurement	2
81099	Unlisted urinalysis procedure	By report

Chemistry

CPT Code	Description	RVU
81161	DMD (dystrophin) (eg. Duchenne/Becker muscular dystrophy) deletion analysis and duplication analysis if performed	By Report
81200	ASPA gene analysis, common variants	By Report
81201	ASPC gene analysis, full gene sequence	By Report
81202	APC gene analysis, known familial variance	By Report
81203	APC gene analysis, duplication/deletion variants	By Report
81205	BCKDHB gene analysis, common variants	By Report
81206	BCR/ABL1 tranlocation analysis; major breakpoint qual or quant	By Report
81207	BCR/ABL1 tranlocation analysis; minor breakpoint qual or quant	By Report
81208	BCR/ABL1 tranlocation analysis; other breakpoint qual or quant	By Report
81209	BLM gene analysis, 2281 del6ins7 variant	By Report
81210	BRAF, gene analysis, V60E variant	By Report
81211	BRCA1, BRCA gene analysis; full sequence analysis and common duplication/deletion variance in BRCA	By Report
81212	184del AG, 5385insC, 617dellT variants	By Report
81213	Uncommon duplication/deletion variants	By Report
81214	BRCA1 gene analysis, full sequence and common duplication/deletion variants	By Report
81215	Known familial variant	By Report
81216	BRCA2 gene analysis, full sequence analysis	By Report
81217	Known familial variant	By Report
81220	CFTR gene analysis; common variants	By Report
81221	Known familial variant	By Report
81222	Duplication/deletion variants	By Report
81223	Full gene sequence	By Report
81224	Introl 8 poly-T analysis	By Report
81225	CYP2C19, gene analysis, common variants	By Report
81226	CYP2D6, gene analysis, common variants	By Report
81227	CYP2C9, gene analysis, common variants	By Report
81228	Cytogenomic contitutional microarray analysis; interrogation of genomic regions for copy number variants	By Report
81229	Interrogation of genomic regions for copy number and single nucleotide polymorphism variants of chromosomal abnormalities	By Report

CPT Code	Description	RVU
81235	EGFR gene analysis, common variants	By Report
81240	F2 gene analysis, 20210G>A variant	By Report
81241	F5 gene analysis, Leiden variant	By Report
81242	FANCC gene analysis, common variant	By Report
81243	FMR1 gene analysis; evaluation to detect abnormal alleles	By Report
81244	FMR1 gene analysis; characterization of alleles	By Report
81245	FLT3 gene analysis, internal tandem duplication variants	By Report
81250	G6PC gene analysis, common variants	By Report
81251	GBA gene analysis, common variants	By Report
81252	GJB2 gene analysis, full gene sequence	By Report
81253	GJB2 gene analysis, known familial variants	By Report
81254	GJB6 gene analysis, common variants	By Report
81255	HEXA gene analysis, common variants	By Report
81256	HFE gene analysis, common variants	By Report
81257	HBA1/HBA2, gene analysis, for common deletions or variant	By Report
81260	IKBKAP gene analysis, common variants	By Report
81261	IGH@, gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology	By Report
81262	IGH@, gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology	By Report
81263	IGH@, variable region somatic mutation analysis	By Report
81264	IGK@, gene rearrangement analysis, evaluation to detect abnormal clonal population	By Report
81265	Comparative analysis using Short Tandem Repeat markers; patient and comparative specimen	By Report
+81266	Comparative analysis using Short Tandem Repeat markers; each additional specimen	By Report
81267	Chimerism analysis, post transplantation specimen, includes comparison to previously performed baseline analyses, without cell selection	By Report
81268	Chimerism analysis, post transplantation specimen, includes comparison to previously performed baseline analyses; with cell selection	By Report
81270	JAK2 gene analysis, p. Val617Phe variant	By Report

CPT Code	Description	RVU
81275	KRAS gene analysis, variants in codons 12 and 13	By Report
81280	Long QT syndrome gene analysis; full sequence analysis	By Report
81281	Long QT syndrome gene analysis; known familial sequence variant	By Report
81282	Long QT syndrome gene analysis; duplication/deletion variants	By Report
81287	MGMT (o-6 methylguaninej-DNA methyltransferase) (eg, glioblastoma multiforma), methylation analysis	By Report
81290	MCOLN1 gene analysis, common variants	By Report
81291	MTHFR gene analysis, common variants	By Report
81292	MLH1 gene analysis; full sequence analysis	By Report
81293	MLH1 gene analysis; known familial variants	By Report
81294	MLH1 gene analysis; duplication/deletion variants	By Report
81295	MSH2 gene analysis; full sequence analysis	By Report
81296	MSH2 gene analysis, known familial variants	By Report
81297	MSH2 gene analysis; duplication/deletion variants	By Report
81298	MSH6 gene analysis, full sequence analysis	By Report
81299	MSH6 gene analysis; known familial variants	By Report
81300	MSH6 gene analysis; duplication /deletion variants	By Report
81301	Microsatellite instability analysis of markers for mismatch repair deficiency, if performed	By Report
81302	MECP2 gene analysis; full sequence analysis	By Report
81303	MECP2 gene analysis; known familial variant	By Report
81304	MECP2 gene analysis; duplication/deletion variant	By Report
81310	NPM1 gene analysis, exon 12 variants	By Report
81315	PML/RARalpha translocation analysis; common breakpoints, qualitative or quantitative	By Report
81316	PML/RARalpha translocation analysis; single breakpoint, qualitative or quantitative	By Report
81317	PMS2 gene analysis; full sequence analysis	By Report
81318	PMS2 gene analysis; known familial variant	By Report
81319	PMS2 gene analysis, duplication deletion variant	By Report

CPT Code	Description	RVU
81321	PTEN gene analysis; full sequence analysis	By Report
81322	PTEN gene analysis, known familial variant	By Report
81323	PTEN gene analysis; duplication/deletion variant	By Report
81324	PMP22 gene analysis; full sequence analysis	By Report
81325	PMP22 gene analysis; known familial variant	By Report
81326	PMP22 gene analysis; duplication/deletion variant	By Report
81330	SMPD1 gene analysis, common variants	By Report
81331	SNRPN/UBE3A methylation analysis	By Report
81332	SERPINA1, gene analysis, common variants	By Report
81340	TRB@, gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology	By Report
81341	TRB@, gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology	By Report
81342	TRG@, gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	By Report
81350	UGT1A1, gene analysis, common variants	By Report
81355	VKORC1, gene analysis, common variants	By Report
81370	HLA Class I and II typing, low resolution; complete	By Report
81371	HLA Class I and II typing, low resolution; one focus	By Report
81372	HLA Class I typing, low resolution; complete	By Report
81373	HLA Class I typing, low resolution, one locus	By Report
81374	HLA Class I typing, low resolution, one antigen equivalent	By Report
81375	HLA Class II typing, low resolution; HLA-DRB1/3/4/5 and- DQB1	By Report
81376	HLA Class II typing, low resolution; one locus	By Report
81377	HLA Class II typing, low resolution; one antigen equivalent, each	By Report
81378	HLA Class I and II typing, high resolution, LA-A, -B, -C and -DRB1	By Report
81379	HLA Class I typing, high resolution; complete	By Report
81380	HLA Class I typing, high resolution; one focus	By Report

CPT Code	Description	RVU
81381	HLA Class I typing, high resolution; one allele or allele group	By Report
81382	HLA Class II typing, high resolution; one locus, each	By Report
81383	HLA Class II typing, high resolution; one allele or allele group each	By Report
81400	Molecular pathology procedure, Level 1	By Report
81401	Molecular pathology procedure, Level 2	By Report
81402	Molecular pathology procedure, Level 3	By Report
81403	Molecular pathology procedure, Level 4	By Report
81404	Molecular pathology procedure, Level 5	By Report
81405	Molecular pathology procedure, Level 6	By Report
81406	Molecular pathology procedure, Level 7	By Report
81407	Molecular pathology procedure, Level 8	By Report
81408	Molecular pathology procedure, Level 9	By Report
81479	Unlisted molecular pathology procedure	By Report
81500	Oncology, biochemical assays of two proteins, utilizing serum, with menopausal status, algorithm reported as a risk score	By Report
81503	Oncology, biochemical assays of five proteins, utilizing serum, algorithm reported as a risk score	By Report
81504	Oncology (tissue or origin), microarray gene expression profiling of >2000 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm, reported as tissue similarity scores	By Report
81506	Endocrinology, biochemical assays of seven analytes, utilizing serum of plasma, algorithm reporting a risk score	By Report
81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA dequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy.	By Report
81508	Fetal congenital abnormalities, biochemical assays of two proteins, utilizing maternal serum, algorithm reported as a risk score	By Report
81509	Fetal congenital abnormalities, biochemical assays of three proteins, utilizing maternal serum, algorithm reported as a risk score	By Report

CPT Code	Description	RVU
81510	Fetal congenital abnormalities, biochemical assays of three analytes, utilizing maternal serum, algorithm reported as a risk score	By Report
81511	Fetal congenital abnormalities, biochemical assays of four analytes, utilizing maternal serum, algorithm reported as a risk score	By Report
81512	Fetal congenital abnormalities, biochemical assays of five analytes, utilizing maternal serum, algorithm reported as a risk score	By Report
81599	Unlisted multianalyte assay with alorithmic analysis	By Report
82000	Acetaldehyde, blood	19
82003	Acetaminophen	15
82009	Keytone body(s); qualitative	5
82010	Keytone body(s); quantitative	13
82013	Acetylcholinesterase assay	30
82016	Acylcarnitines; qualitative	50
82017	Acylcarnitines; quantitative	130
82024	Adrenocorticotropic hormone (ACTH)	30
82030	Adenosine, 5- monophosphate, cyclic	25
82040	Albumin, serum	2
82042	Albumin urine/other, quantitative	10
82043	Microalbumin, urine, quantitative	15
82044	Microalbumin, semiquant. (Reagent strip)	5
82045	Microalbumin, semiquant, ischemia modified	By Report
82055	Alcohol (ethanol) except breath	15
82075	Alcohol (ethanol) breath	20
82085	Aldolase	15
82088	Aldosterone	25
82101	Alkaloids, urine, quantitative	By Report
82103	Alpha -I-antitrypsin, total	15
82104	Alpha- I-antitrypsin phenotype	40
82105	Alpha- fetoprotein, serum	15
82106	Alpha- fetoprotein; amniotic	15
82107	Alpha- fetoprotein; AFP-L3 fraction isoform and total AFP	By Report
82108	Aluminum	40

CPT Codes	Description	RVU
82120	Amines, vaginal fluid, qualitative	30
82127	Amino acids, single, qualitative	30
82128	Amino acids, multiple, qualitative, each specimen	30
82131	Amino acids, single, quantitative, each specimen	60
82135	Aminolevulinic acid, delta (ALA)	26
82136	Amino acids, 2–5 amino acids, quantitative	120
82139	Amino acids, 6 or more, quantitative	150
82140	Ammonia	20
82143	Amniotic fluid scan	120
82145	Amphetamine or metamphetamine	25
82150	Amylase	6
82154	Androstanediol glucuronide	47
82157	Androstenedione	25
82160	Androsterone assay	25
82163	Angiotensin II	20
82164	Angiotensin II converting enzyme (ACE)	20
82172	Apolipoprotein	15
82175	Arsenic	40
82180	Ascorbic acid (Vitamin C), blood	25
82190	Atomic absorption spec, each analyta	40
82205	Barbiturates, not elsewhere specified	25
82232	Beta-2 microglobulin	15
82239	Bile acids, total	25
82240	Bile acids, cholylglycine	25

CPT Codes	Description	RVU
82247	Bilirubin, total	6
82248	Bilirubin, direct	6
82252	Bilirubin, fecal, qualitative	8
82261	Biotinidase, each specimen	75
82270	Blood, occult; feces, 1–3 simultaneous deterim	5
	[see also G0107 for screening]	
82271	Blood, occult, other sources, qualitative	4
82272	Blood, occult, qual, feces, single specimen	4
82274	Blood, occult, immunoassay, 1–3 determinations	25
82286	Bradykinin	10
82300	Cadmium	40
82306	Calcifediol (25-OH Vitamin D-3)	15
82308	Calcitonin	30
82310	Calcium, total	2
82330	Calcium, ionized	15
82331	Calcium, infusion test	By Report
82340	Calcium, urine quantitative, timed spec	10
82355	Calculus (stone) qualitative analysis	40
82360	Calculus (stone) quant. Assay, chemical	40
82365	Calculus (stone) infrared spectroscopy	40
82370	Calculus (stone) x-ray diffraction	By Report
82373	Carbohydrate deficient transferrin	By Report

CPT Codes	Description	RVU
82374	Carbon dioxide (bicarbonate)	2
82375	Carbon monoxide (carboxyhemo) quantitative	20
82376	Carbon monoxide, qualitative	20
82378	Carcinoembryonic antigen (CEA)	25
82379	Carnitine (total and free), quantitative	150
82380	Carotene	25
82382	Catecholamines, total urine	30
82383	Catecholamines, blood	30
82384	Catecholamines, fractionated	90
82387	Cathepsin-D	80
82390	Ceruloplasmin	15
82397	Chemiluminescent assay	15
82415	Chloramphenicol	30
82435	Chloride, blood	2
82436	Chloride, urine	10
82438	Chloride, other source	10
82441	Chlorinated hydrocarbons, screen	17
82465	Cholesterol, serum or whole blood, total	4
82480	Cholinesterase, serum	15
82482	Cholinesterase, RBC	15
82485	Chondroitin B sulfate, quantitative	33
82486	Chromatography, qualitative; column, nos	20
82487	Chromatography, paper, 1 dimensional	By Report
82488	Chromatography, paper, 2 dimensional	By Report

CPT Codes	Description	RVU
82489	Chromatography, thin layer, nos	By Report
82491	Chromatography, quantitative; column, nos	30
82492	Chromatography, quant; column, multiple analytes	30
82495	Chromium	40
82507	Citrate	15
82520	Cocaine or metabolite	25
82523	Collagen crosslinks	25
82525	Copper	25
82528	Corticosterone	25
82530	Cortisol, free	30
82533	Cortisol, total	15
82540	Creatine	8
82541	Column chromatography/mass spec. qual, nos	20
82542	Column chrom/mass spec., quant, single phase	30
82543	Column chrom/mass spec., quant, isotope, single	100
82544	Column chrom/mass spec., quant, isotope, mult.	120
82550	Creatine kinas (CK), (CPK), total	6
82552	Creatine kinase isoenzymes	25
82553	Creatine kinase, MB fraction only	15
82554	Creatinine kinase, isoforms	25
82565	Creatinine, blood	2
82570	Creatinine, other source	10
82575	Creatinine, clearance	12
82585	Cyrofibrinogen	14

CPT Codes	Description	RVU
82595	Cyroglobulin, qualitative or semi-quant.	14
82600	Cyanide	29
82607	Cyanocobalamin (Vitamin B-12)	15
82608	Cyanocobalamin unsaturated binding capacity	23
82610	Cystatin C	50
82615	Cystine and homocystine, urine, qualitative	20
82626	Dehydroepiandrosterone (DHEA)	15
82627	Dehydroepiandrosterone - sulfate (DHEA-S)	15
82633	Desoxycorticostertone, 11-	25
82634	Deoxycortisol, 11-	25
82638	Dibucaine number	30
82646	Dihydrocodeinone	By Report
82649	Dihydromorphinone	By Report
82651	Dihydrotestosterone (DHT)	25
82652	Dihydroxyvitamin D, I, 25-	25
82654	Dimethadione	22
82656	Elastase, pancreatic, fecal qual or semiquant	By Report
82657	Enzyme activity in cells, nos, nonradioactive	40
82658	Enzyme activity in cells, radioactive substrate	100
82664	Electrophoretic technique, nos	25
82666	Epiandrosterone	25
82668	Erythropoietin	15
82670	Estradiol	15
82671	Estrogens; fractionated	25
82672	Estrogens; total	25

CPT Codes	Description	RVU
82677	Estriol	15
82679	Estrone	25
82690	Ethchlorvynol	24
82693	Ethylene glycol	15
82696	Etiocholanolone	25
82705	Fats/lipids, feces, qualitative	15
82710	Fats/lipids, feces, quantitative	40
82715	Fecal fat differential, quantitative	By Report
82725	Fatty acids, nonesterified	20
82726	Very long chain fatty acids	120
82728	Ferritin	15
82731	Fetal fibronectin, cervicoaginal, semi-quant.	175
82735	Fluoride	25
82742	Flurazepam	25
82746	Folic acid, serum	15
82747	Folic acid, RBC	15
82757	Fructose, semen	75
82759	Galactokinase, RBC	34
82760	Galactose	19
82775	Galactose-I-phosphate uridyl transferase, quant	107
82776	Galactose-I-phosphate uridyl transferase, screen	18
82777	Galectin-3	15
82784	Gammaglobulin, IgA, IgD, IgG, IgM, each	15
82785	Gammaglobulin IgE	15
82787	Immunoglobulin subclasses, (IgG 1, 2, 3, or 4) each	15

CPT Codes	Description	RVU
82800	Gases, blood, pH only	15
82803	Gases, blood, any of pH, pCO_2, PO_2, CO_2, HCO_3	31
82805	Blood gases with O_2 Saturation by direct meas.	31
82810	Blood gases, O_2 sat only, direct measurement	31
82820	Hemoglobin-oxygen affinity	31
82930	Gastric acid analysis, includes pH if performed, each specimen	By Report
82938	Gastrin, after secretin stimulation	15
82941	Gastrin assay	15
82943	Glucagon	25
82945	Glucose, body fluid, other than blood	4
82946	Glucagon tolerance test	By Report
82947	Glucose, quantitative, blood	4
82948	Glucose, blood, reagent strip	4
82950	Glucose, post glucose dose (includes glucose)	4
82951	Glucose tolerance test, 3 specimens	15
82952	GTT-additional specimens>3	4
82953	Glucose, tolbutamide tolerance test	8
82955	Glucose-6-phosphate dehydrogenase; quant.	15
82960	G6PD enzyme, screen	10
82962	Glucose blood test, monitoring device	8
82963	Glucosidase, beta	39
82965	Glutamate dehydrogenase	12
82975	Glutamine (glutamic acid amide)	30

CPT Code	Description	RVU
82977	Glutamyltransferase, gamma (GGT)	2
82978	Glutathione	15
82979	Glutathione reduatase, RBC	20
82980	Glutethimide	25
82985	Glycated protein	15
83001	Gonadotropin (FSH)	15
83002	Gonadotropin (LH)	25
83003	Growth hormone, human (HGH)	32
83008	Guanosine monophosphate (GMP) cyclic	34
83009	H. Pylori, blood test for urease activity, non-radioactive	By Report
83010	Haptoglobin, quantitative	15
83012	Haptoglobin, phenotypes	By Report
83013	Helicobacter pylori; unease activity, non-radioact	20
83014	Helicobacter, drug admin. and sample collection	By Report
83015	Heavy metal (arsenic, barium, mercury, etc.) screen	25
83018	Heavy metal, quantitative, each	30
83020	Hemoglobin fract. And quant., electrophoresis	25
83021	Hemoglobin fract. And quan.; chromatography	25
83026	Hemoglobin, copper sulfate method	By Report
83030	Hemoglobin, F (fetal), chemical	15
83033	Hemoglobin, F (fetal), qualitative	15
83036	Hemoglobin, glycosylated (A1C)	20
83037	Hemoglobin, glycosylated (A1C), device for home use	10
83045	Methemoglobin, qualitative	15

CPT Code	Description	RVU
83050	Methemoglobin, quantitative	20
83051	Hemoglobin, plasma	12
83055	Sulfhemoglobin, qualitative	5
83060	Sulfhemoglobin, quantitative	20
83065	Hemoglobin thermolabile	4
83068	Hemoglobin unstable, screen	13
83069	Hemoglobin urine	4
83070	Hemosiderin, qualitative	8
83071	Hemosiderin, quantitative	By Report
83080	b-Hexosaminidase	15
83088	Histamine	24
83090	Homocystine	30
83150	Homovanillic acid (HVA)	30
83491	Hydroxycorticosteroids, 17-(17-OHCS)	30
83497	Hydroxyindolactetic acid, 5-(HIAA)	30
83498	Hydroxyprogesterone, 17-d	35
83499	Hydroxyprogesterone, 20-	35
83500	Hydroxyproline, free	60
83505	Hydroxyproline, total	60
83516	Immunoassay, non-infec. Disease; multi. Step	25
83518	Immunoassay, non-infec. Disease; single step (reagent strip)	15
83519	Immunoassay, analyte, quant, RIA	25
83520	Immunoassay, not otherwise specified	By Report
83525	Insulin, total	15

CPT Code	Description	RVU
83527	Insulin, free	15
83528	Instrinsic factor	25
83540	Iron	6
83550	Iron binding capacity	12
83570	Isocitric dehydrogenase (IDH)	25
83582	Ketogenic steroids, fractionation	60
83586	Ketosteroids, 17-(17-KS) total	60
83593	Ketosteroids, fractionation	21
83605	Lactic acid	20
83615	Lactate dehydrogenase (LD, LDH)	4
83625	LD, LDH isoenzymes, separation and quant	25
83630	Lactoferrin, fecal; qualitative	By Report
83631	Lactoferrin, fecal; quant	By Report
83632	Lactogen, human placental (HPL)	60
83633	Lactose, urine; qualitative	15
83634	Lactose, urine; quantitative	15
83655	Lead	25
83661	Fetal lung maturity, lecithin-sphingomyelin (L/S) ratio	120
83662	Fetal lung maturity, foam stability	8
83663	Fetal lung maturity, fluorescence polarization	25
83664	Fetal lung maturity, lamellar body density	50
83670	Leucine aminopetidase (LAP)	25
83690	Lipase	8
83695	Lipoprotein (a)	25

CPT Codes	Description	RVU
83698	Lipoprotein-associated phospholipase A2	By Report
83700	Lipoprotein, blood; electrophoresis and quantitation	25
83701	Lipoprotein, blood; electrophor, high res fract. & quant.	50
83704	Lipoprotein, blood; electrophor, quant of particle	50
83718	Lipoprotein direct meas. HDL. Cholest.	15
83719	Lipoprotein, direct meas. VLDL cholest.	25
83721	Lipoprotein direct meas. LDL cholest.	15
83727	Leuteinizing releasing factor (LRH)	25
83735	Magnesium	6
83775	Malate dehydrogenase	25
83785	Manganese	25
83788	Mass spectrometry, tandem, nos, qualitative, ea spec	30
83789	Mass spectrometry, tandem, nos, quantitative, ea spec	40
83805	Meprobamate	30
83825	Mercury, quantitative	25
83835	Metanephrines	30
83840	Methadone	30
83857	Methemalbumin	10
83858	Methsuximide	15
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	By Report
83864	Mucopolysaccharides, acid; quantitative	33
83866	Mucopolysaccharides screen	11
83872	Mucin, synovial fluid (Ropes test)	9
83873	Myelin basic protein, CSF	60

CPT Codes	Description	RVU
83874	Myoglobin	20
83876	Myeloperoxidase (MPO)	By Report
83880	Natriuretic peptide	30
83883	Nephelometry, not specified	15
83885	Nickel	40
83887	Nicotine	37
83915	Nucleotidase 5-	15
83916	Oligoclonal immunoglobulin (bands)	25
83918	Organic acids, total quantitative, each specimen	125
83919	Organic acids, qualitative, each specimen	40
83921	Organic acid, single quantitative	40
83925	Opitates	25
83930	Osmolality, blood	10
83935	Osmolality, urine	10
83937	Osteocalcin (bone gla protein)	15
83945	Oxalate	15
83950	Oncoprotein, HER-2/neu	33
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	8
83970	Parathyroid hormone	15
83986	ph, body fluid, except blood	8
83987	pH; exhaled breath condensate	8
83992	Phencyclidine (PCP)	15
83993	Calprotectin, fecal	By Report
84022	Phenothiazine	30
84030	Phenylalanine (PKU), blood	20

CPT Code	Description	RVU
84035	Phenylketones, qualitative	8
84060	Phosphatase, acid; total	15
84061	Phosphatase, forensic exam	By Report
84066	Phosphatase, acid; prostatic	15
84075	Phosphatase, alkaline	2
84078	Phosphatase, alkaline, heat stable only	10
84080	Phosphatase, alkaline, isoenzymes	25
84081	Phosphatidylglycerol	120
84085	Phosphogluconate, 6-, dehydrogenase, RBC	39
84087	Phosphohexose isomerase	16
84100	Phosphorus inorganic (phosphate)	2
84105	Phosphorus inorganic (phosphate), urine	10
84106	Porphobilinogen urine; qualitative	12
84110	Porphobilinogen urine; quantitative	13
84112	Placental alpha microglobulin-1 (PAMG-1), cervicovaginal secretion, qualitative	44
84119	Porphyrins, urine; qualitative	16
84120	Porphyrins, quantitation + fractionation	35
84126	Porphyrins, feces; quantitative	30
84127	Porphyrins, feces; qualitative	16
84132	Potassium, serum	4
84133	Potassium, urine	10
84134	Prealbumin	15
84135	Pregnanediol	25
84138	Pregnanetriol	25

CPT Codes	Description	RVU
84140	Pregnenolone	25
84143	17-hydroxypregnenolone	25
84144	Progesterone	15
84145	Procalcitonin (PCT)	150
84146	Prolactin	20
84150	Prostaglandin, each	39
84152	Prostate specific antigen (PSA); complexed	25
84153	Prostate specific antigen (PSA); total	20
84154	Prostate specific antigen (PSA); free	25
84155	Protein; total, except refractometry; serum	2
84156	Protein; total, except refractometry; Urine	10
84157	Protein; total, except refractometry; other source	10
84160	Protein; total, refractometric	4
84163	Pregnancy associated plasma protein-A (PAPP-A)	By Report
84165	Protein; electrophoretic fractionation + quant.	25
84166	Protein; electrophoretic fract + quan., other fluids with concentration	25
84181	Western blot, interpretation and report	60
84182	Western blot + Immunol. Probe for band ident.	75
84202	Protoporphyrin, RBC; quantitative	54
84203	Protoporphyrin, RBC; screen	14
84206	Proinsulin	120
84207	Pyridoxal phosphate (Vitamin B-6)	50
84210	Pyruvate	30
84220	Pyruvate kinase	15

CPT Codes	Description	RVU
84228	Quinine	31
84233	Receptor assay, estrogen	75
84234	Receptor assay, progesterone	75
84235	Receptor assay, endocrine, other	75
84238	Receptor assay, non-endocrine (eg, acetylcholine)	75
84244	Renin	15
84252	Riboflavin (Vitamin B-2)	25
84255	Selenium	40
84260	Serotonin	30
84270	Sex hormone binding globulin (SHBG)	25
84275	Sialic acid	24
84285	Silica	37
84295	Sodium; serum	2
84300	Sodium; urine	10
84302	Sodium, other source	10
84305	Somatomedin	15
84307	Somatostatin	25
84311	Spectrophotometry, analyte nos	25
84315	Specific gravity (except urine)	4
84375	Sugars, chromatographic (TLC/paper)	By Report
84376	Sugars (mono-, di-, oligo) single qual, each spec	8
84377	Sugars, multiple qualitative, each specimen	8
84378	Sugars, single quantitative, each specimen	4
84379	Sugars, multiple quantitative, each specimen	4

CPT Codes	Description	RVU
84392	Sulfate, urine	42
84402	Testosterone, free	15
84403	Testosterone, total	15
84425	Thiamine (Vitamin B-1)	49
84430	Thiocyanate	15
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	25
84432	Thyroglobulin	25
84436	Thyroxine, total	15
84437	Thyroxine, requiring elution (neonatal)	By Report
84439	Thyroxine, free	15
84442	Thyroid binding globulin (TBG)	15
84443	Thyroid stimulating hormone (TSH)	15
84445	Thyroid stimulating immune globulins (TSI)	25
84446	Tocopherol alpha (vitamin E)	30
84449	Transcortiin (cortisol binding globulins)	25
84450	Transferase, aspartate amino (AST)(SGOT)	2
84460	Transferase, alanine amino (ALT)(SGPT)	2
84466	Transferrin	15
84478	Triglycerides	2
84479	Thyroid hormones (T3 or T4) uptake (THBR)	15
84480	Triiodothyronine T3, total (TT-3)	15
84481	Triiodothyronine, free (FT-3)	15
84482	Triiodothyronine, reverse	15
84484	Troponin, quantitative	25

CPT Codes	Description	RVU
84485	Trypsin, duodenal fluid	40
84488	Trypsin, feces qualitative	40
84490	Trypsin, feces, quantitative, 24 hr.	By Report
84510	Tyrosine	16
84512	Troponin, qualitative	8
84520	Urea nitrogen; quantitative	2
84525	Urea nitrogen; semi-quant (reagent strip)	4
84540	Urea nitrogen; urine	10
84545	Urea nitrogen; clearance	12
84550	Uric acid; blood	2
84560	Uric acid; other source	10
84577	Urobilinogen, feces, quantitative	22
84578	Urobilinogen, urine, qualitative	5
84580	Urobilinogen, qualitative, timed specimen	22
84583	Urobilinogen, urine, semiquantitative	By Report
84585	Vanillylmandelic acid (VMA), urine	30
84586	Vasoactive Intestinal Peptide (VIP)	25
84588	Vasopressin (antidiuretic hormone, ADH)	25
84590	Vitamin A	30
84591	Vitamin, not otherwise specified	50
84597	Vitamin K	25
84600	Volatiles (dichlor, alcohol, methanol, etc)	30
84620	Xylose absorption test	30
84630	Zinc	25

CPT Codes	Description	RVU
84681	C-peptide	15
84702	Gonadotropin, chorionic (hCG) quant.	24
84703	Gonadotropin, chorionic (hCG) qualitative	10
84704	Gonadotropin, chorionic (hCG) free beta chain	By Report
84830	Ovulation tests, visual method for LH	By Report
84999	Unlisted chemistry procedure	By Report

Hematology and Coagulation

85002	Bleeding time	15
85004	Blood count, automated differential	4
85007	Blood count, manual differential	10
85008	Blood count, manual exam w/o diff.	5
85009	Blood count, differential WBC, buffy coat	15

CPT Codes	Description	RVU
85013	Blood count, spun microhematocrit	5
85014	Blood count, other than spun hematocrit (Hct)	4
85018	Hemoglobin (Hgb)	4
85025	Hemogram + plt ct. + auto complete diff (CBC)	10
85027	Hemogram and platelet ct. automated	8
85032	Manual cell count, each	10
85041	Blood count, RBC only	4
85044	Reticulocyte count, manual	10
85045	Reticulocyte count, automated	10
85046	Blood count, reticulocytes, hemoglobin conc.	16
85048	Blood ct, automated WBC	4
85049	Platelet, automated	4
85055	Reticulated platelet assay	8
85060	Blood smear, physician interp and report	0
85097	Bone marrow, smear interpretation	0
85130	Chromogenic substrate assay	60
85170	Clot retraction	6
85175	Clot lysis time, whole blood dilution	6
85210	Clotting; factor II, prothrombin, specific	60
85220	Clotting; factor V, labile factor	60
85230	Clotting; factor VII (proconvertin stable factor)	60
85240	Clotting; factor VIII, (AHG), one stage	60
85244	Clotting; factor VIII related antigen	60
85245	Clotting; factor VIII, VW factor, ristocetin cofact	60

CPT Codes	Description	RVU
85246	Clotting; factor VIII, VW factor antigen	60
85247	Von Willebrand's factor, multimetric analysis	120
85250	Clotting; factor IX (PTC or Christmas)	60
85260	Clotting; factor X (Stuart-Prower)	60
85270	Clotting; factor XI (PTA)	60
85280	Clotting; factor XII (Hageman)	60
85290	Clotting; factor XIII (fibrin stabilizing)	60
85291	Clotting factor XIII, screen solubility	25
85292	Clotting prekallikrein assay (Fletcher factor)	50
85293	High MW kininogen (Fitzgerald factor)	50
85300	Clotting inhibitors; antithrombin III, activity	19
85301	Clotting inhibitors; antithrombin III, antigen assay	17
85302	Protein C, antigen	60
85303	Protein C, activity	60
85305	Protein S, total	60
85306	Protein S, free	50
85307	Activated Protein C (APC) resistance assay	60
85335	Factor inhibitor test	60
85337	Thrombomodulin	50
85345	Coagulation time, Lee and White	15
85347	Coagulation time activated	15
85348	Coagulation time, other methods	15
85360	Euglobulin lysis	8
85362	Fibrin degradation products, semiquantitative	15

CPT Codes	Description	RVU
85366	Fibrin degradation products, paracoagulation	15
85370	Fibrin degradation products, quantitative	15
85378	Fibrin degradation prod, D-dimer; qual or semiquant	15
85379	Fibrin degradation prod, D-dimer; quantitative	15
85380	Fibrin degradation prod, D-dimer; ultrasensitive	15
85384	Fibrinogen; activity	9
85385	Fibrinogen; antigen	16
85390	Fibrinolysins screen, interpretation and report	60
85396	Coagulation/fibrinolysis (viscoelastic clot)	60
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified, each analyte	70
85400	Fibrinolytic factors & inhibitors, plasmin	20
85410	Fibrinolytic; alpha 2 antiplasmin	50
85415	Fibrinolytic; plasminogen activator	50
85420	Plasminogen, except antigenic assay	23
85421	Plasminogen, antigen assay	16
85441	Heinz bodies; direct	10
85445	Heinz bodies; induced	10
85460	Hemoglobin fetal, Kleihauer-Betke	23
85461	Hemoglobin, fetal, rosette	15
85475	Hemolysin, acid	8
85520	Heparin assay	23
85525	Heparin neutralization	50
85530	Heparin-protamine tolerance	50
85536	Iron stain, peripheral blood	10
85540	Leukocyte alkaline phospatase with count	20

CPT Codes	Description	RVU
85547	Mechanical fragility, RBC	20
85549	Muramidase	33
85555	Osmotic fragility, RBC; unincubated	21
85557	Osmotic fragility, RBC; incubated	21
85576	Platelet; aggregation (in vitro), each agent	60
85597	Phospholipid neutralization; platelet	50
85598	Phospholipid neutralization; hexagonal phospholipid	50
85610	Prothrombin time	8
85611	Prothrombin time, substitutions, each	24
85612	Russell viper venom time, undiluted	12
85613	Russell viper venom, diluted	15
85635	Reptilase test	20
85651	Sedimentation rate, RBC, non-automat	6
85652	Sedimentation rate, automated	5
85660	RBC sickle cell test	10
85670	Thrombin time, plasma	10
85675	Thrombin time titer	15
85705	Thromboplastin inhibition, tissue	15
85730	Thromboplastin time, partial (PTT)	8
85732	Thromboplastin time, substitutions, fract, each	24
85810	Viscosity	25
85999	Unlisted hematol and coag procedure	By Report

Immunology

86000	Agglutinins; febrile, each antigen	20
86001	Allergen specific lgG, each allergen	By Report

CPT Codes	Description	RVU
86003	Allergen specific lgE, quantitative or semi-quant, each	15
86005	Allergen specific lgE qualitative, multiallergen scr	25
86021	Antibody identification, leukocyte antibodies	40
86022	Antibody identification, platelet antibodies	50
86023	Platelet assoc. Immunoglobulin assay	40
86038	Antinuclear antibodies, (ANA)	15
86039	Antinuclear antibodies, titer	28
86060	Antistreptolysin O titer	25
86063	Antistreptolysin O screen	12
86077	Physician; diff crossmatch and/or eval AB, interp/report	0
86078	Physician; investigation transfusion reaction, interp/report	0
86079	Physician; auth for deviation from standard procedures	0
86140	C-reactive protein	15
86141	C-reactive protein; high sensitivity (hsCRP)	16
86146	Beta 2 Glycoprotein I antibody, each	20
86147	Cardiolipin (phospholipid) antibody, each Ig class	20
86148	Anti-phosphatidylserine antibody	20
86152	Cell enumeration using immunologic selection and identifcation in fluid specimen;	By Report
86153	Cell enumeration using immunologic selection and identifcation in fluid specimen; physician interpretation and report when required	By Report
86155	Chemotaxis assay, specific method	40
86156	Cold agglutinin screen	13
86157	Cold agglutinin titer	26
86160	Complement; antigen each component	25
86161	Complement; funct activ, each component	25
86162	Complement; total hemolytic (CH50)	25
86171	Complement fixation tests, each antigen	15

CPT Codes	Description	RVU
86185	Counterimmunoelectrophoresis, each antigen	20
86200	Cyclic citrullinated peptide (CCP), antibody	25
86215	Deoxyribonuclease, antibody	21
86225	DNA antibody, native or double stranded	31
86226	DNA antibody, single stranded	31
86235	Extractable nuclear antigen, antibody (RNP,JOI)	28
86243	Fc receptor	72
86255	Fluorescent antibody; screen, ea antibody	15
86256	Fluorescent antibody; titer, ea antibody	28
86277	Growth hormone, human (HGH), antibody	30
86280	Hemagglutination inhibition (HAI)	13
86294	Immunoassay, tumor ant, qual/semiquant (bladder tumor)	33
86300	Immunoassay, tumor antigen, quant CA 15-3	33
86301	Immunoassay, tumor antigen, quant CA 19-9	33
86304	Immunoassay, tumor antigen, quant CA 125	33
86305	Human epididymis protein 4	135
86308	Heterophile antibodies, screening	8
86309	Heterophile antibodies, titer	10
86310	Heterophile antibodies, titer after absorption	12
86316	Immunassay, tumor antigen; other, quant, each	33
86317	Immunassay, infect agent antibody, quant, NOS	25
86318	Immunassay, infect agent antibody, qual, single step	15
86320	Immunoelectrophoresis serum	35
86325	Immunoelectrophoresis, other fluid w conc	39
86327	Immunoelectrophoresis (two dimension)	50

CPT Codes	Description	RVU
86329	Immunodiffusion, nos	8
86331	Immunodiffusion gel.qual (Ouchterlony) each	19
86332	Immune complex assay	36
86334	Immunofixation electrophoresis	40
86335	Immunofixation electrophoresis, other fluids	44
86336	Inhibin A	24
86337	Insulin antibodies	37
86340	Instrinsic factor antibody	35
86341	Islet cell antibodies	20
86343	Leukocyte histamine release (LHR)	20
86344	Leukocyte phagocytosis	34
86352	Cellular function assay involving stimulation and detection of biomarker	77
86353	Lymphocyte transformation, induced blastogenesis	77
86355	B cells, total count	50
86356	Mononuclear cell antigen, quantitative, not otherwise specified, each antigen	50
86357	Natural killer cells, total count	50
86359	T cells, total count	50
86360	T cells, absolute CD4, CD8 and ratio	100
86361	T cell, absolute CD4 count	50
86367	Stem cells (CD34), total count	50
86376	Microsomal antibidies (thyroid, liver) each	22
86378	Migration inhibitory factor (MIF)	28
86382	Neutralization test, viral	50
86384	Nitrobllue tetrazolium dye (NTD)	50
86386	Nuclear Matrix Protein 22, qualitative	By Report
86403	Particle agglutination; screen, each antibody	15
86406	Particle aggluination titer, each antibody	30

CPT Codes	Description	RVU
86430	Rheumatoid factor, qualitative	8
86431	Rheumatoid factor, quantitative	10
86480	Tuberculosis test, cell mediated-gamma interferon antigen	35
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing t-cells in cell suspension	40
86485	Skin test; candida	By Report
86486	Skin test; unlisted antigen, each	By Report
86490	Skin test; coccidioidomycosis	By Report
86510	Skin test; histoplasmosis	By Report
86580	Skin test; tuberculosis, intradermal	By Report
86590	Streptokinase antibody	17
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)	8
86593	Syphilis test; quantitative	10
86602	Actinomyces antibody	33
86603	Adenovirus, antibody	33
86606	Aspergillus antibody	33
86609	Bacterium, not specified, antibody	33
86611	Bartonella, antibody	33
86612	Blastomyces, antibody	33
86615	Bordetella antibody	33
86617	Borrelia burgdorferi (Lyme) confirmatory (WB)	60
86618	Borrelia burgdorferi (Lyme) antibody	25
86619	Borrelia (relapsing fever) antibody	33
86622	Brucella, antibody	33
86625	Campylobacter; antibody	33

CPT Codes	Description	RVU
86628	Candida antibody	33
86631	Chlamydia, antibody	20
86632	Chlamydia, IgM antibody	20
86635	Coccidioides, antibody	33
86638	Coxiella Burnetii (Q fever) antibody	33
86641	Cryptococcus antibody	47
86644	CMV antibody	15
86645	CMV antibody, IgM	25
86648	Diphtheria antibody	33
86651	Encephalitis, California, antibody	47
86652	Encephalitis, Eastern equine, antibody	47
86653	Encephalitis, St. Louis, antibody	47
86654	Encephalitis, Western equine, antibody	47
86658	Enterovirus (cox, echo, polio) antibody	40
86663	Epstein-Barr (EB) virus; EA antibody	33
86664	Epstein-Barr (EB) virus; EBNA antibody	33
86665	Epstein-Barr (EB) VCA antibody	47
86666	Ehrlichia, antibody	33
86668	Francisella tularensis antibody	47
86671	Fungus, not specified, antibody	By Report
86674	Giardia lamblia antibody	25
86677	Helicobacter pylori antibody	25
86682	Helminth, not elsewhere spec. antibody	33
86684	Haemophilus influenza, antibody	47

CPT Codes	Description	RVU
86687	HTLV I, antibody	33
86688	HTLV II, antibody	33
86689	HTLV or HIV antibody confirmatory (WB), antibody	75
86692	Hepatitis, delta agent, antibody	33
86694	Herpes simplex, nonspec type, antibody	25
86695	Herpes simplex, type I, antibody	25
86696	Herpes simplex, type 2, antibody	25
86698	Histoplasma, antibody	20
86701	HIV-1, antibody	25
86702	HIV-2, antibody	33
86703	HIV-1/HIV-2, single assay, antibody	25
86704	Hep B core antibody (HBcAb); total	20
86705	Hep B core antibody; IgM	20
86706	Hepatitis B surface antibody (HbsAB)	20
86707	Hepatitis Be antibody (HbeAB)	20
86708	Hepatitis A antibody (HAAb); total	20
86709	Hepatitis A antibody; IgM	20
86710	Influenza virus antibody	30
86711	Antibody; JC Virus	20
86713	Legionella antibody	20
86717	Leishmania antibody	20
86720	Leptospira antibody	20
86723	Listeria monocytogenes antibody	20
86727	Lymphocytic choriomeningitis antibody	20
86729	Lymphogranuloma Venereum antibody	20

CPT Codes	Description	RVU
86732	Mucormycosis antibody	20
86735	Mumps antibody	20
86738	Mycoplasma antibody	20
86741	Nisseria meningitidis antibody	20
86744	Nocardia; antibody	20
86747	Parvovirus antibody	30
86750	Plasmodiium (malaria); antibody	25
86753	Protozoa, not elsewhere specified; antibody	By Report
86756	Respiratory syncytial virus; antibody	25
86757	Rickettsia antibody	20
86759	Rotavirus; antibody	25
86762	Rubella antibody	15
86765	Rubeola; antibody	20
86768	Salmonella antibody	60
86771	Shigella antibody	20
86774	Tetanus; antibody	25
86777	Toxoplasma; antibody	25
86778	Toxoplasma, IgM; antibody	25
86780	Antibody; Treponema pallidum	17
86784	Trichinella; antibody	20
86787	Varicella-zoster antibody	20
86788	Antibody; West Nile Virus IgM	20
86789	Antibody; West Nile Virus	20
86790	Virus, not specified; antibody	By Report
86793	Yersinia; antibody	20
86800	Thyroglobulin antibody	25

CPT Codes	Description	RVU
86803	Hepatitis C antibody	25
86804	Hepatitis C antibody; confirmatory test	100
86805	Lymphocytotoxicity assay, w titration	75
86806	Lymphocytotoxicity assay, without titration	50
86807	Cytotoxic percent reactive antibody (PRA), std method	100
86808	Cytotoxic precent reactive antibody (PRA), quick method	47
86812	HLA typing, A, B, or C, single antigen	45
86813	HLA typinig, A, B, or C, multiple antigens	125
86816	HLA typing DR/DQ, single antien	115
86817	HLA typing DR/DQ, multiple antigens	230
86821	Lymphocyte culture, mixed (MLC)	150
86822	Lymphocyte culture, primed (PLC)	150
86825	Human leukocyte antigen crossmatch, non-cytotoxic; first serum sample or dilution	442
86826	Human leukocyte antigen crossmatch, non-cytotoxic; each additional serum sample or dilution	By Report
86828	Antibody to human leukocyte antigens, solid phase assays; qualitative assessment of presence or absence of antibody to HLA Class I and Class II HLA antigens	By Report
86829	Antibody to human leukocyte antigens, solid phase assays; quantitative assessment of presence or absence of antibody to HLA Class I and Class II HLA antigens	By Report
86830	Antibody to human leukocyte antigens, solid phase assays; antibody identification by qualitative panel using complete HLA phenotypes HLA Class I	140

CPT Codes	Description	RVU
86831	Antibody to human leukocyte antigens, solid phase assays; antibody identification by qualitative panel using complete HLA phenotypes HLA Class II	140
86832	Antibody to human leukocyte antigens, solid phase assays; high definition qualitative panel for identification of antibody specificities, HLA Class I	140
86833	Antibody to human leukocyte antigens, solid phase assays; high definition qualitative panel for identification of antibody specificities, HLA Class II	140
86834	Antibody to human leukocyte antigens, solid phase assays; semi-quantitative panel, HLA class I	By Report
86835	Antibody to human leukocyte antigens, solid phase assays; semi-quantitative panel, HLA class II	By Report
86849	Unlisted immunology procedure	By Report

Transfusion Medicine

86850	Antibody screen, RBC ea technique	12
86860	Antibody elution, RBC, each elution	20
86870	Antibody ident, RBC antibodies, ea panel	30
86880	Coombs test, direct, ea antiserum	8
86885	Coombs test, indirect, qualitative, ea antiserum	12
86886	Coombs test, indirect titer, ea antiserum	32
86890	Autologous bld, collect, proc, store; predeposited	170
86891	Autologous intra or post operative salvage	525
86900	Blood typing, ABO	4
86901	Blood typing, Rh(D)	4
86902	Blood typing; antigen testing of donor blood using reagent serum,each antigen test	15
86904	Blood typing, antigen screen, using patient serum, per unit	12
86905	Blood typing, RBC antigens, other than ABO, Rh, each	15
86906	Blood typing, Rh phenotyping, complete	30
86910	Blood typing, paternity, per individual	64
86911	Blood typing, paternity, each additional antigen system	30
86920	Compatibility test each unit, immediate spin	8
86921	Compatibility test, incubation technique	1
86922	Compatibility, antiglobulin technique	10
86923	Compatibility test, electronic	6
86927	Fresh frozen plasma, thaw, each unit	4
86930	Fresh blood, prepare/freeze, each unit	80
86931	Frozen blood, thaw, each unit	120
86932	Frozen blood, prepare/freeze/thaw, each unit	240
86940	Hemolysins/agglutinins; auto screen, each	13
86941	Hemolysins/agglutinins, incubated	18
86945	Irradiation of blood prod, each unit	80
86950	Leukocyte transfusion	600

CPT Codes	Description	RVU
86960	Volume reduction of blood/product, each unit	20
86965	Pooling of platelets or blood products	20
86970	Pretreatment of RBC's incubate with chem, each	31
86971	Pretreatment of RBC's incubate with enzymes, each	31
86972	Pretreatment by density gradient	31
86975	Pretreatment of serurm, inc with drugs, each	31
86976	Pretreatment of serum by dilution	31
86977	Pretreatment of serum, incub with inhititors, each	31
86978	Pretreatment of serum, by diff RBC absorption, each	100
86985	Splitting of blood or blood prod each unit	20
86999	Unlisted transfusion medicine procedure	By Report

Microbiology

CPT Codes	Description	RVU
87001	Small animal inoculation, w/observation	100
87003	Small animal inoculation and dissection, w/ observation	150
87015	Specimen concentration (any type), for infectious agents	20
87040	Blood culture-bact, isol, presumpt. ident, aero w/wo anaero	40
87045	Stool culture-Salmonella and Shigella, pres. Ident., aero	30
87046	Stool culture for additional pathogens, ea plate, aero	10
87070	Culture, bacteria, source exc. Blood, urine, stool, aero	40
87071	Culture, aerobic, quant, exc blood, urine, stool	40
87073	Culture, anaerobic, quant, exc blood urine, stool	40
87075	Culture, anaerobic, quant, any source	40
87076	Definitive identification, anaerobic	10
87077	Definitive identification, aerobic	10
87081	Culture, bacterial screen	20
87084	Culture w colony estimate, density chart	20
87086	Urine culture, colony count	20
87088	Urine culture, isol, presump.identification	10
87101	Fungus culture, presump. identification skin/hair/nail, isol	25
87102	Fungus culture, presump. Ident, other source exc blood	25
87103	Fungus culture, presump. Identification, blood	30

CPT Codes	Description	RVU
87106	Fungi, definitive identification, each yeast	10
87107	Fungi, definitive identification, each mold	10
87109	Culture, Mycoplasma, any source	31
87110	Culture, Chlamydia, any source	31
87116	Culture, Tubercule or other; isolation, ultipl.ident	60
87118	Mycobacteria, definitive ident, each isolate	76
87140	Culture typing, fluorescent method, each antiserum	20
87143	Culture typing, GLC or HPLC method	40
87147	Culture typing, immunologic, per antiserum	20
87149	Culture typing, ident by nucleic acid probe	25
87150	Culture typing; identification by nucleic acid (DNA or RNA) probe, amp probe tech, per culture or isolate, ea org probed	25
87152	Culture ident by pulse field gel typing	68
87153	Culture typing; identification by nucleic acid sequencing method, each isolate	By Report
87158	Culture typing, other methods	10
87164	Dark field exam any source, includes collection	25
87166	Dark field exam any source, w/o collection	25
87168	Macroscopic exam, arthropod	20
87169	Macroscopic exam, parasite	20
87172	Pinworm exam, cellophane tape prep	6
87176	Homogenization, tissue, for culture	150
87177	Ova and parasite, dir.smear, conc.and ident	40
87181	Susceptibility, agar dil. Each agent (grad.strip)	10
87184	Susceptibility, up to 12 disks, per plate	10
87185	Susceptibility, enzyme detection, per enzyme	5
87186	Susceptibility, MIC or breakpoint, multi, per plate	10
87187	Susceptibility, MLC, per plate (add to primary MIC)	10

CPT Codes	Description	RVU
87188	Susceptibility, macrobroth dilution, each agent	10
87190	Susceptibility (mycobacteria), proportion, each agent	15
87197	Serum bactericidal titer (Schlicter)	45
87205	Smear, primary source, bact, fung, cells	20
87206	Smear, fluor or acid fast, bact, fung, cells, etc.	20
87207	Smear, stain for inclusion bodies or parasites.	15
87209	Smear, complex special stain for ova & parasites	10
87210	Smear, wetmount, infect. Agents (eg: KOH, India Ink)	8
87220	Tissue exam (KOH) for fungi, ectoparasites, mites	15
87230	Toxin or antitoxin assay, tissue cult. (eg: C, diff toxin)	30
87250	Virus isol, egg/animal inoculation, observ+dissection	100
87252	Virus tissue culture, inoculation, observ, CPE ident	100
87253	Virus tissue cult, addit. Studies or ID, each isolate	25
87254	Virus isolation, shell vial, incl ident, IF stain, each virus	30
87255	Virus isol, incl ID by non-immuno method non-cyto effect	60
87260	Adenovirus antigen, immunofluorescent technique	25
87265	Bordetella pertussis/parapertussis antigen, IFA	25
87267	Enterovirus, direct fluroscent antibody (DFA)	25
87269	Giardia, antigen, primary source, IFA	25
87270	Chlamydia trachomatis antigen, IFA	25
87271	Cytomegalovirus dir. Fluorescent antibody (DFA)	25
87272	Cryptosporidium antigen, IFA	25
87273	Herpes simplex virus type 2, primary source, IFA	25
87274	Herpes simplex virus type 1, primary source, IFA	25

CPT Codes	Description	RVU
87275	Influenza B virus antigen, primary source, IFA	25
87276	Influenza A virus antigen, primary source, IFA	25
87277	Legionella micdadei antigen, primary source, IFA	25
87278	Legionella pneumophila antigen, IFA	25
87279	Parainfluenza virus, each type, antigen, IFA	25
87280	Respiratory syncytial virus antigen, IFA	25
87281	Peumocystis carinii antigen, IFA	25
87283	Rubeola antigens IFA	25
87285	Treponema pallidum antigen, IFA	25
87290	Varicella zoster virus antigen, IFA	25
87299	Infectious agent antigen, nos, IFA	25
87300	Infectious agent AG, IFA, each polyvalent antisera	25
87301	Adenovirus 40/41 antigen, EIA, multi step	25
87305	Infectious agent antigen detection by enzyme immunoassay technique, qual or semiquant mult step meth; Aspergillus	25
87320	Chlamydia trachomatis antigen, EIA	25
87324	Clostridium difficile toxin(s) antigen, EIA	25
87327	Cryptococcus neoformans antigen, EIA	25
87328	Crytosporidum antigen, EIA	25
87329	Giardia antigen, EIA	25
87332	Cytomegalovirus antigen, EIA	25
87335	E. coli 0157 antigen, EIA	25
87336	Entamoeba histolytica dispar group, EIA	40
87337	Entoamoeba histolytica group, EIA	40
87338	Helicobacter pylori, stool	30
87339	Helicobacter pylori, EIA	25

CPT Codes	Description	RVU
87340	Hepatitis B surface antigen (HbsAg), EIA	25
87341	Hepatitis B surface antigen (HbsAG) neutralization	25
87350	Hepatitis Be antigen (HbsAg), EIA	20
87380	Hepatitis, Delta agent antigen EIA	25
87385	Histoplasma capsullatum antigen, EIA	40
87389	Infectious agent antien detection by enzyme immunoassay technique, qual or semiquant mult step meth; HIV-1 antigen w/HIV-1 & HIV-2 antibodies, single result	25
87390	HIV-1 ag, EIA	40
87391	HIV-2 ag, EIA	40
87400	Influenza, A or B, each	40
87420	Respiratory syncytial virus ag, EIA	25
87425	Rotavirus ag, EIA	25
87427	Shiga-like toxin ag, EIA	25
87430	Streptococcus Group A antigen, EIA	25
87449	Infectious agent ag nos, multiple step, each organism	By Report
87450	Infectious agent ag nos, single step, each organism	By Report
87451	Infectious agent ag, multi step, each antiserum	25
87470	Bartonella, DNA, dir probe	120
87471	Bartonella DNA, amp probe	120
87472	Bartonella DNA, quantification	160
87475	Borrelia burgdorferi, dna, dir probe	120
87476	Borrelia burgdorferi, DNA, amp probe	120
87477	Borrelia burgdorferi, DNA, quantification	160
87480	Candida, DNA dir probe	120
87481	Candida, DNA, amp, probe	120
87482	Candida, DNA, quant	160

CPT Codes	Description	RVU
87485	Chlamydia pneumoniae, DNA, dir probe	120
87486	Chlamydia pneumoiuae, DNA, amp probe	120
87487	Chlamydia pneumoniae, DNA, quant	160
87490	Chlamydia trachomatis, DNA, dir probe	45
87491	Chlamydia trachomatis, DNA, amp probe	45
87492	Chlamydia trachomatis, DNA, quant	160
87493	Infectious agent detection by nucleic acid; Clostridium difficile, toxin genes, amp probe tech	120
87495	Cytomegalovirus, direct probe	120
87496	Cytomegalovirus, amp probe	120
87497	Cytomegalovirus, quantification	160
87948	Infectious agent detection by nucleic acid; enterovirus, reverse transcription and amp probe tech	120
87500	Vancomycin resistance, amp probe tech	120
87501	influenza virus, reverse trans and amp probe tech, ea type	160
87502	influenza virus for mult types, multiplex reverse trans and amp probe tech, first 2 types or sub-types	160
87503	influenza virus for mult types, ultiplex reverse trans and amp probe tech, ea addl influenza virus type beyond 2	By Report
87510	Gardnerella vaginalis, DNA, dir probe	120
87511	Gardnerella vaginalis, DNA, amp probe	120
87512	Gardnerella vaginalis, DNA, quantification	160
87515	Hepatitis B virus, DNA, dir probe	120
87516	Hepatitis B virus, DNA, amp probe	120
87517	Hepatitis B virus, DNA, quantification	160
87520	Hepatitis C, DNA, direct probe	140
87521	Hepatitis C, DNA, amp probe	140
87522	Hepatitis C, DNA, quantification	160
87525	Hepatitis G, DNA, direct probe	120
87526	Hepatitis G, DNA, amp probe	120
87527	Hepatitis G, DNA, quantification	160
87528	Herpes simplex virus, DNA, direct probe	120
87529	Herpes simplex virus, DNA, amp probe	120
87530	Herpes simplex virus, DNA, quantification	160

CPT Codes	Description	RVU
87531	Herpes virus-6, DNA, direct probe	120
87532	Herpes virus-6, DNA, amp probe	120
87533	Herpes virus-6, DNA, quantification	160
87534	HIV-1, DNA, direct probe	120
87535	HIV-1, DNA, amp probe	120
87536	HIV-1, DNA, quantification	160
87537	HIV-2, DNA, direct probe	120
87538	HIV-2, DNA, amp probe	120
87539	HIV-2, DNA, quantification	160
87540	Legion pneumo, DNA, direct probe	120
87541	Legion pneumo, DNA, amp probe	120
87542	Legion pneumo, DNA quantification	160
87550	Mycobacteria, DNA, direct probe	120
87551	Mycobacteria, DNA, amp probe	120
87552	Mycobacteria, DNA quantification	160
87555	M. tuberculosis, DNA direct probe	120
87556	M. tuberculosis, DNA, amp probe	120
87557	M. tuberculosis, DNA quantification	160
87560	M. avium-intracellulare, DNA, direct probe	120
87561	M. avium-intracellulare, DNA amp probe	120
87562	M. avium-intracellulare, DNA quantification	160
87580	Mycoplasma pneumoniae, DNA, direct probe	120
87581	Mycoplasma pneumoniae, DNA, amp probe	120
87582	Mycoplasma pneumoniae, DNA quantification	160

CPT Codes	Description	RVU
87590	N. gonorrhoeae, DNA direct probe	45
87591	N. gonorrhoeae, DNA, amp direct probe	45
87592	N. gonorrhoeae, DNA quantification	160
87620	Human papillomavirus, DNA, direct probe	120
87621	Human papillomavirus, DNA, amp probe	120
87622	Human papillomavirus, DNA quantification	160
87631	Respiratory virus, multiplex reverse transcription and amp probe tech, mult types or subtypes, 3-5 targets	60
87632	Respiratory virus, multiplex reverse transcription and amp probe tech, mult types or subtypes, 6-11 targets	120
87633	Respiratory virus, multiplex reverse transcription and amp probe tech, mult types or subtypes, 12-25 targets	180
87640	Staphylococcus aureus, amplified probe tech	120
87641	Staphylococcus aureus, methicillin resistant, amp probl tech	120
87650	Streptococcus Group A DNA, direct probe	120
87651	Streptococcus Group A DNA, amp probe	120
87652	Streptococcus Group A DNA, quantification	160
87653	Streptococcus, group B, amp probe tech	120
87660	Trichomonas vaginalis, DNA, direct probe	45
87661	Infectious agent detection by nucleic acid (DNA or RNA); trichomonas vaginalis, amplified probe technique	45
87797	Infectious agent, nucleic acid, nos, direct probe, eaorg.	120
87798	Infectious agent, nucleic acid, amp probe, nos, each org.	120
87799	Infectious agent nucleic acid, nos, quant	160
87800	Infectious agent, DNA, multiple orgs, direct probe	120
87801	Infectious agent, DNA, multiple orgs, amplified probe	120
87802	Immunoassay, direct optical, Strep Gr B	25
87803	Immunoassay, direct optical, C. Difficile toxin A	25
87804	Immunoassay, direct optical, Influenza	25
87807	Immunoassay, respiratory syncytial virus	25
87808	Infectious agent antigen detection by immunoassay w/direct optical obv; Trichomonas vaginalis	25
87809	Infectious agent antigen detection by immunoassay w/direct optical obv; adenovirus	25
87810	Immunoassay, direct optical Chalamydia trachomatis	25

CPT Codes	Description	RVU
87850	Immunoassay, direct optical, N-gonorrhoeae	25
87880	Immunoassay, direct optical, Strep Crr. A	25
87899	Immunoassay, direct optical, nos	25
87900	Infectious agent drug susceptibility phenotype prediction	By Report
87901	Genotype by nucleic acid, HIV, RT and Protease	340
87902	Genotype by nucleic acid, Hepatitis C	340
87903	Phenotype, HIV, DNA, drug resistance, up to 10 drugs	340
87904	Phenotype, HIV, DNA, each additional drug, 1–5 (add on)	340
87905	Infectious agent enzymatic activity other than virus	By Report
87906	Infectious agent genotype analysis by nucleic acid; HIV-1 other region	By Report
87910	Infectious agent genotype analysis by nucleic acid; cytomegalovirus	By Report
87912	Infectious agent genotype analysis by nucleic acid; Hepatitis B virus	By Reoprt
87999	Unlisted microbiology procedure	By report

Anatomic Pathology

88000	Necropsy, gross exam only, without CNS	0*unbillable Code
88005	Necropsy, gross exam only, with brain	0*unbillable Code
88007	Necropsy, gross exam only, with brain and spinal cord	0*unbillable Code
88012	Necropsy, gross exam only, infant with brain	0*unbillable Code
88014	Necropsy, gross exam only, stillborn or newborn with brain	0*unbillable Code
88016	Necropsy, gross exam only, macerated stillborn	0*unbillable Code
88020	Necropsy gross and microscopic; without CNS	0*unbillable Code
88025	Necropsy gross and microscopic; with brain	0*unbillable Code
88027	Necropsy gross and microscopic; with brain and spinal cord	0*unbillable Code
88028	Necropsy gross and microscopic; infant with brain	0*unbillable Code
88029	Necropsy gross and microscopic; stillborn or newborn with brain	0*unbillable Code
88036	Necropsy, limited, gross and/or microscopic; regional	0*unbillable Code
88037	Necropsy, limited, gross and/or microscopic; single organ	0*unbillable Code
88040	Necropsy; forensic exam	0*unbillable Code
88045	Necropsy, coroners call	0*unbillable Code
88099	Unlisted necropsy procedure	0*unbillable Code

Cytopathology

88104	Cytopath, Fluid/Wash/Brush, Sm + interp	30
88106	Cytopath, filter meth only, interpretation	70
88108	Cytopath, smear + conc, interpret	70
88112	Cytopath, selective cellular enhancement	100
88120	Cytopath, in situ hybridization, urinary tract specimen w/morophometric analysis, 3-5 molecture probes each specimen; manual	By Report
88121	Cytopath, in situ hybridization, urinary tract specimen w/morophometric analysis, 3-5 molecture probes each specimen; using computer assisted tech	By Report
88125	Cytopath, forensic (eg, sperm)	20
88130	Sex chromatin ident. (Barr bodies)	20
88140	Sex chromatin ident, peripheral blood	20
88141	Cytopath, cerv/vag interp by physician	20
88142	Cytopath, cerv/vag thin layer, cytotech	40
88143	Cytopath, man scr and re-screen, phys suprv	50
88147	Cytopath, cerv/vag, auto screen, phys suprv	20
88148	Cytopath, auto screen w manual re-screen	50
88150	Cytopath, slides, cerv/vag, man scr, phys suprv	20
88152	Cytopath cerv/vag, man scr, comput re-screen	40
88153	Cytopath, slides, man scr, rescr, phys suprv	30

CPT Codes	Description	RVU
88154	Cytopath, slides, man scr, comp rescr, review, phys sup	50
88155	Cytopath cerv/vag, hormonal evaluation (add on)	22
88160	Cyto smears, other, screen & interp	30
88161	Cyto, prep, screening & interpretation	70
88162	Cyto, Extended study > 5 slides, mult. Stains	75
88164	Cytopath, slides, cerv/vag, TBS, man scr, phys sup	20
88165	Cyto, slides, cervvag, TBS, man scr, rescr phys sup	30
88166	Cyto, slides, TBS, man scr, comp rescr, phys suprv	40
88167	Cyto, slides, TBS, man scr, comp rescr, cell select	55
88172	FNA, immediate adequacy of specimen	60
88173	FNA, interpretation and report	90
88174	Cyto, auto thin prep & scr, phys sup	By Report
88175	Cyto, auto thin prep & scr, man rescr	By Report
88177	immediate cytohisto study to determine adequacy for diagnosis, each add'l eval episode, same site	30
88182	Flow cytometry, cell cycle or DNA analysis	150
88184	Flow cytometry, cell surface, TC only	50
88185	Flow cytometry, cell surface, TC only, ea addl marker	50
88187	Flow cytometry, interpretation, 2–8 markers	0
88188	Flow cytometry, interpretation, 9–15 markers	0
88189	Flow cytometry, interpretation, 16 or more markers	0
88199	Unlisted cytopathology procedure	By Report

Cytogenetic Studies

88230	Tissue culture, lymphocyte	100
88233	Tissue culture, skin or solid tissue biopsy	200
88235	Tissue culture, amniotic fluid or chorionic villus	150
88237	Tissue culture, bone marrow, blood cells	150

CPT Codes	Description	RVU
88239	Tissue culture, solid tumor	250
88240	Cryopreservation, freeze, store, each cell line	50
88241	Thawing, expansion, frozen cells, each aliquot	100
88245	Chromosome anal, breakage, (SCE) 20–25 cells	320
88248	Chromosome anal, breakage, 50–100 cells, 2kary	400
88249	Chromosome anal, 100 cells, clastogen stress	465
88261	Chromosome anal, 5 cells, 1 kary, banding	125
88262	Chromosome count: 15–20 cells, 2 kary, banding	320
88263	Chromosome analysis: 45 cells, 2 kary, banding	400
88264	Chromosome analysis, 20–25 cells	400
88267	Chromosome anal, amn fl/chorion villus, 15 cells, 1 kary	300
88269	Chromosome anal, in situ for amn fluid, 6–12 colonies	300
88271	Cytogenetics, Molecular, DNA probe, each (FISH)	50
88272	Cytogenetics, Molecular, chrom in situ hyb, 3–5 cells	150
88273	Cytogenetics, Molecular; chrom in situ hyb, 10–30 cells	175
88274	Cytogenetics, Molec, interphase in situ hyb, 25–99 cells	200
88275	Cytogenetics, Molec, interphase in situ hyb, 100–300 cells	230
88280	Chromosome analysis, add karyotypes, each study	20
88283	Chromosome anal, additional banding technique	75
88285	Chromosome anal, additional cells counted, each study	20
88289	Chromosome anal, additional high resolution study	100
88291	Cytogenetics and Mol. cytogenetics, interp and report	By Report
88299	Unlisted Cytogenetic Study	By Report

Surgical Pathology

CPT Codes	Description	RVU
88300	Surg path, level I gross exam only	20
88302	Surg path, level II gross & microscopic	25
88304	Surg path level III gross & microscopic	40
88305	Surg path level IV gross & microscopic	60
88307	Surg path, level V gross & microscopic	100
88309	Surg path, level VI gross & microscop	125
88311	Decalcification procedure (add on)	5
88312	Special stains, Grp I (eg, Gridley, AFB, Methenamine) ea	15
88313	Special stains, Group II (eg, iron, trichrome), ea	10
88314	Histochemical staining w frozen section(s)	30
88319	Determinative histochem. ID enzyme constituents	50
88321	Consultation report, referred slides	non-regulated
88323	Consultation report, referred material w slide preparation	non-regulated
88325	Consultation, comprehensive, referred materials	non-regulated
88329	Pathology consultation, during surgery	20
88331	Path consult with frozen section(s), single specimen	30
88332	Path consult, each additional block frozen sections	5
88333	Path consult, cyto exam, initial site	50
88334	Path consult, cyto exam, ea addl site	30
88342	Immunohistochemistry, each antibody	60
88343	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear, each additional separately idenfiable antibody per slide (list separately in addition to code for primary procedure)	60
88346	Immunofluorscent, direct method, ea antibody	60
88347	Immunofluorescent study, indirect method, ea antibody	80
88348	Electron microscopy, diagnostic	400

CPT Codes	Description	RVU
88349	Electron microscopy, scanning	400
88355	Morphometric analysis, skeletal muscle	By Report
88356	Morphometric analysis, nerve	By Report
88358	Morphometric analysis, tumor	By Report
88360	Tumor IHC quant or semi quant., ea antibody, manual	75
88361	Tumor IHC; quant or semi-quant, computer assist	90
88362	Nerve teasing preparations	By Report
88363	Exam and selection of retrieved archival tissue for mol analysis	By Report
88365	Tissue in situ hybridization, interpretation & report	By Report
88367	Morphometric analysis, in situ hybridization each probe; using computer-assisted tech	By Report
88368	Morphometric analysis, in situ hybridization each probe; manual	By Report
88371	Protein analysis of tissue by WB, interpret. & report	60
88372	Protein analysis, WB, Immun probe for band ident, each	75
88375	Optical endomicroscopic image, interp & report, each endo session	By Report
88380	Microdissection (mechanical, laser capture)	By Report
88381	Microdissection; manual	By Report
88387	Macroscopic exam, dissection and prep of tissue for non-micro analytical studies; each tissue prep	By Report
88388	Macroscopic exam, dissection and prep of tissue for non-micro analytical studies; in conjunction w/touch imprint, intraop consult, or frozen section, each tissue prep	By Report
88399	Unlisted surgical pathology procedure	By Report

Transcutaneous Procedures

CPT Codes	Description	RVU
88720	Bilirubin, total, transcutaneous	By Report
88738	Hemoglobin (Hcg), quantitative, transcutaneous	By Report
88740	Hemoglobin (Hcg), quantitative, transcutaneous, per day; carboxyhemoglobin	By Report
88741	Hemoglobin (Hcg), quantitative, transcutaneous, per day; methemoglobin	By Report
88749	Unlisted in vivo	By Report

Other Procedures

89049	Caffeine Halothane test for malignant hyperthermia...	By Report
89050	Cell count, body Fluids, except blood	20
89051	Cell count, body fluids, exc bld with differential count	25
89055	Leukocyte assessment, fecal, qual or semiquant	5
89060	Crystal identification by microscopy (except urine)	15
89125	Fat stain, feces, urine, or respiratory secretions	15
89160	Meat fibers, feces	8
89190	Nasal smear for eosinophils	8
89220	Sputum, obtain, aerosol induced technique	By Report
89230	Sweat collection by iontophoresis	30
89240	Unlisted misc. pathology test	By Report

Reproductive Medicine Procedures

CPT Codes	Description	RVU
89250	Culture of oocyte(s)/embryo(s), <4 days	By Report
89251	Culture of oocyte(s)/embryo(s) with co-culture of oocytes	By Report
89253	Assisted embryo hatching, microtechniques	By Report
89254	Oocyte identification from follicular fluid	By Report
89255	Preparation of embryo for transfer	By Report
89257	Sperm identification from aspiration	By Report
89258	Cryopreservation; embryo(s)	By Report
89259	Cryopreservation; Sperm	By Report
89260	Sperm isolation; simple prep for insemination	By Report
89261	Sperm isolation; complex prep	By Report
89264	Sperm identification from testis tissue	By Report
89268	Insemination of oocytes	By Report
89272	Extended culture of oocytes/embryos 4–7 days	By Report
89280	Assisted oocyte fertilization, </= 10 oocytes	By Report
89281	Assisted oocyte fertilization, greater than 10 oocytes	By Report
89290	Biopsy, oocyte, microtechnique, </= 5 embr.	By Report
89291	Biopsy, oocyte, microtechnique, > 5 embr.	By Report
89300	Semen analysis, presence + motility, incl Huhner	8
89310	Semen analysis, motility and count, not incl Huhner	14
89320	Semen anal, complete (vol. count, motility + differential)	29
89321	Semen anal, presence and/or motility of sperm	By Report
	[see also G0027]	
89322	Semen analysis; volume count, motility and differential using strict morphologic criteria	0
89325	Sperm antibody test	17
89329	Sperm evaluation, hamster penetration	50
89330	Sperm/cervical mucous penetration test	23
89331	Sperm evaluation, for retrograde ejaculation, urine	By Report
89335	Cryopreservation, reprod. Tissue, testicular	By Report
89342	Storage, (per year): embryo(s)	By Report
89343	Storage, (per year): sperm/semen	By Report

CPT Codes	Description	RVU
89344	Storage, reproductive tissue, testic/ovarian	By Report
89346	Storage, oocyte	By Report
89352	Thawing of cryopreserved; embryo(s)	By Report
89353	Thawing of cryopreserved; semen/sperm	By Report
89354	Thawing of cryopreserved; reprod tissue	By Report
89356	Thawing of cryopreserved; oocytes, ea aliquot	By Report
89358	Unlisted reproductive medicine lab proc	By Report

Therapeutic Phlebotomy

99195	Therapeutic Phlobotomy	50

New Technology

0023T	HIV Virtual Phenotype	By Report

HCPCS - Level II

CPT Codes	Description	RVU
G0027	Semen analysis; presence and/or motility [see 89321]	By Report
G0107	CA screen; fecal blood test [see 82270]	5
G0123	Screen cytopath, auto thin prep, phys superv [see 88142]	By Report
G0124	Screen cytopath, auto thin prep, phys interp [see 88141]	By Report
P2038	Mucoprotein, blood	By Report
P3000	Screening Pap, by technician	Based on method
P3001	Screening Pap, interp by physician [See 88141]	By Report
Q0111	Wet mounts, incl vaginal, cervical, and skin prep	10
Q0112	All potassium hydroxide preps	15
Q0113	Pinworm exam	6
Q0114	Fern test	10
Q0115	Post-coital direct, qual exam, vag or cerv mucous	14

Addendum I

Blood Products	RVU value
Whole Blood	135
Red Blood Cells	90
Fresh Frozen Plasma	40
Platelet, Concentrated	55
Platelet, Pheresed	460

Manipulations	RVU value
Washing*	70
Freezing (80 and deglycerolization (90)	170
Aliquot and splitting (RBCs)	20
Irradiation	80
Leukoreduction RBC	55
Leukoreduction platelet, pheresed	40
Leukoreduction platelet, concentrate, per unit	5
CMV tested	20
Plasma cyroprecipitate reduced	10
Irradiation per platelet concentrate	10
HLA-matching, A, B, C, multiple	125
Autologous/Directed	125

*Freezing and deglycerolization includes washing.

HCPCS Code	Description	RVU value
P9010	Whole Blood for transfusion, per unit (non autologous)	135
P9010	Whole Blood for transfusion, per unit (autologous)	260
P9011	Blood (split unit), specify amount (for Pediatrics)	110
P9012	Cryoprecipitate, ea unit	35
P9016	RBC leukoreduced, ea unit (non autologous)	145
P9016	RBC leukoreduced, ea unit (autologous)	270
P9017	Fresh frozen plasma (sgl donor), frozen 8 hrs of collect, ea (non autologous)	40
P9017	Fresh frozen plasma (sgl donor), frozen 8 hrs of collect, ea (autologous)	165
P9019	Platelets, ea unit	55
P9020	Platelet rich plasma, ea unit	By Report
P9021	RBC, ea unit (non autologous)	90
P9021	RBC, ea unit (autologous)	215
P9022	RBC, washed, ea unit (non autologous)	160
P9022	RBC, washed, ea unit (autologous)	285

P9023	Plasma, multi-donor, solvent/detergent treated, froz, ea	120
P9031	Platelets, leukoreduced, ea unit	60
P9032	Platelets, irradiated, ea unit	65
P9033	Platelets, leukoreduced, irradiated, ea unit	70
P9034	Platelets, pheresis, ea unit	460
P9035	Platelets, pheresis, leukoreduced, ea unit	500
P9036	Platelets, pheresis, irradiated, ea unit	540
P9037	Platelets, pheresis, leukoreduced, irradiated, ea unit	580
P9038	RBC, irradiated, ea unit (non autologous)	170
P9038	RBC, irradiated, ea unit (autologous)	295
P9039	RBC, deglycerolized, ea unit (non autologous)	260
P9039	RBC, deglycerolized, ea unit (autologous)	385
P9040	RBC, leukoreduced, irradiated, ea unit (non autologous)	225
P9040	RBC, leukoreduced, irradiated, ea unit (autologous)	350
P9044	Plasma, cryoprecipitate reduced, ea unit	50
P9050	Granulocytes, pheresis, ea unit	600
P9051	Whole blood or RBC, Leuko reduced, CMV-neg, ea unit	165
P9052	Plt, HLA-matched leukored, apheresis/pheresis, ea unit	625
P9053	Plt, pheresis, leukoreduced, CMV-neg, irradiated, ea unit	600
P9054	Whole bld or RBC, leukoreduced, froz, degly/washed, ea	315
P9055	Plt, leukoreduced, CMV-neg, apheresis/pheresis, ea unit	520
P9056	Whole Blood, leukoreduced, irradiated, ea unit (non autologous)	270
P9056	Whole Blood, leukoreduced, irradiated, ea unit (autologous)	395
P9057	RBC, froz, degly/washed, leukored, irradiated, ea unit (non autologous)	395
P9057	RBC, froz, degly/washed, leukored, irradiated, ea unit (autologous)	520
P9058	RBC, leukoreduced, CMV-neg, irradiated, ea unit	245
P9059	FFP, frozen w/in 8-24 hrs of collection, ea unit	40
P9060	FFP, donor retested, ea unit	By Report

STANDARD UNIT OF MEASURE REFERENCES
EMERGENCY SERVICES

Account Number	Cost Center Title	Cost Center Code
6710	Emergency Services	EMG

The RVUs for this cost center are based on Clinical Care Time (CCT) resource consumption. Each facility is expected to develop, retain, and maintain Internal Guidelines, which address CCT and the General Guidelines (below). The facility's Internal Guidelines are to be used for the purpose of maintaining Treatment Level reporting consistency among patients receiving comparable or similar treatment/care/resource consumption; and that patients receiving greater (or lesser) treatment/care/resource consumption would be assigned an appropriately higher (or lesser) Treatment Level.

It is expected that each facility will conduct in-service programs to assure that new and existing EMG staff understands the Facility's Internal Guidelines and apply them uniformly, consistently, and fairly. The over-riding consideration is that there must be a "reasonable" relationship between the intensity of the hospital's EMG resources used/consumed and the Treatment Level assigned.

Finally, it is the philosophy of the HSCRC that the charges for Extended Care Services for a 24 hours period of time should be comparable to the average approved daily room and board rates for Maryland hospitals. Therefore, the RVU assignment for "ECS" were developed using the Maryland average approved EMG rate and the Maryland average approved MSG rate. The RVU's were allocated in one hour increments.

General Guidelines

1. There is a direct relationship between the amounts of EMG CCT rendered to a patient by all EMG clinical care persons and the Treatment Level assigned to the patient.
2. There is a direct relationship between the EMG patient Treatment Level and the amount a patient will be charged.
3. The facility will prepare, record, and maintain appropriate documentation to support and justify the EMG Level assigned. If a service or task is not documented, then that service or task cannot be included in the determination of the Treatment Level assignment. Patients are not to be charged, nor an RVU reported for a service or task that is not documented.
4. The facility's internal guidelines may not be totally inclusive or explanatory. It is recognized that the circumstance of the visit and the EMG Treatment Level selected will involve a degree of clinical judgment. It is recommended that each facility's Internal Guidelines include the more frequent tasks/services provided by EMG personnel, and that each of these tasks/services are assigned (for the specific facility) a "standard CCT" factor. The format and content are at the facility’s discretion.

An Internal Guideline could take the format of the following examples: vital signs: 2–6 minutes, wound care cleansing: 10–20 minutes, venipuncture: 10 minutes (if performed by EMG personnel vs. lab assigned personnel), pelvic assist: 10–20 minutes, etc. (These examples are presented only as suggestions of how an Internal Guideline might be structured).

5. Charges for EMG services are a by-product of all expenses and RVUs assigned to the EMG department. Other ancillary services can be provided within the Emergency Room area (i.e., laboratory, radiology, respiratory, etc.). If the cost (and RVUs) for these services are assigned to these ancillary departments, then regulated charges for these services must be included on the patient's bill. However, if the cost for these services is assigned to the EMG department (i.e., an EMG registered nurse providing respiratory care or specimen collection service), the service is part of the EMG determination of Treatment Level. It is recommended that this distinction be part of the facility's Internal Guidelines.

6. EMG patients will be assigned a Treatment level, which is based on CCT. CCT utilized to determne the Treatment Level would include services provided after EMTALA Emergency Medical screening to final patient disposition (i.e., discharge, transfer to another facility, admitted as an inpatient, transferred to another department within the facility {i.e., surgery}, or left before the treatment rendered or completed.)

7. In addition to EMG Treatment Level charge, the hospital will charge separately for drugs, supplies, and ancillary services (as noted in 5 above). Professional fees are not regulated by the HSCRC and therefore are not included in the hospital's charges. Professional fees would be a separate charge (not part of the hospital's charges).

Treatment Levels	**RVU**
Level I - Brief (Usually 0<15 minutes CCT)	1
Level II - Intermediate (Usually 15<30 minutes CCT)	3
Level III - Extended (Usually 30<60 minutes CCT)	6
Level IV - Intensive (Usually 60<120 minutes CCT	12
Level V - Comprehensive (Usually 120 minutes or longer CCT)	16
ECS (Extended Care Services) - The RVUs assigned are based on clock time and not CCT.	1 per hour Up to 48 hours

STANDARD UNIT OF MEASURE REFERENCES
EMERGENCY SERVICES

Definitions

CCT - (Clinical Care Time)

- Total direct and indirect patient care activity/time performed by clinical personnel. This would include, but not limited to, such tasks as: vital signs, wound care/cleansing, laceration repair, prep for surgery, arrange transfer to other facility, discharge plan/discharge, etc.
- CCT for the department of Emergency Services refers to personnel whose hours/costs are charged/assigned to the EMG Department. Typical job titles considered under CCT would include, but not limited to: RN, LPN, Nursing Technician, Nursing Aide, and Counselor. There may be personnel from other departments stationed in the emergency room, but whose hours/costs are charged to these other revenue producing centers (i.e., radiology technician {for x-ray}, lab phlebotomist/tech {for laboratory}, respiratory therapist {for respiratory}, physicians {professional billing} and whose emergency room related activities are reported in those departments. This latter group's time is not to be considered CCT for EMG reporting.
- With the use of CCT as a measurement of EMG resource consumption, it is possible for multiple EMG personnel to be providing CCT to the same patient simultaneously. Therefore, in a given time interval, the facility may record and report CCT greater then the actual clock time that has elapsed.

Direct Patient Care

Tasks/procedures (treatment/care/resource consumption), which involve direct contact with the patient. These may include: specimen retrieval, administration of medications, family support, respiratory therapy treatments, patient teaching, and transportation of patients requiring a nurse or other EMG personnel whose cost is charged/assigned to the EMG department.

EMG

HSCRC abbreviation referring to Emergency Department

Extended Care Service

- This service is associated with outpatients who have received EMG CCT services are awaiting transfer/discharge to another facility. Usual example of this situation is patient waiting for available bed at another facility (i.e., tertiary care facility, nursing home, inpatient psychiatric facility). The services being provided to the patient may or may not be minor, but would include basic EMG services.
- This is an add-on RVU to Level V only (i.e., ECS RVUs may be added to the Treatment Level V RVUs) and is valid for services provided AFTER Treatment.

Level V Services have been reached. The Extended Care Service RVU assigned is based on clock time and not CCT.

- Extended Care Services are based on "clock time" and not "Clinical Care Time (CCT). For each full hour of clock time, one (1) RVU is assigned. Any partial hours are rounded down to the nearest full hour. For example, one hour and five minutes is reported as one hour = one RVU. One hour and fifty-five minutes is reported as one hour = one RVU.
- To qualify for ECS reporting, the patient must be an outpatient and must be transferred to another facility. The transfer must be fully documented in the medical record.
- Below are four examples of the proper reporting of Extended Care Service:

1. A trauma patient begins his CCT at noon. The CCT consists of four EMG personnel, each simultaneously providing 35 minutes of CCT. That is a sum total of 140 CCT minutes (4 EMG personnel times 35 minutes each and is a Level V). The patient is stabilized and is to be transferred to a trauma facility. The time is now 12:55 pm. Because of inclement weather conditions, the transfer is delayed for three and one half (3.5) hours. The reporting of RVUs would be as follows: Level V = 16 RVUs, plus ECS for three hours = 3.0 RVUs (rounded down to three hours from the actual of three and one half hours {3.5}, the total RVUs reported would be 19).
2. A trauma patient begins his CCT at noon. The CCT consists of three EMG personnel each providing 15 minutes of CCT. That is a sum total of 45 CCT minutes (3 EMG personnel times 15 minutes each and is Level III). The patient is stabilized and is to be transferred to a trauma facility. The time is now 12:45 pm. The patient is immediately transferred to another facility. The reporting of RVUs would be as follows: Level III = 6 RVUs. There is no ECS RVUs reported, since the reported Level was something other than Level V.
3. A trauma patient begins his CCT at noon. The CCT consists of three EMG personnel, each providing 20 minutes of CCT. That is a sum total of 60 CCT minutes (3 EMG personnel times 20 minutes each and is Level IV). The patient is stabilized and is to be transferred to a trauma facility. The time is now 1:00 pm. Because of inclement weather conditions, the transfer is delayed for three and one half (3.5) hours. During this 3.5 hours delay, the patient receives another 45 minutes of CCT, Total CCT is 60 plus 45 = 105 CCT. The reporting of RVUs would be as follows: Level IV = 12 RVUs.

There is no ECS RVUs reported, since the reported Level was something other than Level V.

4. A trauma patient begins his CCT at noon. The CCT consists of three EMG personnel, each providing 15 minutes of CCT. That is a sum total of 45 CCT minutes (3 EMG personnel times 15 minutes each and is Level III). The patient is stabilized and is to be transferred to a trauma facility. The time is now 1:00 pm. Because of inclement weather conditions, the transfer is delayed for eight (8.0) hours and is transferred at 9:00 pm. The patient received another seventy-five minutes of CCT during the first three (3) hours of the delay. Thus, the patient received 120 minutes of CCT during the first four (4) hours of the nine (9) hours stay. The remaining five (5) hours of the delay is now considered ECS. The reporting of RVUs would be as follows: Level V = 16 RVUs, plus ECS for five hours = 5.0 RVUs, the total RVUs reported would be 21).

Indirect Patient Care

Task/procedures not involving direct contact with patients but related to their care. These may include: arranging for admission, calling for lab results, calling report to another unit, documentation of patient care, reviewing prior medical records, arranging for disposition placement/transfer and is performed by EMG personnel whose cost is charged/assigned to the EMG department.

Relative Value Units (RVUs)

A standard unit of measure. A unique value or weight assigned to a specific service, i.e., number of visits for a particular hospital unit.

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STANDARD UNIT OF MEASURE REFERENCES
CT SCANNER

Approach

CT Scanner Relative Value Units were developed with the aid of an industry task force under the auspices of and approved by the Health Services Cost Review Commission. The descriptions of codes in this section of Appendix D were obtained from the 2017 edition of the Current Procedural Terminology (CPT) manual and the 2017 edition of the Healthcare Common Procedure Coding System (HCPCS). In assigning RVUs the group used the 2017 Medicare Physician Fee schedule (MPFS) released November 2, 2016. RVUs were assigned using the following protocol ("RVU Assignment Protocol").

The RVUs reported in the 2017 MPFS include 2 decimal points. In order to maintain whole numbers in Appendix D, while maintaining appropriate relative value differences reported in the MPFS, the RVU work group agreed to remove the decimals by multiplying the reported RVUs by ten and then rounding the product of the calculation, where values less than X.5 are rounded down and all other values are rounded up.

1. CPT codes with RVUs listed in the MPFS.
    a. For CPT codes with RVUs that include both professional (modifier 26) and technical (modifier TC) components, use only the technical (TC) component RVU.
    b. CPT codes with only a single RVU listed
        a. CPT codes that are considered technical only, the single RVU reported will be used.
        b. CPT codes considered professional only are not listed in Appendix D.

2. CPT codes that do not have RVUs listed in the MPFS (e.g. CMS Status Code "C")
    a. CPT 76497 did not have a published RVU in the MPFS. As this code is for an unlisted procedure, RVUs should be developed "By Report" following the protocol below in the section "CPT Codes Without an Assigned RVU Value.".
    b. CPT 77013 did not have a published RVU in the MPFS. As these codes are bundled with a surgical code, these procedures should be reported under Interventional Radiology/Cardiovascular.
    c. HCPCS 0042T did not have a published RVU in the MPS. Due to its similarity to CPT 70496, it was assigned 72 RVUs (58 RVUs plus 14 RVUs for double time post processing).
    d. HCPCS 0351T-0354T did not have published RVU in the MPS. These are new technology codes and RVUs should be developed "By Report".
3. CPT/HCPCS codes for which the published RVU did not make sense,
    a. Even though the resources are higher for lung cancer screening patients due to registry and other documentation requirements, HCPCS G0297 (low dose lung cancer screening) has been synchronized with CPT 71250 (Chest CT wo Contrast) as they often share charge codes within hospitals.

Services With Both a HCPCS Code for Medicare and CPT Code for Non-Medicare

All known HCPCS codes have been addressed in a payer-neutral fashion with this update. In instances of where Medicare implements a new HCPCS code to be utilized in lieu of a CPT code for a service, the RVU developed by the hospital must mirror the established CPT RVUs. The RVU for the service must be the same for all payers.

CPT Codes with Bundled Procedures

CPT codes from 2017 with a surgical component have been assigned a zero (0) RVU value. If a CT CPT becomes bundled with a surgical code or replaced with a surgical code, these procedures should be charged as Interventional Radiology/Cardiovascular (IRC) and the associated costs of the procedure are to be reclassified to the IRC cost center. Note: These IRC procedures may be charged based on actual start/stop times or based on the average case time (based on an annual time study) for the service.

Surgical Component and Non-Invasive Exam on Same Day

If a patient has a service with a surgical component (invasive) and non-invasive exam on same day – for example, an enhanced CT arthrogram and a CT of the joint- the patient will be charged based on IRC rules for the invasive exam and CT RVUs for the non-invasive exam.

Intrathecal Injections

If intrathecal injections are performed, the service should be reported under IRC. If the service does not include intrathecal injections, standard CT RVUs should be reported.

Reporting of Imaging Guidance for Invasive Cases

Standard imaging RVUs are to be used for non-invasive imaging services. For invasive imaging services, the imaging guidance is either separately reportable or bundled into the code for the invasive service. Invasive imaging services occurring in an imaging suite must be charged using IRC minutes based on case time. For separately reportable imaging guidance, hospitals are to report one (1) IRC minute per imaging code. Imaging expenses associated with the guidance are to be allocated from the diagnostic imaging rate center to the IRC rate center.

When an operating room or operating room-clinic case involves separately reportable intraoperative/intraprocedural imaging guidance or imaging services, standard imaging RVUs are to be used. These cases are to be charged based on OR or ORC minutes. When imaging guidance is bundled into the underlying procedure, hospitals should not report any additional RVUs for the imaging. If imaging staff is assisting during a case where the imaging is bundled into the underlying procedure, expenses should be allocated from the imaging department to the operating room or operating room clinic rate center.

CPT Codes without an Assigned RVU Value

RVUs for new codes developed and reported by CMS after the 2017 reporting, must be developed “By Report”. When assigning RVUs to these new codes, hospitals should use the RVU Assignment Protocol described above where possible using the most current MPFS. For codes that are not listed in the MPFS, hospitals should assign RVUs based on time and resource intensity of the services provided compared to

like services in the department. Documentation of the assignment of RVUs to codes not listed in Appendix D should always be maintained by the hospital.

For any codes that are in the surgical series of CPT (i.e. 1xxxx-6xxxx) and being performed in the imaging suite, these services are to be reported via IRC.

General Guidelines

The AMA CPT Code will be used as the identifier throughout the system. Assigned RVU's will be strictly tied to the CPT Code.

All RVUs are per CPT unless otherwise stated.

Standard supplies and contrast material are included in the RVU assignment and should not be assigned separately.

No drug is considered a routine part of any CT examination; however, sedation and pain reducing agents may be used to make procedures more easily tolerated. These drugs should NOT be included in the RVU of the exam but would be billed separately through the pharmacy on an "as needed" basis. Drugs should not be assigned an RVU.

CPT Code	Description	RVU
70450	CT Head or Brain w/o contrast	21
70460	CT Head or Brain w contrast	30
70470	CT Head or Brain w & w/o contrast	36
70480	CT Orbit, Sella, Posterior Fossa or outer, middle or inner ear w/o contrast	47
70481	CT Orbit, Sella, Posterior Fossa or outer, middle or inner ear w/ contrast	58
70482	CT Orbit, Sella, Posterior Fossa or outer, middle or inner ear w/ & w/o contrast	64
70486	CT Maxillofacial area w/o contrast	27
70487	CT Maxillofacial area w contrast	31
70488	CT Maxillofacial area w & w/o contrast	40
70490	CT Soft Tissue Neck w/o contrast	36
70491	CT Soft Tissue Neck w/ contrast	47
70492	CT Soft Tissue Neck w/ & w/o contrast	58
70496	CT Angiography, Head w/ contrast, including noncontrast images, if performed and image postprocessing	58
70498	CT Angiography, Neck w/ contrast, including noncontrast images, if performed and image postprocessing	57
71250	CT Thorax w/o contrast	36
71260	CT Thorax w/ contrast	47
71270	CT Thorax w/ & w/o contrast	58
71275	CT Angiography, chest (noncoronary) w/ contrast; including noncontrast images, if performed & image postprocessing	59
72125	CT Cervical Spine w/o contrast - Contrast material in CT of spine is either by intrathecal or IV injection. For intrathecal injection use also 61055 or 62284. IV injection of contrast material is part of the CT procedure	37

STANDARD UNIT OF MEASURE REFERENCES
CT SCANNER

CPT Code	Description	RVU
72126	CT Cervical Spine w/ contrast - Contrast material in CT of spine is either by intrathecal or IV injection. For intrathecal injection use also 61055 or 62284. IV injection of contrast material is part of the CT procedure	47
72127	CT Cervical Spine w/ & w/o Contrast material in CT of spine is either by intrathecal or IV injection. For intrathecal injection use also 61055 or 62284. IV injection of contrast material is part of the CT procedure	
72128	CT Thoracic Spine w/o contrast contrast material in CT of spine is either by intrathecal or IV injection. For intrathecal injection use also 61055 or 62284. IV injection of contrast material is part of the CT procedure	36
72129	CT Thoracic Spine w/ contrast material in CT of spine is either by intrathecal or IV injection. For intrathecal injection use also 61055 or 62284. IV injection of contrast material is part of the CT procedure	47
72130	CT Thoracic Spine w/ & w/o contrast material in CT of spine is either by intrathecal or IV injection. For intrathecal injection use also 61055 or 62284. IV injection of contrast material is part of the CT procedure	58
72131	CT Lumbar Spine w/o contrast material in CT of spine is either by intrathecal or IV injection. For intrathecal injection use also 61055 or 62284. IV injection of contrast material is part of the CT procedure	36
72132	CT Lumbar Spine w/ contrast material in CT of spine is either by intrathecal or IV injection. For intrathecal injection use also 61055 or 62284. IV injection of contrast material is part of the CT procedure	47
72133	CT Lumbar Spine w/ & w/o contrast material in CT of spine is either by intrathecal or IV injection. For intrathecal injection use also 61055 or 62284. IV injection of contrast material is part of the CT procedure	58
72191	CT Angiography; Pelvis w/ contrast, including noncontrast images, if performed, and image postprocessing	60
72192	CT Pelvis w/o contrast	26
72193	CT Pelvis w contrast	47
72194	CT Pelvis w/ & w/o contrast	56
73200	CT Upper Extremity w/o contrast	36
73201	CT Upper Extremity w/ contrast	46
73202	CT Upper Extremity w/ & w/o contrast	61
73206	CT Angiography, Upper Extremity w/ contrast; including noncontrast images, if performed and image postprocessing	67
73700	CT Lower Extremity w/o contrast	36
73701	CT Lower Extremity w contrast	47
73702	CT Lower Extremity w/ & w/o contrast	60
73706	CT Angiography, Lower Extremity w/ contrast, including noncontrast images, if performed, and image postprocessing	73
74150	CT Abdomen w/o contrast	25
74160	CT Abdomen w contrast	47
74170	CT Abdomen w/ & w/o contrast	54

STANDARD UNIT OF MEASURE REFERENCES
CT SCANNER

CPT Code	Description	RVU
74174	CT Angiography, Abdomen & Pelvis w/ contrast material, including noncontrast images, if performed and image postprocessing	78
74175	CT Angiography, Abdomen w/ contrast material,, including noncontrast images, if performed and image postprocessing	61
74176	CT Abdomen & Pelvis w/o contrast material	32
74177	CT Abdomen & Pelvis w contrast	62
74178	CT Abdomen & Pelvis w/ & w/o contrast	71
74261	CT colonography diagnostic, including image postprocessing; w/o contrast	103
74262	CT colonography diagnostic, including image postprocessing; w/ contrast including non-contrast images, if performed	118
74263	CT colonography, screening, including image postprocessing	180
75571	CT Heart w/o contrast; w/ quantitative evaluation of coronary calcium	20
75572	CT Heart w/ contrast material, for evaluation of cardiac structure & morphology (includes 3D imaging postprocessing, assessment of cardiac function and evaluation of venous structures, if performed)	55
75573	CT Heart w/ contrast material, for evaluation of cardiac structure & morphology in the setting of congenital disease (includes 3D imaging postprocessing, assessment of LV cardiac function, RV structure and function & evaluation of venous structures, if performed)	74
75574	CT Angiography, heart, CABG (coronary arteries and bypass graft - when present), with contrast, includes 3D imaging postprocessing (including evaluation of cardiac structure & morphology, assessment of cardiac function & evaluation of venous structures, if performed)	85
75635	CT Angiography, Abdominal aorta and bilateral iliofemoral lower extremity runoff, w/ contrast, including noncontrast images, if performed, and image postprocessing	74
75989	Radiological Guidance (ie. Fluoroscopy, US, or CT), for percutaneous drainage (ie. Abscess, specimen collection), w/ placement of catheter, radiological supervision and interpretation	IRC
76376	3D Rendering w/ interpretation and reporting of CT, MRI, US, or other tomographic modality w/ image post processing under concurrent supervision; not requiring image postprocessing on an independent workstation - use in conjunction w/ code(s) for base imaging procedure	4
76377	3D Rendering w/ interpretation and reporting of CT, MRI, US, or other tomographic modality w/ image post processing under concurrent supervision; requiring image postprocessing on an independent workstation - use in conjunction w/ code(s) for base imaging procedure	9
76380	CT limited or localized follow-up study	27
76497	Unlisted CT Procedure (diagnostic or interventional)	By Report
77011	CT Guidance for stereotactic localization (do not report in conjunction w/ 22586, 0195T, 0196T, 0309T)	IRC

STANDARD UNIT OF MEASURE REFERENCES
CT SCANNER

CPT Code	Description	RVU
77012	CT Guidance for needle placement (eg. Biopsy, aspiration, injection, localization device), radiological supervision and interpretation (do not report in conjunction w/ 10030, 22586, 27906, 32554-32557, 64479-64484,64490-64495, 64633-64636, 0195T, 0196T, 0232T, 0309T)	IRC
77013	CT Guidance for, and monitoring of, parenchymal tissue ablation (do not report in conjunction w/ 20982, 20983, 0340T)	IRC
77014	CT Guidance for placement of radiation therapy fields	21
77078	CT Bone mineral density study, 1 or more sites, axial skeleton (hips, pelvis, spine)	29
G0297	Low dose CT scan (LDCT) for lung cancer screening (Medicare reporting only)	36
0042T	Cerebral perfusion analysis using CT w/ contrast, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	72
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	By Report
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	By Report
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	By Report
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	By Report

Approach

Magnetic Resonance Imaging Relative Value Units were developed with the aid of an industry task force under the auspices of and approved by the Health Services Cost Review Commission. The descriptions of codes in this section of Appendix D were obtained from the 2017 edition of the Current Procedural Terminology (CPT) manual and the 2017 edition of the Healthcare Common Procedure Coding System (HCPCS). In assigning RVUs the group used the 2017 Medicare Physician Fee schedule (MPFS) released November 2, 2016. RVUs were assigned using the following protocol ("RVU Assignment Protocol").

The RVUs reported in the 2017 MPFS include 2 decimal points. In order to maintain whole numbers in Appendix D, while maintaining appropriate relative value differences reported in the MPFS, the RVU work group agreed to remove the decimals by multiplying the reported RVUs by ten and then rounding the product of the calculation, where values less than X.5 are rounded down and all other values are rounded up.

1. CPT codes with RVUs listed in the MPFS.
    a. For CPT codes with RVUs that include both professional (modifier 26) and technical (modifier TC) components, use only the technical (TC) component RVU.
    b. CPT codes with only a single RVU listed.
        a. CPT codes that are considered technical only, the single RVU reported will be used.
        b. CPT codes considered professional only are not listed in Appendix D.

2. CPT codes that do not have RVUs listed in the MPFS (e.g. CMS Status Code "C").
    a. CPT 77022 did not have a published RVU in the MPFS. As these codes are bundled with a surgical code, these procedures should be reported under Interventional Radiology/Cardiovascular.
    b. CPT 70557, 70558 and 70559 did not have a published RVU in the MPS. Even though these are performed intraoperatively, they will be charged using standard brain MRI RVUs. They will mirror 70551 (44 RVUs), 70552 (65 RVUs), and 70553 (74 RVUs).
    c. CPT 70555 did not have a published RVU in the MPFS. As this code is similar to 70554, it was set to mirror 70554. See #3 below.
    d. CPT 76498 did not have a published RVU in the MPFS. As this code is for an unlisted procedure, RVUs should be developed "By Report".
    e. CPT 0159T did not have a published RVU in the MPFS. As this procedure is always performed in conjunction with a primary procedure, one RVU will be assigned.

HCPCS 0398T did not have a published RVU in the MPFS. Intracranial procedures are typically performed in the operating room. However, this code is for the MRI piece. Hospital data to establish RVUs is limited as this is a new code and very few hospitals are performing this procedure. Therefore RVUs should be developed "By Report"

a. following the protocol below in the section "CPT Codes Without an Assigned RVU Value."

3. CPT/HCPCS codes for which the published RVU did not make sense
    a. CPT 70554 has a published RVU in the MPFS that is too low for the amount of resources involved. On the professional side, the physician charges this CPT and CPT 96020. Given the significant time and resources involved, the group felt there was a valid reason for deviating from the prescribed methodology. Therefore, an additional 54 RVUs will be added to the MPFS for a total of 150 (96 + 54 = 150).

Services With Both a HCPCS Code for Medicare and CPT Code for Non-Medicare

All known HCPCS codes have been addressed in a payer-neutral fashion with this update. In instances of where Medicare implements a new HCPCS code to be utilized in lieu of a CPT code for a service, the RVU developed by the hospital must mirror the established CPT RVUs. The RVU for the service must be the same for all payers.

CPT Codes with Bundled Procedures

CPT codes from 2017 with a surgical component have been assigned a zero (0) RVU value. If a MRI CPT becomes bundled with a surgical code or replaced with a surgical code, these procedures should be charged as Interventional Radiology/Cardiovascular (IRC) and the associated costs of the procedure are to be reclassified to the IRC cost center. Note: These IRC procedures may be charged based on actual start/stop times or based on the average case time (based on an annual time study) for the service.

Surgical Component and Non-Invasive Exam on Same Day

If a patient has a service with a surgical component (invasive) and non-invasive exam on same day – for example, an enhanced MR arthrogram and a MRI of the joint- the patient will be charged based on IRC rules for the invasive exam and MRI RVUs for the non-invasive exam.

Reporting of Imaging Guidance for Invasive Cases

Standard imaging RVUs are to be used for non-invasive imaging services. For invasive imaging services, the imaging guidance is either separately reportable or bundled into the code for the invasive service. Invasive imaging services occurring in an imaging suite must be charged using IRC minutes based on case time. For separately reportable imaging guidance, hospitals are to report one (1) IRC minute per imaging code. Imaging expenses associated with the guidance are to be allocated from the diagnostic imaging rate center to the IRC rate center.

When an operating room or operating room-clinic case involves separately reportable intraoperative/intraprocedural imaging guidance or imaging services, standard imaging RVUs are to be used. These cases are charged based on OR or ORC minutes. When imaging guidance is bundled into the underlying procedure, hospitals should not report any additional RVUs for the imaging. If imaging staff is assisting during a case where the imaging is bundled into the underlying procedure, expenses should be allocated from the imaging department to the operating room or operating room-clinic rate center.

CPT Codes without an Assigned RVU Value

RVUs for new codes developed and reported by CMS after the 2017 reporting, must be developed "By Report". When assigning RVUs to these new codes, hospitals should use the RVU Assignment Protocol described above where possible using the most current MPFS. For codes that are not listed in the MPFS, hospitals should assign RVUs based on time and resource intensity of the services provided compared to like services in the department. Documentation of the assignment of RVUs to codes not listed in Appendix D should always be maintained by the hospital.

For any codes that are in the surgical series of CPT (i.e. 1xxxx-6xxxx) and being performed in the imaging suite, these services are to be reported via IRC.

General Guidelines

The AMA CPT Code will be used as the identifier throughout the system. Assigned RVU's will be strictly tied to the CPT Code.

All RVUs are per CPT unless otherwise stated.

Standard supplies and contrast material are included in the RVU assignment and should not be assigned separately.

No drug is considered a routine part of any MRI examination; however, sedation and pain reducing agents may be used to make procedures more easily tolerated. These drugs should NOT be included in the RVU of the exam but would be billed separately through the pharmacy on an "as needed" basis. Drugs should not be assigned an RVU.

CPT Code	Description	RVU
70336	MRI Temporomandibular joints	70
70540	MRI Orbit, Face, and/or Neck w/o contrast	66
70542	MRI Orbit, Face, and/or Neck w/ contrast	72
70543	MRI Orbit, Face, and/or Neck w/ & w/o contrast	87
70544	MRA Head w/o contrast	93
70545	MRA Head w contrast	92
70546	MRA Head w/ & w/o contrast	143
70547	MRA Neck w/o contrast	94
70548	MRA Neck w contrast	99
70549	MRA Neck w & w/o contrast	144
70551	MRI Brain (including brain stem), w/o contrast	44
70552	MRI Brain (including brain stem), w/ contrast	65
70553	MRI Brain (including brain stem), w/ & w/o contrast	74
70554	MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	150
70555	MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, requiring physician or psychologist administration of entire neurofunctional testing	150

STANDARD UNIT OF MEASURE REFERENCES
MRI

CPT Code	Description	RVU
70557	MRI Brain (including brain stem & skull) during open intracranial procedure (to access for residual tumor or residual vascular malformation); w/o contrast	44
70558	MRI Brain (including brain stem & skull) during open intracranial procedure (to access for residual tumor or residual vascular malformation); w/ contrast	65
70559	MRI Brain (including brain stem & skull) during open intracranial procedure (to access for residual tumor or residual vascular malformation), w/ & w/o contrast	74
71550	MRI Chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy); w/o contrast	96
71551	MRI Chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy); w/ contrast	105
71552	MRI Chest (e.g. for evaluation of hilar and mediastinal lymphadenopathy); w/ & w/o contrast	131
71555	MRA Chest (excluding myocardium) w or w/o contrast	87
72141	MRI, C-spine, spinal canal and contents; w/o contrast	42
72142	MRI, C-spine, spinal canal and contents; w/ contrast	66
72146	MRI, T-spine, spinal canal and contents; w/o contrast	42
72147	MRI, T-spine, spinal canal and contents; w/ contrast	66
72148	MRI, L-spine, spinal canal and contents; w/o contrast	42
72149	MRI, L-spine, spinal canal and contents; w/ contrast	65
72156	MRI, C-spine, spinal canal and contents; w/ & w/o contrast	74
72157	MRI, T-spine, spinal canal and contents; w/ & w/o contrast	75
72158	MRI, L-spine, spinal canal and contents; w/ & w/o contrast	74
72159	MRA spinal canal and contents w or w/o contrast	92
72195	MRI Pelvis w/o contrast	85
72196	MRI Pelvis w/ contrast	91
72197	MRI Pelvis w/ & w/o contrast	110
72198	MRA Pelvis w/ or w/o contrast	88
73218	MRI Upper Extremity, other than joint; w/o contrast	84
73219	MRI Upper Extremity, other than joint; w/ contrast	90
73220	MRI Upper Extremity, other than joint; w/ & w/o contrast	110
73221	MRI any Joint of Upper Extremity w/o contrast	47
73222	MRI any Joint of Upper Extremity w/ contrast	83
73223	MRI any Joint of Upper Extremity w/ & w/o contrast	102
73225	MRA Upper Extremity w or w/o contrast	91
73718	MRI Lower Extremity, other than joint, w/o contrast	83
73719	MRI Lower Extremity, other than joint, w/ contrast	91
73720	MRI Lower Extremity, other than joint, w/ & w/o contrast	111
73721	MRI any Joint of Lower Extremity w/o contrast	47
73722	MRI any Joint of Lower Extremity w/ contrast	84
73723	MRI any Joint of Lower Extremity w/ & w/o contrast	102
73725	MRA Lower Extremity w/ or w/o contrast	87

STANDARD UNIT OF MEASURE REFERENCES
MRI

CPT Code	Description	RVU
74181	MRI Abdomen w/o contrast	73
74182	MRI Abdomen w/ contrast	103
74183	MRI Abdomen w & w/o contrast	111
74185	MRA Abdomen, w/ or w/o contrast	88
74712	MRI Fetal; including placental and maternal pelvic imaging when performed; single or first gestation	93
74713	MRI Fetal; including placental and maternal pelvic imaging when performed; each additional gestation	39
75557	Cardiac MRI for morphology and function w/o contrast	57
75559	Cardiac MRI for morphology and function w/o contrast; w/ stress imaging	83
75561	Cardiac MRI for morphology and function w/ & w/o contrast	83
75563	Cardiac MRI for morphology and function w/ & w/o contrast; w/ stress imaging	101
75565	Cardiac MRI for velocity flow mapping (list separately in addition to code for primary procedure)	12
76376	3D Rendering w/ interpretation and reporting of CT, MRI, US, or other tomographic modality w/ image post processing under concurrent supervision; not requiring image postprocessing on an independent workstation - use in conjunction w/ code(s) for base imaging procedure	By Report
76377	3D Rendering w/ interpretation and reporting of CT, MRI, US, or other tomographic modality w/ image post processing under concurrent supervision; requiring image postprocessing on an independent workstation - use in conjunction w/ code(s) for base imaging procedure	By Report
76390	Magnetic Resonance Spectroscopy	106
76498	Unlisted magnetic resonance procedure (e.g. diagnostic, interventional)	By Report
77021	Magnetic Resonance Guidance for needle placement (eg. Biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation (do not report in conjunction w/ 10030,19085, 19287, 32554 ,32555, 32556, 32557 or 0232T)	IRC
77022	Magnetic Resonance Guidance for monitoring of parenchymal tissue ablation	IRC
77058	MRI Breast w/ and/or w/o contrast; unilateral	129
77059	MRI Breast w/ and/or w/o contrast; bilateral	128
77084	MRI Bone Marrow blood supply	87
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, w/ further physician review for interpretation, breast MRI (List separately in addition to code for primary procedure)	1
0398T	MRI guided high intensity focused US (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	By Report

STANDARD UNIT OF MEASURE REFERENCES
MRI

GLOSSARY

1. Extremities, non joint; Pertains to all extremity imaging where the joint is not the area of interest. However, the nearest joint must be included on at least one series for validation of scan placement. Most commonly used for bone or tissue diseases.
2. MRA; Pertains to all blood vessels imaging. Procedures require multiple images (frequently surpassing 300 source images), requires additional prep and supplies, and requires a minimum of 30 additional minutes of post-processing time.
3. Without contrast; no contrast is injected.
4. With contrast; IV contrast is injected followed by the scanning protocol.
5. Without and With Contrast; The scanning protocol is completed, the patient is brought out from the scanner, the technologist or nurse preps the patient. IV contrast is injected, the patient is returned to the proper scanning position, the scanning protocol is repeated.