

Includes Department of Defense Appropriations Act of 2010 which provides for a zero percent (0%) update to the 2010 Medicare Physician Fee Schedule for a two month period, January 1, 2010 through February 28, 2010

2010 RBRVS

WHAT IS IT AND HOW DOES IT AFFECT PEDIATRICS?

The Centers for Medicare and Medicaid Services (CMS) implemented the Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule on January 1, 1992. The Medicare RBRVS physician fee schedule replaced the Medicare physician payment system of “customary, prevailing, and reasonable” (CPR) charges under which physicians were paid according to the historical record of the charge for the provision of each service. The current Medicare RBRVS physician fee schedule is derived from the “relative value” of services provided and based on the resources they consume. The relative value of each service is quantifiable and is based on the concept that there are three components of each service: the amount of physician work that goes into the service, the practice expense associated with the service, and the professional liability expense for the provision of the service. The relative value of each service is multiplied by Geographic Practice Cost Indices (GPCIs) for each Medicare locality and then translated into a dollar amount by an annually adjusted conversion factor. The dollar amount derived from this calculation is the Medicare payment amount for the provision of a particular service. It is critical to note that 77% of public and private payers, including Medicaid programs, have adopted components of the Medicare RBRVS to pay physicians, while others are exploring its implementation. For more information on RBRVS, go to <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;122/6/1395.pdf>.

ELEMENTS OF THE RBRVS

Physician Work (Work)

The physician work component of the Medicare RBRVS physician fee schedule is maintained and updated by CMS with input from the American Medical Association (AMA)/Specialty Society Relative Value Scale Update Committee (RUC). The RUC is composed of 29 members, consisting of 23 representatives from major medical specialty societies, as well as representatives from the American Medical Association, the American Osteopathic Association, the Health Care Professionals Advisory Committee, the Practice Expense Subcommittee, and the CPT Editorial Panel. The American Academy of Pediatrics (AAP) holds one of the 23 seats designated for medical specialty society representation. CMS reviews and, if necessary, modifies the RUC-recommended relative value units (RVUs) of physician work and establishes payment policy, which is published in the *Federal Register* (<http://www.cms.hhs.gov/PhysicianFeeSched/>).

The physician work component represents approximately 52% of the total RVUs for each service. Physician work is divided into pre-service, intra-service, and post-service periods that equal the total value of work for each service. The total value of physician work contained in the Medicare RBRVS physician fee schedule for each service consists of the following components:

- Physician time required to perform the service
- Technical skill and physical effort
- Mental effort and judgment
- Psychological stress associated with physician’s concern about the iatrogenic risk to the patient

Practice Expense (PE)

The practice expense component represents approximately 44% of the total RVUs for each service. In 2002, an initial four-year transition to resource-based practice expense RVUs was completed. A second four-year transition using a revised practice expense methodology started in 2007 and will be completed in 2010. Starting in 2010, there will be a third four-year transition utilizing two new practice expense revisions: 1) CMS will utilize the results of the Physician Practice Information (PPI) Survey, sponsored by the AMA and 72 medical specialty societies and health professional organizations; and 2) CMS will adopt an assumption that diagnostic imaging equipment such as CT and MRI are in use 90 percent of the time that an office is open instead of 50 percent of the time.

CMS uses many sources and methodologies to determine practice expense RVUs. Beginning in 1998, some CPT codes were assigned two (2) practice expense RVUs: a lesser one for procedures performed in a facility (ie, a hospital, skilled nursing facility, or ambulatory surgical center) and a greater one for procedures/services performed at a non-facility site (ie, physician’s office or patient’s home). This policy continues for 2010.

Professional Liability Insurance (PLI) (Malpractice)

Professional liability insurance (malpractice) expense relative values amount to approximately 4% of the physician fee schedule payment. CMS replaced the cost-based professional liability insurance relative values with resource-based professional liability insurance RVUs in 2000. The end result of its computations was to retain the same total professional liability insurance RVUs as they were under the charge-based system.

Medicare Global Period

On the Medicare physician fee schedule, each CPT code is assigned a designation in the Medicare “global period” column. Medicare Global Periods define the post-operative period for procedures and affect how follow-up services are reported for a given CPT code. The Medicare Global Period designations are defined as follows:

Medicare Global Period

<u>Designation</u>	<u>Definition</u>	<u>Explanation (Example)</u>
000	Zero-day Medicare Global Period	Payment for a 0-day global code includes the procedure/service plus any associated care provided on the same day of service (eg, 54150)
010	Ten-day Medicare Global Period	Payment for a 10-day global code includes the procedure/service plus any associated follow-up care for 10 days (eg, 24640)
090	Ninety-day Medicare Global Period	Payment for a 90-day global code includes the procedure/service plus any associated follow-up care for 90 days (eg, 25600)
XXX	The Medicare Global Period concept does not apply	Payment for an XXX code includes only the procedure/service (eg, 90471)
ZZZ	Code related to another service that is always included in the Medicare Global Period of another service	Payment for a ZZZ code includes only the procedure/service; ZZZ codes are usually add-on codes to XXX codes (eg, 90472)
YYY	The global period is to be set by the carrier	This designation is usually reserved for unlisted surgery codes (eg, 24999)

Components of a Medicare Global Period including the following:

- Pre-operative visits: Pre-operative visits *after the decision is made to operate* beginning with the day before the day of surgery for major procedures and the day of surgery for minor procedures
- Intra-operative services: Intra-operative services that are normally a usual and necessary part of a surgical procedure
- Complications following surgery: All additional medical or surgical services required of the surgeon during the post-operative period of the surgery because of complications which do not require additional trips to the operating room

Payers that adopt Medicare’s RBRVS RVUs should also be following Medicare policy with respect to Medicare Global Periods.

Geographic Practice Cost Indices (GPCIs)

The Geographic Practice Cost Indices (GPCIs) reflect the relative costs associated with physician work, practice, and professional liability insurance in a Medicare locality compared to the national average relative costs.

- Cost of Living GPCI: Applied to physician work relative values
- Practice Cost GPCI: Applied to practice expense relative values
- Professional Liability Insurance Cost GPCI: Applied to professional liability insurance relative values

2010
Geographic Practice Cost Indices (GPCIs) By Medicare Locality

Medicare Locality	Work	Practice Expense	Professional Liability Insurance
Alabama	0.982	0.853	0.496
Alaska	1.500*	1.090	0.646
Arizona	0.988	0.957	0.822
Arkansas	0.961	0.846	0.446
Anaheim/Santa Ana, California	1.034	1.269	0.811
Los Angeles, California	1.041	1.225	0.804
Marin/Napa/Solano, California	1.034	1.265	0.432
Oakland/Berkeley, California	1.053	1.286	0.425
San Francisco, California	1.059	1.441	0.414
San Mateo, California	1.072	1.433	0.394
Santa Clara, California	1.083	1.294	0.377
Ventura, California	1.027	1.265	0.766
Rest of California	1.007	1.058	0.549
Colorado	0.986	0.992	0.641
Connecticut	1.038	1.185	0.980
District of Columbia + Maryland/Virginia Suburbs	1.047	1.218	1.032
Delaware	1.011	1.046	0.678
Fort Lauderdale, Florida	0.989	1.018	2.250
Miami, Florida	1.000	1.069	3.167
Rest of Florida	0.973	0.939	1.724
Atlanta, Georgia	1.009	1.014	0.836
Rest of Georgia	0.979	0.883	0.829
Hawaii/Guam	0.998	1.161	0.665
Idaho	0.967	0.883	0.546
Chicago, Illinois	1.025	1.080	1.940
East St Louis, Illinois	0.989	0.919	1.793
Suburban Chicago, Illinois	1.017	1.068	1.629
Rest of Illinois	0.975	0.880	1.219
Indiana	0.986	0.918	0.599
Iowa	0.965	0.870	0.434
Kansas	0.969	0.882	0.557
Kentucky	0.969	0.860	0.652
New Orleans, Louisiana	0.986	1.044	0.956
Rest of Louisiana	0.970	0.878	0.892
Southern Maine	0.980	1.025	0.492
Rest of Maine	0.962	0.893	0.492
Baltimore/Surrounding Counties, Maryland	1.012	1.057	1.086
Rest of Maryland	0.994	0.982	0.874
Metropolitan Boston	1.029	1.291	0.764
Rest of Massachusetts	1.007	1.106	0.764
Detroit, Michigan	1.036	1.040	1.906
Rest of Michigan	0.998	0.923	1.083
Minnesota	0.992	0.983	0.245
Mississippi	0.959	0.854	0.808
Metropolitan Kansas City, Missouri	0.990	0.945	1.188
Metropolitan St Louis, Missouri	0.993	0.931	1.075
Rest of Missouri	0.949	0.821	0.997
Montana	0.950	0.847	0.673
Nebraska	0.959	0.890	0.245
Nevada	1.002	1.026	1.083
New Hampshire	0.982	1.039	0.462

Medicare Locality	Work	Practice Expense	Professional Liability Insurance
Northern New Jersey	1.057	1.228	1.116
Rest of New Jersey	1.042	1.126	1.116
New Mexico	0.973	0.890	1.096
Manhattan, New York	1.064	1.298	1.010
New York City Suburbs/Long Island, New York	1.051	1.289	1.235
Poughkeepsie/ Northern New York City Suburbs, New York	1.014	1.077	0.822
Queens, New York	1.032	1.239	1.220
Rest of New York	0.997	0.921	0.425
North Carolina	0.972	0.925	0.634
North Dakota	0.947	0.844	0.387
Ohio	0.993	0.927	1.232
Oklahoma	0.964	0.850	0.627
Portland, Oregon	1.002	1.015	0.472
Rest of Oregon	0.968	0.927	0.472
Metropolitan Philadelphia, Pennsylvania	1.016	1.097	1.617
Rest of Pennsylvania	0.993	0.925	1.081
Puerto Rico	0.904	0.694	0.250
Rhode Island	1.013	1.088	0.996
South Carolina	0.975	0.906	0.446
South Dakota	0.942	0.864	0.420
Tennessee	0.978	0.889	0.608
Austin, Texas	0.992	0.984	0.969
Beaumont, Texas	0.984	0.875	1.346
Brazoria, Texas	1.019	0.922	1.223
Dallas, Texas	1.009	1.001	1.110
Forth Worth Texas	0.998	0.953	1.110
Galveston, Texas	0.991	0.959	1.223
Houston, Texas	1.016	0.986	1.345
Rest of Texas	0.968	0.879	1.065
Utah	0.977	0.907	1.026
Vermont	0.968	0.983	0.489
Virginia	0.982	0.942	0.657
Virgin Islands	0.997	0.978	1.009
Seattle (King County), Washington	1.014	1.085	0.706
Rest of Washington	0.987	0.974	0.693
West Virginia	0.973	0.827	1.353
Wisconsin	0.988	0.921	0.409
Wyoming	0.956	0.842	0.889

***The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) established a 1.500 work GPCI for Alaska**

Medicare Conversion Factor (CF)

The Medicare Conversion Factor (CF) is a national value that converts the total RVUs into payment amounts for the purpose of paying physicians for services provided. Since January 1, 1998, there has been one Medicare Conversion Factor, as specified by the Balanced Budget Act of 1997. Anesthesia has a separate conversion factor, but is paid using a different formula. The Medicare Conversion Factor is updated annually. Medicare Conversion Factors in past years have been \$36.6137 (2000), \$38.2581 (2001), \$36.1992 (2002), \$36.7856 (2003), \$37.3374 (2004), \$37.8975 (2005), \$37.8975 (2006), \$37.8975 (2007), \$38.0870 (2008), and \$36.0666 (2009).

2010 Medicare Conversion Factor = ~~\$28.3895~~ \$36.0666 [NOTE: *President Obama has signed the Department of Defense Appropriations Act of 2010 which provides for a zero percent (0%) update to the 2010 Medicare Physician Fee Schedule for a two month period, January 1, 2010 through February 28, 2010.*]

Additional components of the Medicare RBRVS physician fee schedule factored into the payment structure include the following:

- MEI: The allocation of RVUs to pools for physician work, practice expense, and professional liability insurance have been revised to correspond with the Medicare Economic Index. Work is now allocated 52% of the total RVUs, practice expense is 44%, and professional liability insurance is 4%.
- HPSA: Incentive payments for physician services provided to patients in Health Professional Shortage Areas (HPSAs), which are medically underserved communities, urban and rural locations that have a documented shortage of medical professionals.
- Nonparticipating Physicians: Reduced payments for physicians, called “nonparticipating” physicians, who do not accept Medicare “assignment.” The law sets the payment amount for nonparticipating physicians at 95% of the payment amount for participating physicians (ie, the fee schedule amount).
- Budget Neutrality: Statutory guidelines indicate that revisions to the RVUs for physician services may not alter physician expenditures within the Medicare RBRVS physician fee schedule by more than \$20 million from the principal expenditures that would have resulted if the RVU adjustments were never initiated. In 2007 and 2008, the Medicare program applied a separate budget neutrality adjustment factor to the physician work RVUs to ensure Medicare budget neutrality in light of work RVU increases tied to the 2005 Five-Year Review. However, by virtue of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), starting in 2009 CMS is required to maintain Medicare budget neutrality exclusively via annual adjustments to the Medicare Conversion Factor.

HOW TO USE THE RBRVS

CMS publishes RVUs for CPT codes in the *Federal Register*. To calculate the Medicare physician payment for a service, the RVUs for each of the three components of the Medicare RBRVS physician fee schedule are multiplied by their corresponding GPCIs to account for geographic differences in resource costs. The sum of these calculations is then multiplied by a dollar conversion factor. When determining payment, it is important to take into consideration all the mechanisms within the Medicare RBRVS physician fee schedule incorporated into the final payment for physician services. Please note that third-party payers other than Medicare may not use all of the elements of the RBRVS to determine physician payment. For example, they may use their own conversion factor or not factor in the GPCIs.

Example: Level 3 office visit for the evaluation and management of an established patient in Marco Island, Florida (“Rest of Florida” Medicare Locality).

[Remember that in order for the physician to code 99213, the appropriate history, physical examination, and medical decision-making must be documented.]

The following RVUs, GPCIs, and Medicare Conversion Factor are based on the information provided by CMS in the *Federal Register* on November 25, 2009.

CPT Code 99213		Location: Marco Island, Florida ("Rest of Florida" Medicare Locality)	
Work RVUs	0.97	Work GPCI	0.973
Non-Facility Practice Expense RVUs	0.80	Practice Expense GPCI	0.939
Professional Liability Insurance RVUs	0.05	Professional Liability Insurance GPCI	1.724

METHOD 1 (NON-GEOGRAPHICALLY ADJUSTED & USING NON-MEDICARE CONVERSION FACTOR)

This is an example of a physician payment mechanism in a non-facility setting that takes into consideration the total RVUs from the Medicare RBRVS but excludes all other components of the physician fee schedule. Often the total RVUs are multiplied by a payer-specific conversion factor that is not associated with the Medicare Conversion Factor.

STEP 1

Add together the physician work, non-facility practice expense, and professional liability insurance RVUs to obtain the total non-facility RVUs for the office visit.

$$\begin{aligned} &\text{Total non-facility RVUs for CPT code 99213} = \\ &\text{Work RVUs} + \text{Non-Facility Practice Expense RVUs} + \text{Professional Liability Insurance RVUs} \\ &(0.97) + (0.80) + (0.05) = 1.82 \end{aligned}$$

STEP 2

Multiply the total Medicare RVUs for CPT code 99213 by a non-Medicare, payer-specific primary care conversion factor (which may or may not be different than the 2010 Medicare Conversion Factor of ~~\$28.3895~~ \$36.0666).

For example: Payer-specific primary care conversion factor = \$38.00

$$\begin{aligned} &\text{Total physician payment for the provision of CPT code 99213 by this third-party payer} = \\ &(\text{Total Medicare RVUs}) \times (\text{Payer CF}) \\ &(1.82) \times (38.00) = \$69.16 \end{aligned}$$

Note: In some cases, payers will not use the Medicare total RVUs for a service in their calculation of physician payment. Instead, they may apply their own relative value adjustments.

METHOD 2 (GEOGRAPHICALLY ADJUSTED & USING MEDICARE CONVERSION FACTOR)

This is an example of the Medicare RBRVS physician fee schedule payment in a non-facility setting for CPT code 99213 in Marco Island, Florida. The following example assumes that a physician has accepted assignment and is practicing in an area of the country that does not have a shortage of medical professionals.

STEP 1

Multiply the physician work, non-facility practice expense, and professional liability insurance RVUs by the appropriate GPCIs; add the figures thus obtained to get the total geographically adjusted RVUs for the office visit.

$$\begin{aligned} &\text{Total non-facility RVUs for CPT code 99213 (geographically adjusted)} = \\ &(\text{Work RVUs} \times \text{Work GPCI}) + (\text{Non-Facility Practice Expense RVUs} \times \text{Practice Expense GPCI}) + (\text{PLI RVUs} \times \text{PLI GPCI}) \\ &(0.97 \times 0.973) + (0.80 \times 0.939) + (0.05 \times 1.724) \\ &(0.94381) + (0.7512) + (0.0862) = 1.78121 \end{aligned}$$

STEP 2

Multiply the total geographically adjusted RVUs by the Medicare Conversion Factor to obtain the physician payment for the office visit.

2010 Medicare Conversion Factor (CF) = ~~\$28.3895~~ \$36.0666

$$\begin{aligned} &\text{Total Medicare payment for the provision of CPT code 99213 in Marco Island, Florida} = \\ &\text{Total geographically adjusted RVUs for CPT code 99213} \times \text{2010 Medicare Conversion Factor} \\ &(1.78121 \times \del{\$28.3895} \$36.0666 = \del{\$50.57} \$64.24) \end{aligned}$$

In this example, a physician practicing in Marco Island, Florida would receive ~~\$50.57~~ \$64.24 for providing the level 3 established patient office visit for a Medicare beneficiary.

To apply Method 2 using your own GPCIs, access the 2010 RBRVS Conversion Spreadsheet at <http://www.aap.org/visit/RBRVSConversionSpreadsheet.xls>.

A table that provides RVUs for a series of CPT codes commonly reported by pediatricians has been included at the end of this document. Please refer to this table to determine Medicare RVUs for other pediatric services and procedures.

CONCLUDING REMARKS

In today's rapidly changing health care environment, it is crucial to understand the Medicare RBRVS physician fee schedule. Many third-party payers, including Medicaid programs, private carriers, and managed care organizations are utilizing variations of the Medicare RBRVS to determine physician payment rates. In order for a physician to succeed in the changing marketplace, measurements of the costs involved in providing services will need to be ascertained; these costs include physician income and benefits, practice expenses, professional liability insurance premiums, as well as the frequency of services provided. Once this information is determined and the appropriate RVUs for each service are obtained, a physician will be able to calculate the costs involved in the provision of each service, as well as the average cost per service provided and per member per month estimates.

For further information, please contact the Division of Health Care Finance and Quality Improvement at dhcfqi@aap.org.

Developed by the Committee on Coding and Nomenclature, with contributions by Linda Walsh and Becky Dolan.

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CPT Code	Work RVUs (wRVUs)	Non-Facility (NF) Practice Expense (PE) RVUs	Facility (F) Practice Expense (PE) RVUs	PLI RVUs	Total NF RVUs	Total F RVUs	100% Medicare (NF)	100% Medicare (F)	Medicare Global Period
Office Or Other Outpatient Services, New Patient									
99201	0.48	0.57	0.18	0.03	1.08	0.69	\$38.95	\$24.89	XXX
99202	0.93	0.88	0.35	0.06	1.87	1.34	\$67.44	\$48.33	XXX
99203	1.42	1.19	0.50	0.10	2.71	2.02	\$97.74	\$72.85	XXX
99204	2.43	1.61	0.82	0.16	4.20	3.41	\$151.48	\$122.99	XXX
99205	3.17	1.91	1.05	0.20	5.28	4.42	\$190.43	\$159.41	XXX
Office Or Other Outpatient Services, Established Patient									
99211	0.18	0.34	0.06	0.01	0.53	0.25	\$19.12	\$9.02	XXX
99212	0.48	0.57	0.17	0.03	1.08	0.68	\$38.95	\$24.53	XXX
99213	0.97	0.80	0.32	0.05	1.82	1.34	\$65.64	\$48.33	XXX
99214	1.50	1.15	0.49	0.08	2.73	2.07	\$98.46	\$74.66	XXX
99215	2.11	1.46	0.70	0.11	3.68	2.92	\$132.73	\$105.31	XXX
Office Or Other Outpatient Consultations*									
99241	0.64	0.66	0.24	0.05	1.35	0.93	\$48.69	\$33.54	XXX
99242	1.34	1.10	0.51	0.10	2.54	1.95	\$91.61	\$70.33	XXX
99243	1.88	1.46	0.71	0.13	3.47	2.72	\$125.15	\$98.10	XXX
99244	3.02	1.96	1.14	0.16	5.14	4.32	\$185.38	\$155.81	XXX
99245	3.77	2.30	1.38	0.21	6.28	5.36	\$226.50	\$193.32	XXX
Prolonged Physician Service With Face-To-Face Patient Contact; Outpatient									
99354	1.77	0.74	0.60	0.09	2.60	2.46	\$93.77	\$88.72	ZZZ
99355	1.77	0.72	0.57	0.09	2.58	2.43	\$93.05	\$87.64	ZZZ
Preventive Medicine Services, New Patient									
99381 ^N	1.19	1.27	0.42	0.06	2.52	1.67	\$90.89	\$60.23	XXX
99382 ^N	1.36	1.33	0.48	0.07	2.76	1.91	\$99.54	\$68.89	XXX
99383 ^N	1.36	1.31	0.48	0.07	2.74	1.91	\$98.82	\$68.89	XXX
99384 ^N	1.53	1.37	0.55	0.08	2.98	2.16	\$107.48	\$77.90	XXX
99385 ^N	1.53	1.37	0.55	0.08	2.98	2.16	\$107.48	\$77.90	XXX
Preventive Medicine Services, Established Patient									
99391 ^N	1.02	1.05	0.36	0.05	2.12	1.43	\$76.46	\$51.58	XXX
99392 ^N	1.19	1.11	0.42	0.06	2.36	1.67	\$85.12	\$60.23	XXX
99393 ^N	1.19	1.10	0.42	0.06	2.35	1.67	\$84.76	\$60.23	XXX
99394 ^N	1.36	1.16	0.48	0.07	2.59	1.91	\$93.41	\$68.89	XXX
99395 ^N	1.36	1.17	0.48	0.07	2.60	1.91	\$93.77	\$68.89	XXX
H1N1 Influenza Immunization Administration									
90470 ^I	0.20	0.42	0.42	0.01	0.63	0.63	\$22.72	\$22.72	XXX
Immunization Administration									
90471	0.17	0.41	N/A	0.01	0.59	N/A	\$21.28	N/A	XXX
90472	0.15	0.14	0.06	0.01	0.30	0.22	\$10.82	\$7.93	ZZZ
90473 ^R	0.17	0.22	0.05	0.01	0.40	0.23	\$14.43	\$8.30	XXX
90474 ^R	0.15	0.10	0.05	0.01	0.26	0.21	\$9.38	\$7.57	ZZZ
Immunization Administration Under Age 8 With Physician Counseling									
90465	0.17	0.41	N/A	0.01	0.59	N/A	\$21.28	N/A	XXX
90466	0.15	0.14	0.06	0.01	0.30	0.22	\$10.82	\$7.93	ZZZ
90467 ^R	0.17	0.22	0.09	0.01	0.40	0.27	\$14.43	\$9.74	XXX
90468 ^R	0.15	0.13	0.05	0.01	0.29	0.21	\$10.46	\$7.57	ZZZ

CPT Code	Work RVUs (wRVUs)	Non-Facility (NF) Practice Expense (PE) RVUs	Facility (F) Practice Expense (PE) RVUs	PLI RVUs	Total NF RVUs	Total F RVUs	100% Medicare (NF)	100% Medicare (F)	Medicare Global Period
Hydration, Therapeutic, Prophylactic, And Diagnostic Injections And Infusions, And Chemotherapy And Other Highly Complex Drug Or Highly Complex Biologic Agent Administration									
96360	0.17	1.30	N/A	0.02	1.49	N/A	\$53.74	N/A	XXX
96361	0.09	0.32	N/A	0.01	0.42	N/A	\$15.15	N/A	ZZZ
96365	0.21	1.61	N/A	0.03	1.85	N/A	\$66.72	N/A	XXX
96366	0.18	0.38	N/A	0.01	0.57	N/A	\$20.56	N/A	ZZZ
96367	0.19	0.70	N/A	0.01	0.90	N/A	\$32.46	N/A	ZZZ
96368	0.17	0.35	N/A	0.01	0.53	N/A	\$19.12	N/A	ZZZ
96372	0.17	0.41	N/A	0.01	0.59	N/A	\$21.28	N/A	XXX
96373	0.17	0.32	N/A	0.01	0.50	N/A	\$18.03	N/A	XXX
96374	0.18	1.26	N/A	0.02	1.46	N/A	\$52.66	N/A	XXX
96375	0.10	0.50	N/A	0.01	0.61	N/A	\$22.00	N/A	ZZZ
Vision And Hearing Screening									
99173 ^N	0.00	0.06	N/A	0.01	0.07	N/A	\$2.52	N/A	XXX
99174 ^N	0.00	0.70	N/A	0.01	0.71	N/A	\$25.61	N/A	XXX
92551 ^N	0.00	0.28	N/A	0.01	0.29	N/A	\$10.46	N/A	XXX
92552	0.00	0.59	N/A	0.01	0.60	N/A	\$21.64	N/A	XXX
Developmental Testing									
96110	0.00	0.19	N/A	0.01	0.20	N/A	\$7.21	N/A	XXX
96111	2.60	0.89	0.79	0.12	3.61	3.51	\$130.20	\$126.59	XXX
Medication Management									
90862	0.95	0.58	0.28	0.03	1.56	1.26	\$56.26	\$45.44	XXX
Care Plan Oversight									
99339 ^B	1.25	0.76	N/A	0.06	2.07	N/A	\$74.66	N/A	XXX
99340 ^B	1.80	1.02	N/A	0.09	2.91	N/A	\$104.95	N/A	XXX
Physician Telephone And Online E/M Services									
99441 ^N	0.25	0.12	0.08	0.01	0.38	0.34	\$13.71	\$12.26	XXX
99442 ^N	0.50	0.21	0.18	0.03	0.74	0.71	\$26.69	\$25.61	XXX
99443 ^N	0.75	0.29	0.26	0.04	1.08	1.05	\$38.95	\$37.87	XXX
99444 ^N	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	XXX
Physician Medical Team Conference									
99367 ^B	1.10	N/A	0.38	0.06	N/A	1.54	N/A	\$55.54	XXX
Newborn Care Services									
99460	1.17	N/A	0.37	0.06	N/A	1.60	N/A	\$57.71	XXX
99461	1.26	1.08	0.44	0.06	2.40	1.76	\$86.56	\$63.48	XXX
99462	0.62	N/A	0.20	0.03	N/A	0.85	N/A	\$30.66	XXX
99463	1.50	N/A	0.58	0.08	N/A	2.16	N/A	\$77.90	XXX
99464	1.50	N/A	0.43	0.08	N/A	2.01	N/A	\$72.49	XXX
99465	2.93	N/A	1.01	0.15	N/A	4.09	N/A	\$147.51	XXX
Initial Hospital Care									
99221	1.89	N/A	0.59	0.13	N/A	2.61	N/A	\$94.13	XXX
99222	2.57	N/A	0.81	0.15	N/A	3.53	N/A	\$127.32	XXX
99223	3.79	N/A	1.19	0.20	N/A	5.18	N/A	\$186.82	XXX
Subsequent Hospital Care									
99231	0.76	N/A	0.26	0.04	N/A	1.06	N/A	\$38.23	XXX
99232	1.39	N/A	0.45	0.07	N/A	1.91	N/A	\$68.89	XXX
99233	2.00	N/A	0.64	0.10	N/A	2.74	N/A	\$98.82	XXX

CPT Code	Work RVUs (wRVUs)	Non-Facility (NF) Practice Expense (PE) RVUs	Facility (F) Practice Expense (PE) RVUs	PLI RVUs	Total NF RVUs	Total F RVUs	100% Medicare (NF)	100% Medicare (F)	Medicare Global Period
Discharge Day Management									
99238	1.28	N/A	0.54	0.06	N/A	1.88	N/A	\$67.81	XXX
99239	1.90	N/A	0.76	0.08	N/A	2.74	N/A	\$98.82	XXX
Observation Care									
99217	1.28	N/A	0.54	0.06	N/A	1.88	N/A	\$67.81	XXX
99218	1.28	N/A	0.42	0.07	N/A	1.77	N/A	\$63.84	XXX
99219	2.14	N/A	0.69	0.10	N/A	2.93	N/A	\$105.68	XXX
99220	2.99	N/A	0.97	0.14	N/A	4.10	N/A	\$147.87	XXX
Prolonged Physician Service With Face-To-Face Patient Contact; Inpatient									
99356	1.71	N/A	0.59	0.08	N/A	2.38	N/A	\$85.84	ZZZ
99357	1.71	N/A	0.59	0.08	N/A	2.38	N/A	\$85.84	ZZZ
Physician Standby Services									
99360 ^x	1.20	N/A	0.42	0.06	N/A	1.68	N/A	\$60.59	XXX
Critical Care Services									
99291	4.50	2.41	1.24	0.25	7.16	5.99	\$258.24	\$216.04	XXX
99292	2.25	0.86	0.62	0.12	3.23	2.99	\$116.50	\$107.84	ZZZ
Pediatric Critical Care Patient Transport									
99466	4.79	N/A	1.52	0.24	N/A	6.55	N/A	\$236.24	XXX
99467	2.40	N/A	0.77	0.12	N/A	3.29	N/A	\$118.66	ZZZ
Inpatient Pediatric And Neonatal Critical Care									
99468	18.46	N/A	5.22	0.93	N/A	24.61	N/A	\$887.60	XXX
99469	7.99	N/A	2.36	0.40	N/A	10.75	N/A	\$387.72	XXX
99471	15.98	N/A	4.76	0.80	N/A	21.54	N/A	\$776.87	XXX
99472	7.99	N/A	2.39	0.40	N/A	10.78	N/A	\$388.80	XXX
99475	11.25	3.03	3.03	0.56	14.84	14.84	\$535.23	\$535.23	XXX
99476	6.75	1.82	1.82	0.34	8.91	8.91	\$321.35	\$321.35	XXX
Initial And Continuing Intensive Care Services									
99477	7.00	N/A	2.15	0.28	N/A	9.43	N/A	\$340.11	XXX
99478	2.75	N/A	0.97	0.14	N/A	3.86	N/A	\$139.22	XXX
99479	2.50	N/A	0.79	0.13	N/A	3.42	N/A	\$123.35	XXX
99480	2.40	N/A	0.76	0.12	N/A	3.28	N/A	\$118.30	XXX
Moderate (Conscious) Sedation Provided By The Same Physician Performing The Diagnostic Or Therapeutic Service									
99143 ^C	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	XXX
99144 ^C	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	XXX
99145 ^C	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	ZZZ
Moderate (Conscious) Sedation Provided By A Physician Other Than The Health Care Professional Performing The Diagnostic Or Therapeutic Service									
99148 ^C	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	XXX
99149 ^C	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	XXX
99150 ^C	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	ZZZ
After Hours And Emergency Services									
99050 ^B	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	XXX
99051 ^B	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	XXX
99058 ^B	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	XXX
Allergen Immunotherapy									
95115	0.00	0.26	N/A	0.01	0.27	N/A	\$9.74	N/A	XXX
95117	0.00	0.32	N/A	0.01	0.33	N/A	\$11.90	N/A	XXX

CPT Code	Work RVUs (wRVUs)	Non-Facility (NF) Practice Expense (PE) RVUs	Facility (F) Practice Expense (PE) RVUs	PLI RVUs	Total NF RVUs	Total F RVUs	100% Medicare (NF)	100% Medicare (F)	Medicare Global Period
Orthopedic Procedures									
23500	2.21	2.84	2.84	0.29	5.34	5.34	\$192.60	\$192.60	090
24640	1.25	1.68	0.85	0.15	3.08	2.25	\$111.09	\$81.15	010
25600	2.78	3.99	3.34	0.36	7.13	6.48	\$257.15	\$233.71	090
Otolaryngologic Procedures									
69200	0.77	2.27	0.64	0.08	3.12	1.49	\$112.53	\$53.74	000
69210	0.61	0.63	0.21	0.06	1.30	0.88	\$46.89	\$31.74	000
69401	0.63	1.46	0.62	0.06	2.15	1.31	\$77.54	\$47.25	000
Pulmonary Procedures									
94640	0.00	0.37	N/A	0.01	0.38	N/A	\$13.71	N/A	XXX
94664	0.00	0.38	N/A	0.01	0.39	N/A	\$14.07	N/A	XXX
Radiologic Procedures									
76885	0.74	2.93	N/A	0.04	3.71	N/A	\$133.81	N/A	XXX
76886	0.62	2.20	N/A	0.02	2.84	N/A	\$102.43	N/A	XXX
Urologic Procedures									
51701	0.50	1.11	0.24	0.04	1.65	0.78	\$59.51	\$28.13	000
54150	1.90	2.59	0.74	0.16	4.65	2.80	\$167.71	\$100.99	000
54160	2.53	3.76	1.43	0.18	6.47	4.14	\$233.35	\$149.32	010
54161	3.32	N/A	2.07	0.24	N/A	5.63	N/A	\$203.05	010
54162	3.32	4.01	2.08	0.24	7.57	5.64	\$273.02	\$203.42	010
Dermatologic Procedures									
10060	1.22	1.50	1.10	0.09	2.81	2.41	\$101.35	\$86.92	010
10120	1.25	2.08	1.01	0.12	3.45	2.38	\$124.43	\$85.84	010
17110	0.70	2.02	1.01	0.06	2.78	1.77	\$100.27	\$63.84	010
17111	0.97	2.26	1.15	0.09	3.32	2.21	\$119.74	\$79.71	010
17250	0.50	1.34	0.39	0.05	1.89	0.94	\$68.17	\$33.90	000
Health And Behavior Assessment/Intervention									
96150	0.50	0.11	0.10	0.01	0.62	0.61	\$22.36	\$22.00	XXX
96151	0.48	0.11	0.10	0.01	0.60	0.59	\$21.64	\$21.28	XXX
96152	0.46	0.10	0.09	0.01	0.57	0.56	\$20.56	\$20.20	XXX
96153	0.10	0.03	0.02	0.01	0.14	0.13	\$5.05	\$4.69	XXX
96154	0.45	0.10	0.09	0.01	0.56	0.55	\$20.20	\$19.84	XXX
96155	0.44	0.16	0.16	0.02	0.62	0.62	\$22.36	\$22.36	XXX
Medical Nutrition Therapy									
97802	0.53	0.26	0.22	0.02	0.81	0.77	\$29.21	\$27.77	XXX
97803	0.45	0.24	0.19	0.02	0.71	0.66	\$25.61	\$23.80	XXX
97804	0.25	0.10	0.10	0.01	0.36	0.36	\$12.98	\$12.98	XXX
Education And Training For Patient Self-Management									
98960 ^B	0.00	0.65	N/A	0.01	0.66	N/A	\$23.80	N/A	XXX
98961 ^B	0.00	0.31	N/A	0.01	0.32	N/A	\$11.54	N/A	XXX
98962 ^B	0.00	0.23	N/A	0.01	0.24	N/A	\$8.66	N/A	XXX
Counseling Risk Factor Reduction And Behavior Change Intervention									
99401 ^N	0.48	0.48	0.17	0.02	0.98	0.67	\$35.35	\$24.16	XXX
99402 ^N	0.98	0.67	0.35	0.05	1.70	1.38	\$61.31	\$49.77	XXX
99403 ^N	1.46	0.85	0.52	0.07	2.38	2.05	\$85.84	\$73.94	XXX
99404 ^N	1.95	1.03	0.70	0.10	3.08	2.75	\$111.09	\$99.18	XXX

CPT Code	Work RVUs (wRVUs)	Non-Facility (NF) Practice Expense (PE) RVUs	Facility (F) Practice Expense (PE) RVUs	PLI RVUs	Total NF RVUs	Total F RVUs	100% Medicare (NF)	100% Medicare (F)	Medicare Global Period
Counseling Risk Factor Reduction And Behavior Change Intervention (Continued)									
99406	0.24	0.12	0.08	0.01	0.37	0.33	\$13.34	\$11.90	XXX
99407	0.50	0.19	0.16	0.02	0.71	0.68	\$25.61	\$24.53	XXX
99408 ^N	0.65	0.27	0.23	0.03	0.95	0.91	\$34.26	\$32.82	XXX
99409 ^N	1.30	0.50	0.46	0.07	1.87	1.83	\$67.44	\$66.00	XXX

Note: Information for table extracted from the *Federal Register*, November 25, 2009

*While payment for consultations (including CPT codes 99241-99245) was eliminated in the Medicare program effective January 1, 2010, please note:

- Consultation codes are not being deleted from CPT nomenclature
- Consultation codes will remain on the RBRVS fee schedule with their established values
- It is a *Medicare payment policy* and may not be adopted by other payers. However, if non-Medicare payers *do* choose to adopt this policy, it is imperative that they also make the budgetary accommodations as have been done in the Medicare program. The Medicare funds saved in not paying for consultations have been used to increase the 2010 RBRVS relative value units for other evaluation and management (E/M) codes, including the new and established office visit codes (99201-99215) and the initial hospital care codes (99221-99223). Non-Medicare payers that follow the Medicare consultation policy must also utilize the higher RVUs for these non-consultation E/M codes.

The Academy is currently working with non-Medicare payers to discourage adoption of the Medicare consultation policy. For more information, please see the AAP Position on Medicare Consultation Policy at <http://www.aap.org/moc/reimburse/codingrbrvsresources.htm>.

Key:

Work RVUs = Physician work RVUs

Non-facility practice expense RVUs = Practice expense RVUs for services provided in a non-facility (eg, physician's office) setting

Facility practice expense RVUs = Practice expense RVUs for services provided in a facility (eg, hospital) setting

PLI RVUs = Professional liability insurance RVUs

Total non-facility RVUs = Sum of the work, non-facility practice expense, and PLI RVUs

Total facility RVUs = Sum of the work, facility practice expense, and PLI RVUs

100% Medicare = Non-geographically adjusted Medicare payment (either non-facility (NF) or facility (F))

Medicare Global Period = Medicare Global Periods define the post-operative period for procedures and affect how follow-up services are reported for a given CPT code

- ^B = Bundled Medicare service; if RVUs are shown, they are not used for Medicare payment
- ^C = Medicare carrier-priced service; individual payer payment policies apply
- ^I = Not valid for Medicare purposes; Medicare uses another code for the reporting of these services
- ^N = Non-covered Medicare service; if RVUs are shown, they are not used for Medicare payment
- ^R = Restricted coverage; special coverage instructions apply; if the service is covered and no RVUs are shown, it is carrier-priced
- ^X = Medicare statutory exclusion; if RVUs are shown, they are not used for Medicare payment

Note: AAP works with the RUC and CMS to have values assigned and published for *all* CPT codes