Account Number 6720

Clinic services include diagnostic, preventive, therapeutic, rehabilitative, and educational services provided to non-emergent outpatients in a regulated setting. On rare occasions, clinic services may be provided to inpatients; for example, if specialized staff from the clinic must provide care to an inpatient at the patient’s bedside.

Surgical procedures, diagnostic tests and other services that are better described in a separate cost center, such as Labor and Delivery, Electroencephalography, Echocardiography, Interventional Cardiology, Laboratory, Lithotripsy, Occupational Therapy, Operating Room, Physical Therapy, Radiation Therapy, Radiology, or 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/or non-surgical procedure(s).

**Approach**

Clinic Relative Value Units (RVUs) 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 the codes in this section of Appendix D were obtained from the 2022 edition of the Current Procedural Terminology (CPT) manual and the 2022 edition of the Healthcare Common Procedure Coding System (HCPCS). In assigning RVUs the group used the 2022 Medicare Physician Fee Schedule (MPFS) released December 15, 2021, and then assigned using the following protocol.

**RVU Assignment Protocol**

RVUs were proposed based on the Medicare Physician Fee Schedule (MPFS) Non-Facility (NON-FAC) Practice Expense (PE) RVUs. When there is a Technical Component (TC) modifier line item, that value was used. To maintain whole numbers in Appendix D, RVUs were multiplied by ten and rounded to the nearest whole number, where values less than X.5 were rounded down and all other values were rounded up. For example, the psychotherapy CPT of 90832 shown below has a NON-FAC PE RVU of 0.48. 0.48 \* 10 = 4.8. 4.8 rounded = 5. 5 is the proposed RVU.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **NON-FAC** |
| **HCPCS** | **MOD** | **DESCRIPTION** | **PE RVU** |
| 90832 |  | Psytx w pt 30 minutes | 0.48 |

Here is another example where there is a TC modifier. In this case, the Corneal Topography CPT of 92025 shown below has a NON-FAC PE RVU for TC modifier of 0.50. 0.50 \* 10 = 5.0. 5.0 rounded = 5. 5 is the proposed RVU.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  | **NON-FAC** |
| **HCPCS** | **MOD** | **DESCRIPTION** | **PE RVU** |
| 92025 |  | Corneal topography | 0.70 |
| 92025 | TC | Corneal topography | 0.50 |
| 92025 | 26 | Corneal topography | 0.20 |

1. For RVUs utilizing the methodology described above, the rationale in the table of RVUs is noted as MPFS.
2. For RVUs where the calculated RVU appeared too high (because it included significant equipment or other overhead and non-staff costs associated with it) or too low (because it did not properly reflect the facility resources associated with the service), the proposed RVU was modified as noted in the table of RVUs.
3. For RVUs without a NON-FAC PE RVU value in the MPFS, the underlying rationale for the RVU has been noted in the table of RVUs.
4. Unlisted services or services rarely performed have been assigned as By Report (BR). Similar logic should be utilized to assign RVUs to any services that are not found or BR.
	* If there are no MPFS RVUs for a service, mirror an existing code that has similar facility resources or mirror an existing code that has similar facility resources with adjustments if needed (for example, if a BR service is slightly less resource intensive than an existing service, the RVU can be lower). The BR methodology for each code must be documented and readily available in the event of an audit.

**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 (such as nurses, medical technicians, residents, and other staff employed by the hospital clinic). The time does not necessarily have to be face-to-face with the patient, but the patient must be present in the department, except during specific times when telehealth (i.e., virtual) services are permitted. The time spent by physicians, and other non-physician providers (NPP), 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 each 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 (when not separately charged), family support, patient teaching, and transportation of patients requiring 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 of 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
* 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

**TELEMEDICINE**

Per the May 4, 2020, HSCRC memo: <https://hscrc.maryland.gov/Documents/TELEHEATH%20MEMO%20AND%20ADDENDUM.pdf>

For services provided real-time in an audio-visual format or for telephonic/audio only

services when an audio-visual format is not accessible by the patient: where the service is provided by non-physician providers who cannot bill a professional fee for their services; where the service provided utilizes the same staffing structure as face-to-face; and where the only difference is that the patient is at home vs. at the hospital receiving services; in these instances, hospitals are to use the existing Appendix D to report and charge for the service with the exact same RVUs and pricing as face-to-face visits.

In instances where a patient receives the telehealth services from an outside provider who bills a professional fee for the services rendered, such as a physician, the hospital shall not report nor charge an E/M visit or charge for other services, procedures, or therapies provided to the patient by non-physician clinicians who cannot bill a professional fee. The only instance when a hospital clinic fee or other fee for telehealth services can be charged is when the only telehealth services rendered are those provided solely by providers that cannot bill for their service

Until the end of the federal public health emergency (PHE), the temporary guidance provided related to telemedicine services will remain in effect. At the conclusion of the federal PHE, additional guidance will be provided to hospitals regarding the reporting of these services.

**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. 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 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 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 99211 0-10 2

Level 2 99202/99212 11-25 3

Level 3 99203/99213 26-45 4

Level 4 99204/99214 46-90 5

Level 5 99205/99215 >90 6

HCPCS code G0463 can be used for Medicare billing with the above assigned RVUs.

Consultation codes (such as CPT 99242) or prolonged E/M codes (such as CPT 99354) are for professional services and should not be used for facility services. Only E/M codes (99202-99215 and G0463) should be used for facility E/M visits.

If codes for preventive (such as CPT 99387) or other specific services will be used, the RVUs should be based on the minute-to-RVU logic shown above. For example, if CPT 99387 typically takes 45 minutes, then 4 RVUs should be used, etc. Codes are noted as “E/M” on the table of RVUs if they are to be based on the minute-to-RVU logic above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Description** | **RVU** | **Rationale** |
| G0101 | Cervical or vaginal cancer screening; pelvic and clinical breast examination | 1 | Based on prior BR  |
| G0463 | Hospital outpatient clinic visit for assessment and management of a patient | E/M | Match RVUs as stated above |
| Q0091 | Screening Papanicolaou smear, obtaining, preparing and conveyance of cervical or vaginal smear to laboratory | 0 | Included as an E/M component |
| Q0111 | Wet mounts, including preparations of vaginal, cervical, or skin specimens | LAB | Report in Lab rate center |

**PART II: SERVICES AND NON-SURGICAL PROCEDURES**

Each section includes tables with CPT codes, descriptions, and RVU values. This manual is not meant to give direction or interpretation to Medicare or other payer billing or coding rules. Moreover, it is the goal of every work group that recommends revisions to RVUs that the revised system may be as impervious as possible to future changes in billing rules and correct coding guidelines. Codes below are grouped in subsections and are in CPT code order with numeric and new technology codes listed before alpha-numeric codes. COVID-19 related services are listed at the end.

When a service has By Location (BL) instead of a relative value unit (RVU) assigned to it, this means that the service may be provided in multiple areas of the hospital based on hospital protocols, patient condition, and other factors.  The RVU for the service should be assigned based on the respective rules for the location.  For example, and the list below is not all-inclusive:

* If the service is provided in an Operating Room (OR), OR minutes should be used.
* If the service is provided in an Imaging Suite, Interventional Radiology Cardiovascular (IRC) minutes should be used.
* If the service is provided in an outpatient clinic or other outpatient area where scheduled services are provided that is not an operating room or imaging suite, Operating Room-Clinic (ORC) minutes should be used. For any services where ORC minutes are indicated, but the hospital does not have an ORC rate, the hospital should report the service under the Clinic (CL) rate center using a BR RVU.

**TRANSFUSIONS**

RVUs for transfusion of blood or blood components (36430) will be assigned based on 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 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).

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 36430 | Transfusion, blood, or blood components, first hour (0-90 min) | 11 | MPFS |
| 36430 | Transfusion, blood or blood components, two hours (91-150 min) | 16 | MPFS base RVU plus add-on of 5 RVUs for each additional hour (11 was slightly less than prior value of 12 and add-on of 5 is slightly less than prior add-on of 6) |
| 36430 | Transfusion, blood or blood components, three hours (151-210 min) | 21 | MPFS base plus add-on of 5 RVUs for each additional hour |
| 36430 | Transfusion, blood or blood components, four hours (211-270 min) | 26 | MPFS base plus add-on of 5 RVUs for each additional hour |
| 36430 | Transfusion, blood or blood components, five hours (271-330 min) | 31 | MPFS base plus add-on of 5 RVUs for each additional hour |
| 36430 | Transfusion, blood or blood components, six hours (331-390 min) | 36 | MPFS base plus add-on of 5 RVUs for each additional hour |
| 36430 | Transfusion, blood or blood components, seven hours (391-450 min) | 41 | MPFS base plus add-on of 5 RVUs for each additional hour |
| 36430 | Transfusion, blood or blood components, eight hours (451-510 min) | 46 | MPFS base plus add-on of 5 RVUs for each additional hour |
| 36455 | Exchange transfusion, blood; other than newborn | 21 | Resources like 180 minutes of blood transfusion |

**VENOUS PROCEDURES**

RVUs for therapeutic apheresis and photopheresis were based on prior established By Report RVUs in use by hospitals and kept consistent with the Outpatient Prospective Payment System (OPPS) relationship weights. Note that these services are NOT the same as pheresis services that appear in the LAB rate center.

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 36511 | Therapeutic apheresis; for white blood cells | 50 | Prior BR average RVUs |
| 36512 | Therapeutic apheresis; for red blood cells | 50 | Prior BR average RVUs |
| 36513 | Therapeutic apheresis; for platelets | 50 | Prior BR average RVUs |
| 36514 | Therapeutic apheresis; for plasma pheresis | 50 | Prior BR average RVUs |
| 36516 | Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion | 150 | Base code for apheresis adjusted based on OPPS relationship (weight of CPT 36516 approximately 3x weight of CPT 36511) |
| 36522 | Photopheresis, extracorporeal | 150 | Consistency with CPT 36516 |
| 36591 | Collection of blood specimen from a completely implantable venous access device | 8 | MPFS |
| 36592 | Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified | 9 | MPFS |
| 36593 | Declotting by thrombolytic agent of implanted vascular access device or catheter | 10 | MPFS |
| 38205 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic | 9 | MPFS |
| 38206 | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous | 9 | MPFS |

**IMMUNIZATIONS**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 90460 | Immunization administration through 18 years of age via any route of administration, with counseling by qualified health care professional; first or only component of each vaccine or toxoid administered | 3 | MPFS |
| 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/ toxoid) | 3 | MPFS |
| 90472 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/ toxoid) | 2 | MPFS |
| 90473 | Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/ toxoid) | 3 | MPFS |
| 90474 | Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/ toxoid) | 2 | MPFS |
| G0008 | Administration of influenza virus vaccine | 3 | Consistency with CPT 90471 |
| G0009 | Administration of pneumococcal vaccine | 3 | Consistency with CPT 90471 |
| G0010 | Administration of hepatitis B vaccine | 3 | Consistency with CPT 90471 |

**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 Service 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.

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 90785 | Interactive complexity  | 1 | MPFS |
| 90791 | Psychiatric diagnostic evaluation | 12 | MPFS |
| 90792 | Psychiatric diagnostic evaluation with medical services  | 15 | MPFS |
| 90832 | Psychotherapy, 30 minutes with patient | 5 | MPFS |
| 90833 | Psychotherapy, 30 minutes with patient when performed with an evaluation and management service  | 5 | MPFS |
| 90834 | Psychotherapy, 45 minutes with patient  | 6 | MPFS |
| 90836 | Psychotherapy, 45 minutes with patient when performed with an evaluation and management service  | 6 | MPFS |
| 90837 | Psychotherapy, 60 minutes with patient | 9 | MPFS |
| 90838 | Psychotherapy, 60 minutes with patient when performed with an evaluation and management service  | 9 | Consistency with CPT 90837 |
| 90839 | Psychotherapy for crisis; first 60 minutes  | 9 | MPFS |
| 90840 | Psychotherapy for crisis; each additional 30 minutes | 5 | MPFS |
| 90845 | Psychoanalysis  | 6 | MPFS |
| 90846 | Family psychotherapy (without the patient present), 50 minutes | 4 | MPFS |
| 90847 | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes | 4 | MPFS |
| 90849 | Multiple-family group psychotherapy  | 4 | MPFS |
| 90853 | Group psychotherapy (other than of multiple-family group)  | 2 | MPFS |
| 90863 | Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services | 2 | MPFS |
| 90865 | Narcosynthesis for psychiatric diagnostic and therapeutic purposes (e.g., sodium amobarbital (Amytal) interview) | BR | No volumes |
| 90875 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 30 minutes | 5 | MPFS |
| 90876 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 45 minutes | 10 | MPFS |
| 90880 | Hypnotherapy  | 8 | MPFS |
| 90882 | Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions | 0 | Not a hospital service |
| 90885 | Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes | 0 | Not a hospital service |
| 90887 | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | 0 | Not a hospital service |
| 90889 | Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers | 0 | Not a hospital service |
| G0176 | Activity therapy, such as music, dance, art, or play therapies, not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) | PDC | Report in PHP rate center |
| G0177 | Training and educational services related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) | PDC | Report in PHP rate center |
| G2067 | Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | BR | Services may vary by hospital |
| G2068 | Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | BR | Services may vary by hospital |
| H0001 | Alcohol and/or drug assessment | 12 | Consistency with CPT 90791 |
| H0004 | Behavioral health counseling and therapy, per 15 minutes | 3 | Based on prior BR |
| H0005 | Alcohol and/or drug services; group counseling by a clinician | 2 | Consistency with CPT 90853 |
| H0015 | Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education | 6 | Consistency with CPT 90853 x 3hrs |
| H0016 | Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) | 9 | Based on prior BR |
| H0020 | Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) | 9 | Based on prior BR |
| H0032 | Mental health service plan development by non-physician | PDC | Report in PHP rate center |
| H0035 | Mental Health Partial Hospitalization, treatment, less than 24 hours | PDC | Report in PHP rate center |
| H0047 | Alcohol and/or other drug abuse services, not otherwise specified | BR | Unlisted service |

**BIOFEEDBACK TRAINING**

No RVUs were assigned to these services (e.g., CPT 90901. 90912, and 90913). These services are reportable via the rehabilitation (Physical and Occupational Therapy) rate centers.

**OPHTHALMOLOGY**

Ophthalmology is a section where the MPFS RVUs for many services included equipment and overhead and required adjustment.

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 92002 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient | 4 | Based on E&M value |
| 92004 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits | 4 | Based on E&M value |
| 92012 | Ophthalmological services: medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate, established patient | 4 | Based on E&M value |
| 92014 | Ophthalmological services: medical examination and evaluation with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits | 4 | Based on E&M value |
| 92015 | Determination of refractive state | 2 | MPFS |
| 92018 | Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete | OR | Report in OR rate center |
| 92019 | Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited | OR | Report in OR rate center |
| 92020 | Gonioscopy | 4 | MPFS |
| 92025 | Computerized corneal topography, unilateral or bilateral, with interpretation and report | 5 | MPFS |
| 92060 | Sensorimotor examination with multiple measurements of ocular deviation (e.g., Restrictive, or paretic muscle with diplopia) with interpretation and report | 8 | MPFS |
| 92065 | Orthoptic training | 10 | MPFS |
| 92071 | Fitting of contact lens for treatment of ocular surface disease | 4 | MPFS |
| 92081 | Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., Tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopi 3 or 7 equivalent) | 5 | MPFS |
| 92082 | Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33) | 8 | MPFS |
| 92083 | Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2) | 11 | MPFS |
| 92100 | Serial tonometry with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (e.g., diurnal curve or medical treatment of acute elevation of intraocular pressure) | 2 | Based on hospital BR as MPFS value is equipment intense |
| 92132 | Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral | 4 | MPFS |
| 92133 | Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve | 4 | MPFS |
| 92134 | Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina | 5 | MPFS |
| 92136 | Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation | 6 | MPFS |
| 92201 | Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (e.g., for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral | 3 | MPFS |
| 92202 | Ophthalmoscopy, extended; with drawing of optic nerve or macula (e.g., for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral | 2 | MPFS |
| 92229 | Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral | 2 | Based on hospital BR as no MPFS value |
| 92230 | Fluorescein angioscopy with interpretation and report | 0 | Not a hospital service |
| 92235 | Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral | 4 | Based on hospital BR as MPFS value is equipment intense |
| 92240 | Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral | 2 | Based on hospital BR as MPFS value is equipment intense |
| 92242 | Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral | 6 | Based on hospital BR as MPFS value is equipment intense |
| 92250 | Fundus photography with interpretation and report | 5 | MPFS |
| 92260 | Ophthalmodynamometry | 4 | MPFS |
| 92265 | Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report | 12 | MPFS |
| 92270 | Electro-oculography with interpretation and report | 20 | MPFS |
| 92273 | Electroretinography (ERG), with interpretation and report; full field (i.e., ffERG, flash ERG, Ganzfeld ERG) | 27 | MPFS |
| 92274 | Electroretinography (ERG), with interpretation and report; multifocal (mfERG) | 16 | MPFS |
| 92283 | Color vision examination, extended, e.g., anomaloscope or equivalent | 13 | MPFS |
| 92284 | Dark adaptation examination with interpretation and report | 13 | MPFS |
| 92285 | External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniophotography, stereophotography) | 6 | MPFS |
| 92286 | Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis | 5 | MPFS |
| 92287 | Anterior segment imaging with interpretation and report; with fluorescein angiography | 14 | Based on hospital BR as MPFS value is equipment intense |
| 92499 | Unlisted ophthalmological service or procedure | BR | Unlisted service |
| 95930 | Visual evoked potential (VEP) checkerboard or flash testing central nervous system except glaucoma, with interpretation and report | EEG | Report in EEG rate center |

**OTORHINOLARYNGOLOGIC SERVICES**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 92504 | Binocular microscopy | 7 | MPFS |
| 92511 | Nasopharyngoscopy with endoscope | SLP | Report in Speech Language Pathology rate center |

**REHABILITATION SESSIONS AND OTHER SERVICES**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 93668 | Peripheral arterial disease (PAD) rehabilitation, per session | 4 | MPFS |
| 93702 | Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s) | PT/OT | Report in PT/ OT rate center |
| 93750 | Interrogation of ventricular assist device (VAD), in person, with qualified health care professional analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed, and report | EKG | Report in EKG rate center |
| 93793 | Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ration (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed | E/M | Align with E&M RVUs |
| 93797 | Qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) | 3 | MPFS |
| 93798 | Qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) | 5 | MPFS |
| 94625 | Qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session) | 15 | MPFS |
| 94626 | Qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session) | 16 | MPFS |
| 0358T | Bioelectrical impedance analysis whole body composition assessment, with interpretation and report | 1 | Based on hospital BR as no MPFS value |
| G0237 | Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring) | 3 | MPFS |
| G0238 | Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring) | 3 | MPFS |
| G0239 | Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring) | 4 | MPFS |
| G0422 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session | 3 | Consistency with CPT 93797 |
| G0423 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring without exercise, per session | 5 | Consistency with CPT 93798 |

**ALLERGY TESTING/IMMUNOTHERAPY**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 95004 | Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests | 1 | MPFS |
| 95017 | Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests | 2 | MPFS |
| 95018 | Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests | 5 | MPFS |
| 95024 | Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests | 2 | MPFS |
| 95027 | Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests | 1 | MPFS |
| 95028 | Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests | 4 | MPFS |
| 95044 | Patch or application test(s) (specify number of tests) | 1 | MPFS |
| 95052 | Photo patch test(s) (specify number of tests) | 2 | MPFS |
| 95056 | Photo tests | BR | No volumes |
| 95060 | Ophthalmic mucous membrane tests | BR | No volumes |
| 95065 | Direct nasal mucous membrane test | 8 | MPFS |
| 95076 | Ingestion challenge tests (sequential and incremental ingestion of test items, e.g., food, drug, or other substance); initial 120 minutes of testing | 19 | MPFS |
| 95079 | Ingestion challenge test (sequential and incremental ingestion of test items, e.g., food, drug, or other substance); each additional 60 minutes of testing | 10 | MPFS |
| 95115 | Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection | 0 | Not a hospital service |
| 95117 | Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections | 0 | Not a hospital service |
| 95180 | Rapid desensitization procedure, each hour (e.g., insulin, penicillin, equine serum) | 19 | MPFS |
| 95199 | Unlisted allergy/clinical immunologic service or procedure | BR | Unlisted service |

**ENDOCRINOLOGY**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 95249 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording | **7** | Equipment intense; OPPS APC weight more appropriate |
| 95250 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; qualified health care professions (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording | **7** | Consistency with CPT 95249, patient vs provider equipment not a factor |
| 95251 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation, and report | 0 | Not a hospital service |

**ELECTROMYOGRAPHY**

No RVUs were as assigned to these services (e.g., CPT 95874). These services are reportable via the Electroencephalography (EEG) rate center.

**GENETIC COUNSELING**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 96040 | Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family | 2 | Service equivalent to E/M charges, various increments determined value  |

**PSYCHOLOGICAL ASSESSMENTS, TESTING, AND INTERVENTIONS**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 96116 | Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgement, [e.g., acquired knowledge, attention, language, memory, planning, and problem solving, and visual spatial abilities]), by qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour | 8 | MPFS |
| 96121 | Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgement, [e.g., acquired knowledge, attention, language, memory, planning, and problem solving, and visual spatial abilities]), by qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour | 5 | MPFS |
| 96125 | Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional’s time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report | SLP or PT/OT | Report in SLP or PT/OT rate center |
| 96130 | Psychological testing evaluation services by qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | 8 | MPFS |
| 96131 | Psychological testing evaluation services by qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour | 6 | MPFS |
| 96132 | Neuropsychological testing evaluation services by qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | 12 | MPFS |
| 96133 | Neuropsychological testing evaluation services by qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour | 9 | MPFS |
| 96136 | Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method; first 30 minutes | 7 | MPFS |
| 96137 | Psychological or neuropsychological test administration and scoring by qualified health care professional, two or more tests, any method; each additional 30 minutes | 7 | MPFS |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes | 10 | MPFS |
| 96139 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes | 10 | MPFS |
| 96146 | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only | 1 | MPFS |
| 96156 | Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making) | 6 | MPFS |
| 96158 | Health behavior intervention, individual, face-to-face; initial 30 minutes | 4 | MPFS |
| 96159 | Health behavior intervention, individual, face-to-face; each additional 15 minutes | 1 | MPFS |
| 96164 | Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes | 1 | MPFS |
| 96165 | Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes | 1 | MPFS |
| 96167 | Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes | 4 | MPFS |
| 96168 | Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes | 2 | MPFS |
| 96170 | Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes | 7 | MPFS |
| 96171 | Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes | 3 | MPFS |

**DRUG ADMINISTRATION AND DELIVERY**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 95990 | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed | 6 | Equipment intense; RVU is in line with prior By Report values |
| 96360 | Intravenous infusion, hydration; initial, 31 minutes to 1 hour | 8 | MPFS |
| 96361 | Intravenous infusion, hydration; each additional hour | 3 | MPFS |
| 96365 | Intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to 1 hour | 18 | MPFS |
| 96366 | Intravenous infusion, for therapy, prophylaxis, or diagnosis; each additional hour | 4 | MPFS |
| 96367 | Intravenous infusion, for therapy, prophylaxis, or diagnosis; additional sequential infusion of a new drug/substance, up to 1 hour | 7 | MPFS |
| 96368 | Intravenous infusion, for therapy, prophylaxis, or diagnosis; concurrent infusion | 4 | MPFS |
| 96369 | Subcutaneous infusion for therapy or prophylaxis; initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s) | 18 | Consistency with CPT 96365 |
| 96370 | Subcutaneous infusion for therapy or prophylaxis; each additional hour | 4 | Consistency with CPT 96366 |
| 96371 | Subcutaneous infusion for therapy or prophylaxis; additional pump set-up with establishment of new subcutaneous infusion site(s) | 6 | Consistency with CPT 95990 |
| 96372 | Therapeutic, prophylactic, or diagnostic injection; subcutaneous or intramuscular | 2 | MPFS |
| 96373 | Therapeutic, prophylactic, or diagnostic injection; intra-arterial | 4 | MPFS |
| 96374 | Therapeutic, prophylactic, or diagnostic injection; intravenous push, single or initial substance/drug | 10 | MPFS |
| 96375 | Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of a new substance/drug | 4 | MPFS |
| 96376 | Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility | 1 | MPFS |
| 96377 | Application of on-body injector (includes cannula insertion) for timed subcutaneous injection | 4 | MPFS |
| 96401 | Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic  | 7 | Drug intense; OPPS APC weight more appropriate |
| 96402 | Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic  | 7 | Drug intense; OPPS APC weight more appropriate |
| 96405 | Chemotherapy administration; intralesional, up to and including 7 lesions | 7 | Drug intense; OPPS APC weight more appropriate |
| 96406 | Chemotherapy administration; intralesional, more than 7 lesions | 7 | Consistency with CPT 96405 |
| 96409 | Chemotherapy administration; intravenous, push technique, single or initial substance/drug | 10 | Consistency with CPT 96374 |
| 96411 | Chemotherapy administration; intravenous, push technique, each additional substance/drug | 4 | Consistency with CPT 96375 |
| 96413 | Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug | 18 | Consistency with CPT 96365 |
| 96415 | Chemotherapy administration, intravenous infusion technique; each additional hour | 4 | Consistency with CPT 96366 |
| 96416 | Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump | 18 | Consistency with CPT 96413 |
| 96417 | Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour | 1 | Consistency with CPT 96376 |
| 96420 | Chemotherapy administration, intra-arterial; push technique | BL | Invasive service |
| 96422 | Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour | BL | Invasive service |
| 96423 | Chemotherapy administration, intra-arterial; infusion technique, each additional hour | BL | Invasive service |
| 96425 | Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump | BL | Invasive service |
| 96440 | Chemotherapy administration into pleural cavity, requiring and including thoracentesis | BL | Invasive service |
| 96446 | Chemotherapy administration into peritoneal cavity via indwelling port or catheter | BL | Invasive service |
| 96450 | Chemotherapy administration, into CNS (e.g., intrathecal), requiring and including spinal puncture | BL | Invasive service |
| 96521 | Refilling and maintenance of portable pump | 6 | Consistency with CPT 95990 |
| 96522 | Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial) | 6 | Consistency with CPT 95990 |
| 96523 | Irrigation of implanted venous access device for drug delivery systems | 3 | Based on hospital BR as MPFS value is equipment intense  |
| 96542 | Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents | 6 | Based on hospital BR as MPFS value is too high |
| 96549 | Unlisted chemotherapy procedure | BR | Unlisted service |
| C8957 | Intravenous infusion for therapy/ diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable of implantable pump | 18 | Consistency with CPT 96413 |
| G0498 | Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/other outpatient setting, includes follow up office/other outpatient visit at the conclusion of the infusion | 18 | Consistency with CPT 96416 |
| 0537T | Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day | 0 | Bundled service with the biologic |
| 0540T | Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous | 18 | Consistency with CPT 96413 |
| 0662T | Scalp cooling, mechanical; initial measurement and calibration of cap | 9 | Based on hospital BR as no MPFS value |
| 0663T | Scalp cooling, mechanical; placement of device, monitoring, and removal of device | 12 | Based on hospital BR as no MPFS value |

**PHOTODYNAMIC THERAPY/DERMATOLOGY**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 96567 | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day | BR | No volumes |
| 96570 | Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes | 3 | MPFS |
| 96571 | Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes | 2 | MPFS |
| 96900 | Actinotherapy (ultraviolet light) | 7 | MPFS |
| 96902 | Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality | 2 | MPFS |
| 96904 | Whole body integumentary photography, for monitoring of high-risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma | 6 | Based on hospital BR as MPFS value is equipment intense |
| 96910 | Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B | 2 | Based on hospital BR as MPFS value is equipment intense |
| 96912 | Photochemotherapy; psoralens and ultraviolet A (PUVA) | 2 | Based on hospital BR as MPFS value is equipment intense |
| 96913 | Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings) | BR | No volumes |
| 96920 | Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm | BR | No volumes |
| 96921 | Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm | BR | No volumes |
| 96922 | Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm | BR | No volumes |
| 96999 | Unlisted special dermatological service or procedure | BR | Unlisted service |

**ACTIVE WOUND CARE MANAGEMENT**

No RVUs were as assigned to these services (e.g., CPT 97597). These services are reportable via the rehabilitation (Physical and Occupational Therapy) rate centers. Clinic staff costs should be reallocated to the therapy rate centers for appropriate matching of revenue and expense.

**MEDICAL NUTRITION THERAPY AND DIABETES MANAGEMENT**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 97802 | Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes | 5 | MPFS |
| 97803 | Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes | 5 | MPFS |
| 97804 | Medical nutrition therapy; group (2 or more individuals), each 30 minutes | 2 | MPFS |
| G0108 | Diabetes outpatient self-management training services, individual, per 30 minutes | 7 | MPFS |
| G0109 | Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes | 2 | MPFS |
| G0270 | Medical nutrition therapy: reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen, (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes | 5 | MPFS |
| G0271 | Medical nutrition therapy: reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen, (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes | 2 | MPFS |
| 0403T | Preventative behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day | 4 | Consistency with CPT G0109 x2 |

**ACCUPUNCTURE AND CHIROPRACTIC**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 97810 | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient | 5 | MPFS |
| 97811 | Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) | 3 | MPFS |
| 97813 | Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient | 7 | MPFS |
| 97814 | Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) | 5 | MPFS |
| 98925 | Osteopathic manipulative treatment (OMT); 1-2 body regions involved | 4 | MPFS |
| 98926 | Osteopathic manipulative treatment (OMT); 3-4 body regions involved | 6 | MPFS |
| 98927 | Osteopathic manipulative treatment (OMT); 5-6 body regions involved | 7 | MPFS |
| 98928 | Osteopathic manipulative treatment (OMT); 7-8 body regions involved | 8 | MPFS |
| 98929 | Osteopathic manipulative treatment (OMT); 9-10 body regions involved | 9 | MPFS |
| 98940 | Chiropractic manipulation treatment (CMT); spinal, 1-2 regions | 3 | MPFS |
| 98941 | Chiropractic manipulation treatment (CMT); spinal, 3-4 regions | 4 | MPFS |
| 98942 | Chiropractic manipulation treatment (CMT); spinal, 5 regions | 5 | MPFS |
| 98943 | Chiropractic manipulation treatment (CMT); extraspinal, 1 or more regions | 3 | MPFS |

**EDUCATION AND TRAINING**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 98960 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient | 7 | Consistency with CPT G0108 |
| 98961 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients | 2 | Consistency with CPT G0109 |
| 98962 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients | 2 | Consistency with CPT G0109 |

**NON-FACE-TO-FACE AND NON-MEDICAL SERVICES**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 98966 | Telephone assessment and management service provided by a qualified nonphysician heath care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment: 5-10 minutes of medical discussion | 0 | Professional service |
| 98967 | Telephone assessment and management service provided by a qualified nonphysician heath care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment: 11-20 minutes of medical discussion | 0 | Professional service |
| 98968 | Telephone assessment and management service provided by a qualified nonphysician heath care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment: 21-30 minutes of medical discussion | 0 | Professional service |
| 98970 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes | 0 | Professional service |
| 98971 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes | 0 | Professional service |
| 98972 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes | 0 | Professional service |
| 98975 | Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment | 5 | MPFS |
| 98976 | Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days | 0 | Not a regulated service |
| 98977 | Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days | 0 | Not a regulated service |
| 98980 | Remote therapeutic monitoring treatment management services, qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes | 0 | Not a regulated service |
| 98981 | Remote therapeutic monitoring treatment management services, qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes | 0 | Not a regulated service |
| 99078 | Qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (e.g., prenatal, obesity, or diabetic instructions) | 0 | Not a regulated service |
| 99441 | Telephone evaluation and management service by a qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment: 5-10 minutes of medical discussion | 0 | Professional service |
| 99442 | Telephone evaluation and management service by a qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment: 11-20 minutes of medical discussion | 0 | Professional service |
| 99443 | Telephone evaluation and management service by a qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment: 21-30 minutes of medical discussion | 0 | Professional service |
| G2010 | Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment | 0 | Not a regulated service |
| G2012 | Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to a E/M service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion | 0 | Not a regulated service |

**SUBSTANCE ABUSE SERVICES**

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 99406 | Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes  | 2 | MPFS |
| 99407 | Smoking and tobacco use cessation counseling; intensive, greater than10 minutes  | 3 | MPFS |
| 99408 | Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes | 0 | Not a regulated service |
| 99409 | Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes | 0 | Not a regulated service |

**COVID-19-RELATED CODES**

Codes will continue to be added as COVID-19 treatments are identified.

| **Code** | **Description** | **RVU** | **Rationale** |
| --- | --- | --- | --- |
| 0001A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose | 3 | Consistency with CPT 90471 |
| 0002A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose | 3 | Consistency with CPT 90471 |
| 0003A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; third dose | 3 | Consistency with CPT 90471 |
| 0004A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; booster dose | 3 | Consistency with CPT 90471 |
| 0011A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose | 3 | Consistency with CPT 90471 |
| 0012A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose | 3 | Consistency with CPT 90471 |
| 0013A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; third dose | 3 | Consistency with CPT 90471 |
| 0021A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5mL dosage; first dose | 3 | Consistency with CPT 90471 |
| 0022A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x1010 viral particles/0.5mL dosage; second dose | 3 | Consistency with CPT 90471 |
| 0031A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage; single dose | 3 | Consistency with CPT 90471 |
| 0034A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x1010 viral particles/0.5mL dosage; booster dose | 3 | Consistency with CPT 90471 |
| 0041A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose | 3 | Consistency with CPT 90471 |
| 0042A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; second dose | 3 | Consistency with CPT 90471 |
| 0051A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3mL dosage, tris-sucrose formulation; first dose | 3 | Consistency with CPT 90471 |
| 0052A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3mL dosage, tris-sucrose formulation; second dose | 3 | Consistency with CPT 90471 |
| 0053A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3mL dosage, tris-sucrose formulation; third dose | 3 | Consistency with CPT 90471 |
| 0054A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 30 mcg/0.3mL dosage, tris-sucrose formulation; booster dose | 3 | Consistency with CPT 90471 |
| 0064A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25mL dosage; booster dose | 3 | Consistency with CPT 90471 |
| 0071A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2mL dosage, diluent reconstituted, tris-sucrose formulation; first dose | 3 | Consistency with CPT 90471 |
| 0072A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2mL dosage, diluent reconstituted, tris-sucrose formulation; second dose | 3 | Consistency with CPT 90471 |
| 0073A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation: third dose | 3 | Consistency with CPT 90471 |
| 0081A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation: first dose | 3 | Consistency with CPT 90460 |
| 0082A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation: second dose | 3 | Consistency with CPT 90460 |
| 0094A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, booster dose | 3 | Consistency with CPT 90471 |
| M0220 | Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have moderate to severely compromised immune systems or for who vaccination with any available covid-19 vaccine is not recommended due to a history of severe adverse reaction to a covid-19 vaccine(s) and/or covid-19 component(s), includes injection and post administration monitoring | 4 | Consistency with CPT 96372 X 2 |
| M0222 | Intravenous injection, bebtelovimab, includes injection and post administration monitoring | 18 | Consistency with CPT 96365  |
| M0240 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring, subsequent repeat doses | 22 | Consistency with CPT 96365 plus CPT 96368 |
| M0243 | Intravenous infusion or subcutaneous injection, casirivimab and imdevimab includes infusion or injection, and post administration monitoring | 22 | Consistency with CPT 96365 plus CPT 96368 |
| M0245 | Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring | 22 | Consistency with CPT 96365 plus CPT 96368 |
| M0247 | Intravenous infusion, sotrovimab, includes infusion and post administration monitoring | 18 | Consistency with CPT 96365 |
| M0249 | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose | 0 | Inpatient procedure |
| M0250 | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose | 0 | Inpatient procedure |

**GASTROENTEROLOGY**

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

**PART III: SURGICAL PROCEDURES**

Any surgical procedures performed in a clinic should be reported via the Operating Room-Clinic (ORC) cost center, and associated surgical costs allocated to the ORC 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), 91000 to 91299 (gastroenterology), and 93000 to 93050 (cardiography).

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 IRC procedures have surgical CPT codes are defined in the IRC rate center with RVUs. Hospitals should continue to report using those IRC RVUs until instructed otherwise.
* *Laboratory-*Venipuncture/Capillary punctures. These procedures are 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.

**CAPTURING MINUTES FOR SURGICAL PROCEDURES PERFORMED IN CLINIC**

The counting of minutes for surgical procedures performed in clinics is different than the rules in the operating room Chart of Accounts [See Operating Room Chart of Accounts.]

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 like 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. 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**

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