STANDARD UNIT OF MEASURE REFERENCES

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Diagnostic Radiology, Ultrasound and Vascular Ultrasound

The recommendations for the assignment of Relative Value Units (RVU's) for Diagnostic Radiology, Ultrasound and Vascular Ultrasound are based on the published 1973 American College of Radiology "Reference for Radiology Relative Values", the 1993 Health Services Cost Review Commission, "Appendix D Standard Unit of Measure References" and the 1997 Helix Health "New Statistical Units of Measure for Imaging" project.

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

The RVU assigned to a procedure will be the same regardless of where the procedure is performed within the institution.

All RVU's are "each" unless otherwise stated.

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

For a new or unlisted procedure, use one of the "Unlisted Procedure" CPT codes and estimate an RVU assignment based on cost. RVU's must have a reasonable relationship to cost. The estimated value may also be based on the knowledge and experience of the department personnel.

Portable and After Hours procedures whose CPT Codes have been deleted will use the appropriate "Unlisted Procedure" code and assign a zero RVU value.

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU's
70010	Myelography, posterior fossa, supervision and interpretation only	15
70015	Cisternography, positive contrast, supervision and interpretation only	15
70020	Ventriculography, air contrast, supervision and interpretation only	15
70030	Eye, for foreign body	4
70100	Mandible, partial, less than four views	3
70110	complete, minimum of four views	5
70120	Mastoids, less than three views per side	4
70130	complete, minimum of three views	6
70134	Internal auditory meati, complete	6
70140	Facial bones, less than three views	3
70150	complete, minimum of three views	5
70160	Nasal bones, complete, minimum of three views	3
70170	Nasolacrimal duct (dacryocystography) supervision and interpretation only	4
	complete procedure	
70190	Optic foramina	3
70200	Orbits, complete, minimum of four views	5
70210	Sinuses, paranasal, less than three views	3
70220	complete, minimum of three views	5
70240	Sella turcica	4
70250	Skull, less than four views, with or without stereo	3
70260	complete, minimum of four views with or without stereo	5
70300	Teeth, single view	1

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU's
70010	Myelography, posterior fossa, supervision and interpretation only	15
70015	Cisternography, positive contrast, supervision and interpretation only	15
70020	Ventriculography, air contrast, supervision and interpretation only	15
70030	Eye, for foreign body	4
70100	Mandible, partial, less than four views	3
70110	complete, minimum of four views	5
70120	Mastoids, less than three views per side	4
70130	complete, minimum of three views	6
70134	Internal auditory meati, complete	6
70140	Facial bones, less than three views	3
70150	complete, minimum of three views	5
70160	Nasal bones, complete, minimum of three views	3
70170	Nasolacrimal duct (dacryocystography) supervision and interpretation only	4
	complete procedure	
70190	Optic foramina	3
70200	Orbits, complete, minimum of four views	5
70210	Sinuses, paranasal, less than three views	3
70220	complete, minimum of three views	5
70240	Sella turcica	4
70250	Skull, less than four views, with or without stereo	3
70260	complete, minimum of four views with or without stereo	5
70300	Teeth, single view	1

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU's
70310	partial examination, less than full mouth	2
70320	complete, full mouth	4
70328	Temporomandibular joint, open and closed mouth, unilateral	3
70330	bilateral	5
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	9
70350	Cephalogram (orthodontic)	13
70355	Orthopantogram	2
70360	Neck, soft tissue examination	2
70370	Pharynx or larynx, including fluroscopy	5
70371	complete dynamic pharyngeal and speech evaluation by cine or video recording	11
70373	Laryngography, contrast, supervision and interpretation only	6
70380	Salivary gland for calculus	3
70390	Sialography, supervision and interpretation only	4
	CHEST	
71010	Chest, single view, posteroanterior	2
71015	Stereo, frontal	3
71020	Two views, posteroanterior and lateral	3
71021	Apical lordotic projection	4
71022	Oblique projection	4
71023	With fluoroscopy	6
71025	Stereo	3
71030	Chest, complete, minimum of 4 views	5

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CPT CODE	DESCRIPTION	RVU's
71034	Including fluoroscopy (independent chest fluoroscopy, see 76000)	6
71035	Chest, special view, e.g. lateral decubitus, Bucky studies	2
71036	Fluroscopic localization for needle biopsy of intrathoracic lesion, including follow-up film	24
71040	Bronchography, unilateral, supervision and interpretation only	6
71060	Bronochography, bilateral, supervision and interpretation only	8
71090	Pacemaker insertion, fluoroscopy and radiography, supervision and interpretation only	Cardiac Cath
71100	Ribs, unilateral, minimum of two views	3
71101	Including posteroanterior chest, minimum of three views	5
71110	Bilateral, minimum of three views	5
71111	Ribs, bilateral, including PA chest, minimum of four views	7
71120	Sternum, minimum of three views	3
71130	Sternoclavicular joint or joints, minimum of two views	4
	SPINE AND PELVIS	
72010	Spine, entire, survey study, anteroposterior and lateral	9
72020	radiologic examination, spine, single view, specify level	2
72040	Spine, cervical, anteroposterior and lateral	3
72050	minimum of four views	4
72052	complete, including oblique and flexion and/or extension views	5
72069	Radiological examination, spine, thoracolumbar, standing (scoliosis)	3
72070	Spine, thoracic, anteroposterior and lateral	3
72072	thoracic, anteeroposterior and lateral, including swimmer's view of cervicothoracic junction	4

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU's
72074	Spine, thoracic, complete including obliques, minimum of four views	5
72080	Spine, thoracolumbar, anteroposterior and lateral	3
72090	Spine, scoliosis study, including supine and erect studies	5
72100	Spine, lumbosacral, anteroposterior and lateral	3
72110	complete, with oblique views	6
72114	complete, including bending views	9
72120	Spine, lumbosacral, bending views only, minimum of four views	4
72170	Pelvis, anteroposterior only	3
72190	complete, minimum of three views	4
72200	Sacroiliac joints, less than three views	3
72202	three or more views	4
72220	Sacrum and coccyx, minimum of two views	3
72240	Myelography, cervical, supervision and interpretation only	12
72255	Myelography, thoracic, supervision and interpretation only	12
72265	Myelography, lumbosacral, supervision and interpretation only	12
72270	Myelography, entire spinal canal, supervision and interpretation only	18
	UPPER EXTREMITITES	
73000	Clavicle, complete	2
73010	Scapula complete	3
73020	Shoulder, one view	2
73030	Shoulder, complete, minimum two views	3
73040	Shoulder, arthrography, supervision and interpretation only	9
73050	Acromioclavicular joints, bilateral, with and without weighted distraction	4
73060	Humerus, minimum two views	3

STANDARD UNIT OF MEASURE REFERENCES
DIAGNOSTIC RADIOLOGY

CPT CODE	DESCRIPTION	RVU's
73070	Elbow, anteroposterior and lateral views	2
73080	complete, minimum of three views	3
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	9
73090	Forearm, anteroposterior and lateral views	2
73092	Upper extremity, infant, minimum of two views	2
73100	Wrist, anteroposterior and lateral views	2
73110	complete, minimum of three views	3
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	9
73120	Hand, minimum of two views	2
73130	minimum of three views	3
73140	Finger, or fingers, minimum of two views	2
	LOWER EXTREMITIES	
73500	Hip, unilateral, one view	2
73510	complete, minimum of two views	4
73520	Hip, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	6
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	9
73530	Hip, during operative procedure, up to four studies	8
73540	Pelvis and hips, infant and child, minimum of two views	4
73550	Femur, anteroposterior and lateral views	3
73560	Knee, anteroposterior and lateral views	2
73562	anteroposterior and lateral, with oblique(s), minimum of three views	3

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CPT CODE	DESCRIPTION	RVU's
73564	complete, including oblique(s), and tunnel, and/or patella and/or standing views	6
73565	both knees, standing, anteroposterior complete, minimum of three views	2
73580	Knee, arthrography, supervision and interpretation only	9
73590	Tibia and fibula, anteroposterior and lateral views	2
73592	Lower extremity, infant, minimum of two views	2
73600	Ankle, anteroposterior and lateral views	2
73610	complete, minimum of three views	3
73615	Radiologic examination, ankle, arthrography, radiologic supervision and interpretation	9
73620	Foot, anteroposterior and lateral views	2
73630	complete, minimum of three views	3
73650	Os calcis, minimum of two views	2
73660	Toe or toes, minimum of two views	2
74000	Abdomen, single anteroposterior view	3
74010	Abdomen, anteroposterior and additional oblique and cone views	4
74020	Abdomen, complete, including decubitus and/or erect views	4
74022	Complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest	6
	GASTROINTESTINAL TRACT	
74210	Pharynx and/or cervical esophagus	5
74220	Esophagus	6
74230	Pharynx and/or esophagus, by cinderadiography	8
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiologic supervision and interpretation	11

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CPT CODE	DESCRIPTION	RVU's
74240	Gastrointestinal tract, upper, with or without delayed films, without KUB with and without delayed films, with KUB	8
74241	with or without delayed films, with KUB	9
74245	with small bowel, includes multiple serial films	11
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon, with or without delayed films, without KUB	8
74247	with and without delayed films, with KUB with small bowel follow-through	9
74249	with small bowel follow-through	11
74250	Small bowel, includes multiple serial films	6
74251	via enterocylsis tube	11
74260	Duodenography hypotonic	6
74270	Colon, barium enema	7
74280	Air contrast with specific high density barium, with or without glucagon	11
74283	Barium enema, therapeutic, for reduction of infussusception	8
74290	Cholecystography, oral contract	5
74291	additional or repeat examination or multiple day examination	8
74300	Cholangiography, operative	6
74301	additional set intraoperative, radiological supervision and interpretation	4
74305	post-operative	6
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	13
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	13

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CPT CODE	DESCRIPTION	RVU's
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	19
74340	Introduction of long gastrointestinal tube (e.g. Miller-Abbott) with multiple fluoroscopies and films	5
	URINARY TRACT	
74400	Urography, intravenous, including kidneys, ureters and bladder w or w/o tomography	8
74410	Urography, infusion, drip technique	10
74415	with nephrotomography	12
74420	Urography, retrograde, with or without kidneys, ureters, and bladder	10
74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram) supervision and interpretation only	10
74430	Cystography, contrast or chain, minimum of three views, supervision and interpretation only	10
74440	Vasography, vesiculography, epididymography, supervision and interpretation only	10
74445	Corpora cavernosography, radiological supervision and interpretation	10
74450	Urethrocystography, retrograde, supervision and interpretation only	10
74455	Urethrocystography, voiding, supervision and interpretation only	10
74470	Renal cyst study, translumbar, contrast visualization, supervision and interpretation only	15
	GYNECOLOGICAL AND OBSTETRICAL	
74710	Pelvimetry, with or without placental localization	5
74740	Hysterosalpingogram, supervision and interpretation only	8
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	11
74760	Pneumography, pelvic, supervision and interpretation only	6

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CPT CODE	DESCRIPTION	RVU's
74775	Perineogram (eg. vaginogram, for sex determination or extent of anamalies)	12
76000	Fluroscopy (independent procedure) other than 71034	5
76001	Fluroscopy, physician time more than one hour, assisting a non-radiological physician (eg. nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	8
76003	Fluroroscopic localization for needle biopsy or fine needle aspiration	24
76010	Radiologic examination from nose to rectum for foreign body, single film, child	3
76020	Bone age studies	3
76040	Bone length studies (orthoroentgenogram)	5
76061	Radiologic examination, osseous survey, limited (eg. for metastasis)	9
76062	Complete (axial and appendicular skeleton)	9
76065	Osseous survey, infant	4
76066	Joint survey, single view, one or more joints (specify)	9
76080	Fistula or sinus tract study, supervision and interpretation only	5
76086	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	8
76088	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	10
76090	Mammography, unilateral	5
76091	Bilateral	7
76092	Screening mammography, bilateral (two view film study of each breast)	5
76095	Stereotactic localization for breast biopsy, each lesion, radiological supervision and interpretation	24
76096	Preoperative placement of needle localization wire, breast, radiological supervision and interpretation	15

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CPT CODE	DESCRIPTION	RVU's
76098	Radiological examination, surgical specimen	3
76100	Body section radiography (tomography, etc) other than 74415	10
76101	Radiological examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	15
76102	bilateral	20
76120	Cineradiography, except where specifically included	3
76125	Cineradiography to complement routine examination	3
76140	Consultation on x-ray examination made elsewhere, written report	
76150	Xeroradiography	By report
76350	Subtraction in conjunction with contrast studies	5
76499	Unlisted diagnostic radiological procedure (see guidelines)	By report
76499	Examination at bedside or in operating room not otherwise specified	0
76411	Examination after regular hours	0

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TEST	DESCRIPTION	CPT	RVU
Breast Localization	Pre-operative US scan of breast mass with localization by radiologist	76096	15
Echoencephalography	US scan of neonatal heads in coronal & sagittal planes	76506	10
Echo, Soft Tissue-Head & Neck	US scan of any area of interest in the head/neck region including thyroid	76536	6
Echography, Chest Sono	US scan of chest/thorax/pleural space	76604	10
Echography, Breast	US scan of the breast with special attention to the area of interest; include measurements & location	76645	10
Echography, Abdomen Comp.	Sonogram of complete abdomen, including GB, pancreas, spleen liver, abd., Aorta, kidneys, etc.	76700	12
Echography, Abdomen Limited	RUQ or limited to specific area in abdomen, for example: appendix	76705	8
Echo, Retroperitoneal Comp.	Sonogram of both kidneys, urinary tract aorta, retroperitoneal cavity	76770	12
Echo, Retroperitoneal Lt.	Sonogram limited specific area in retroperitoneal cavity, for example, kidneys	76775	8
Echo, Transplant Kidney	Sonogram of renal transplant	76778	8
Abscess Drainage	US scan to localize abscess and assist radiologist with the percutaneous insertion of drain tube if needed	75989	8
Echography, Spinal Canal	Detailed sonogram sacral fetal spine	76800	8
Echography, Pregnancy Comp.	OB sonogram including fetus, uterus, and adnexal structures with all obstetrical measurements	76805	11
Echography, Preg-Mult. Gest.	OB sonogram of multiple gestations, twins, triplets, etc.	76810	16
Echography, Pregnancy Ltd.	1st trimester OB or a focused sonogram of a specific area of interest related to pregnancy/OB	76815	7

STANDARD UNIT OF MEASURE REFERENCES
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TEST	DESCRIPTION	CPT	RVU
Echography, Preg, F/U	A follow-up OB sonogram on a patient with a previous complete OB study at the same institution.	76816	11
Fetal Biophysical Profile	US assessment of high risk pregnancy to evaluate fetal tone, movement, cardiac, amniotic fluid, etc.	76818	15
Fetal Echocardiography	US of fetal heart, rhythm, cardiac cycle	76825	15
Fetal Echo Doppler	M-mode of fetal heart including rate, rhythm etc.	76827	9
Echography, Transvaginal	Pelvic sonogram of uterus, cervix, adnexal structures, etc. using an endovaginal probe.	76830	11
Echography, Pelvic (non-ob) completed	Pelvic sonogram to include cervix, uterus, both adnexal areas, etc.	76856	11
Echography, Pelvic (non-ob) limited	Pelvic non-ob limited or F/U	76857	4
Echography, Scrotal	Sonogram of both testicles, scrotal sac, epididymis, etc.	76870	10
Echography, Transrectal	Endorectal sonogram using intra cavity probe to visualize the prostate gland and/or rectal, bladder masses	76872	11
Echo, Extremity (non-vas)	Sonogram of limb, not including the vascular structures	76880	9
Thoracentesis<US Guidance	US scan to localize pleural fluid for collection of fluid and/or drainage by radiologist	76934	11
Paracentesis<US Guidance	US scan to localize abdominal fluid for collection of fluid and/or drainage by radiologist	76934	11
Pseudo-Aneurysm Compression	US scan to localize and therapeutically compress a pseudo-aneurysm	76936	17
Cyst Aspiration<US Guidance	US scan to localize a cyst for collection of fluid and/or drainage by radiologist	76938	15
Fetal Transfusion US Guidance	US guided fetal transfusion	76941	20

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TEST	DESCRIPTION	CPT	RVU
Cordocentesis US Guidance	US guided sampling of umbilical cord of fetus	76941	20
Needle Biopsy - US Guidance	US guided localization of mass for percultaneous needle biopsy	76942	15
Amniocentesis	US guided sampling of amniotic fluid	76946	12
Echography, Interoperative	Operating room sonography	76986	5
Unlisted Ultrasound Exam	Unlisted sonogram	76999	5
Exam after hours	Exam after normal hours	76999	0
Portable	Sonogram performed outside of the department with a mobile unit	76999	0
Echocardiography, Complete	Echocardiography, transthoracic, real-time with image documentation	93307	15
Echocardiography, Ltd	F/U or limited study	93308	9
Transephogeal Echocardiography	Echocardiography, transesophageal, real time with image documentation	93312	16
Doppler Echocardio, PW & 1 OR	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display, complete	93320	9
Doppler Echocardio, Limited	F/U or limited study	93321	7
Doppler Color Flow Map	Doppler echocardiography color flow velocity mapping	93325	4
Stress Echocardiography	Echocardiography, transthoracic, real-time with image documentation, with or without M-mode recording, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologially induced stress	93350	9
US guidance, pericardiocentesis	US guided aspiration of pericardium	76930	20

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TEST	DESCRIPTION	CPT	RVU
US guidance, endomyocardial biopsy	US guided endomyocardial biopsy	76932	20
US guidance, chorionic villus	US guidance of chorionic villis sampling	76945	20
US guidance, aspiration of OVA	US guidance for aspiration of OVA	76948	20
US guidance, interstitial radioelement application	Brachytherapy, US guidance for interstitial radioelement application	76965	20
Hysterosonography	Endovaginal introduction of the saline enhanced endrometrium	76831	12
Prostate volume study for brachytherapy	Pre-op transrectal volume acquisition	76873	11
Infant hips complete	Bilat. Sonographic evaluation with radiologist/physician manipulation on infant hips	76885	7
Infant hips limited	Unilat. Sonographic evaluation of infant hip with radiologist/physician manipulation	76886	4
US F/U (specify)	General limited f/u examination	76970	7
Gastrointestinal endoscopic US	Limited evaluation of GI tract, etc.	76975	7
ABD Aortic duplex	Duplex scan of aorta. Vasculature or bypass grafts, complete study	93978	21
ABD Aortic duplex lim	As above, unilateral or limited study	93979	11
ABD Venous duplex	Duplex scan of inferior vena cava, iliac veins, complete study	93978	21
Ankle brachial index	Non-invasive physiologic study of Le arteries, ankle level, bilateral with ankle brachial indices, doppler waveform analysis segmental volume plethysmography or oxygen tension measurements	92922	2

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TEST	DESCRIPTION	CPT	RVU
Carotid duplex	Duplex scan of extracranial vessels complete bilateral study	93880	21
Carotid duplex lim	Duplex scan of extracranial vessels, unilateral or limited study	93882	11
Chronic venous duplex	Duplex scan of lower extremity veins including responses to compression and other maneuvers to investigate chronic venous disorders, complete bilateral study	93970	21
Chronic venous dup lim	Duplex scan of lower extremity veins including responses to compression and other maneuvers to investigate chronic venous disorders, unilateral or limited study	93971	11
Hemoaccess Duplex	Duplex scan of hemodialysis access including arterial inflow, body of access and venous outflow	93990	21
Le Art Duplex Limited	Duplex scan of lower extremity arteries or arterial bypass grafts, unilateral or limited study	93926	11
Le Art Study Limited	Non-invasive physiologic study of Le arteries, single level, bilateral with ankle brachial indices, doppler wave form analysis or segmental volume plethysmography	93922	2
Le Art Duplex	Duplex scan of lower extremity arteries or arterial bypass grafts, complete bilateral study	93925	21
Le Arterial Study	Non-invasive physiologic studies of Le arteries, multiple levels, complete bilateral study with segmental systolic pressure measurements, segmental doppler analysis or segmental volume plethysmography or segmental	93923	4
	OXYGEN TENSION MEASUREMENTS		
Le Art Study (RH)	Non-invasive physiologic studies of Le arteries, multiple levels, complete bilateral study with segmental systolic pressure measurements, segmental doppler analyysis or segmental volume plethysmography or segmental oxygen tension measurements, with reactive hyperemia	93923	8

STANDARD UNIT OF MEASURE REFERENCES
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TEST	DESCRIPTION	CPT	RVU
Le Art Study (TR)	Non-Invasive physiologic studies of Le arteries, multiple levels, complete bilateral study at rest and after treadmill stress testing	93924	8
Le Venous Duplex	Duplex scan of lower extremity veins including responses to compression and other maneuvers, complete bilateral study	93970	21
Le venous duplex lim	Duplex scan of lower extremity veins including responses to compression and other maneuvers, unilateral or limited study	93971	11
Penile Duplex	Duplex scan of arterial inflow and venous outflow of penile vessels, complete study	93980	21
Penile Duplex Limited	Duplex scan of arterial inflow and venous outflow of penile vessels, follow-up or limited study	93981	11
Portal vein duplex	Duplex of venous outflow or retroperitoneal organs, complete study	93975	42
Portal Vein Duplex Lim	Duplex scan of arterial inflow or abdominal, pelvic and/or retroperitoneal organs, limited study	93976	21
Pseudoany Comp (1 Unit)	Duplex scan of lower extremities during compression of pseudoaneurysm (1 Hr)	93925	21
Renal Artery Duplex	Duplex Scan of arterial inflow or abdominal, pelvic and/or retroperitoneal organs, complete study	93975	42
Renal Artery Dupl Lim	Duplex scan of arterial inflow or abdominal, Pelvic and/or retroperitoneal organs, limited study	93976	21
UE Art Duplex Lim	Duplex scan of upper extremity arteries or arterial bypass grafts, unilateral or limited study	93931	7
UE Art Duplex	Duplex scan of upper extremity arteries or arterial bypass grafts, complete bilateral study	93930	14

STANDARD UNIT OF MEASURE REFERENCES

TEST	DESCRIPTION	CPT	RVU
UE Arterial Study	Non-invasive physiological studies of UE arteries, multiple levels complete bilateral study with segmental systolic pressure measurements, segmentgal doppler analysis or segmental volume plethysmography or segmental oxygen tension measurements	93923	8
UE Art Study (STR)	As above with provacative response to stress or UE exercise	93923	10
UE Art Study (OR)	Non-invasive physiologic studies of UE arteries, multiple levels, complete bilateral study with segmental systolic pressure measurements, segmental doppler analysis or segmental volume plethysmography or segmental oxygen tension measurements performed in operating room	93923	18
UE cold Arterial Study	As above with provacative response to cold stress	93923	11
UE Digital BLK Art Study	As above with provacative response to local digital block with or without cold stress	93923	14
UE venous duplex	Duplex scan of upper extremity veins including responses to compression and other maneuvers, complete bilateral study	93970	21
UE venous duplex Lim	Duplex scan of upper extremity veins including responses to compression and other maneuvers, unilateral or limited study	93971	11

		Total
	Teleradiotherapy	
77020	Superficial or contact, grenz-ray, Chaoul, Phillips	3
77030	Orthovoltage (under 600 KVP)	3
77040	Supervoltage (600 KVP-2 MeV, including Cobalt and cesium)	4
77050	Megavoltage (over 2MeV-6MeV)	5
77065	Megavoltage (over 6MeV or electron beam)	6
77240	Teleradiotherapy consultation	By Report
77250	Treatment planning	By Report
	Radium Therapy (or other sealed sources of radio - elements used similarly)	
77500	Application only, radium, or other radioelement, superficial plaque or mold	By Report
77520	Application only, intracvaitary	By Report
77550	Application only, interstitial	By Report
77585	Consultation	By Report
77595	Treatment planning-dosage calculations, preparation and supervision of application of radioelement	By Report
77598	Provision of radioelement	By Report
77999	Unlisted radiotherapy procedure (see guidelines)	By Report

STANDARD UNIT OF MEASURE REFERENCES

GUIDING PRINCIPLES AND KEY POINTS FOR 1997 PROPOSED REVISIONS FOR NUCLEAR MEDICINE IMAGING RVU SYSTEM

The Nuclear Medicine sub-committee decided that it was appropriate to review all current procedures in this modality as defined in the 1997 Current Procedural Terminology (CPT) book. This decision was based on three factors. The first was the significant changes since 1972 in equipment, radiophamaceuticals and procedures. The second was the concern that to review a limited number of exams would not provide adequate guidelines for Nuclear Medicine departments in the State of Maryland. The third was the review and comparison of current RVU's assigned to comparable procedures in various institutions; this confirmed that the variability among institutions justified a total review. We did not address laboratory procedures (other than Schlling test) or position emission procedures.

A. The methodology that was used to determine the suggested number of RVU's per procedure is as follows:

1. List all individual tasks that are associated with each CPT code and determine the appropriate time. The factors to be included and the average time associated with each are:

a.	Acquisition Time	——	Variable Actual imaging time for the procedure.
b.	Other Time	——	20 minutes Preparation and clean-up, processing of films, computer processing and explanation to patient.
c.	Dose Process Time	——	5 minutes Required tracking from ordering to disposal, and actual injection time.
d.	Other Tasks	——	5 minutes Radiation protection surveys and all other required regulatory tasks.
e.	Procedure Specific Tasks	Variable	Tasks that are associated only with certain procedures.

2. Determine the total amount of time required for each procedure.

3. Determine the number of RVU's to assign per unit of time. The standard chosen is 5 minutes = 1 RVU.

4. Determine the number of RVU's per procedure based on formula of:

$$\frac{\text{TIME IN MINUTES}}{\text{5 MINUTES/RVU}} = \text{RVU'S}$$

5. Determine the equipment factor to be added to the total number of RVU's. It was decided that the most basic type of equipment required to perform the procedure would be used to determine the appropriate factor to be added to the total. The factors are as follows:
   a. Thyroid probe, ventilation imaging equipment, well-counter, other probe = 1 RV
   b. Basic imaging camera, non-SPEC = 5 RV
   c. Basic SPECT camera = 10 RVU's

   If a procedure requires the use of more than one type of equipment, such as a thyroid scan uptake, or if a procedure requires more than one set of similar images, such as a cardiac stress/redistribution scan, this requirement is reflected in the equipment factor.

6. Determine the total number of suggested RVU's per procedure. The totals that have been determined are listed in the attached spreadsheet.

B. 1. The procedure given above is appropriate even if a procedure is not specifically listed. However, it was decided that if a procedure is in addition to a primary procedure, such as delay hepatobiliary images, then only the acquisition time and camera factor would be used to determine the appropriate number of RVU's.

2. Charges for computer processing time (CPT 78890 & 78891) are to be used only if processing is required for a procedure for which there is no reference to processing in the CPT code description. An example would be quantification of gastric procedures.

3. It is acknowledged that the times given are averages and that there is variability based on sophistication of equipment and patient acuity. However, it was decided that including those factors in the calculations would be counter productive to the current process.

C. It was decided that the following items would not be included in determining the number of RVU per procedure but would be chargeable to the patient:

1. Radiopharmaceutical costs
2. Pharmaceutical costs
3. Supplies costs

The cost and revenue for ALL supplies, drugs incident to radiology, i.e. contrast media, and radiopharmaceuticals are to be accounted for in the Nuclear Medicine revenue center. Pharmaceuticals and radio pharmaceuticals, i.e., sedation drugs and radioactive seeds should be accounted for and charged through the pharmacy as appropriate.

CPT	Description	RVU
78000	Thyroid uptake, single determination	8
78001	Thyroid update, multiple	10
78003	Thyroid uptake, stimulation, suppression or discharge (not including initial uptake studies	8
78006	Thyroid imaging w/uptake, single	19
78007	Thyroid imaging w/uptake, multiple	21
78010	Thyroid imaging; only	17
78011	Thyroid imaging w/ vascular flow	18
78015	Thyroid carcinoma metastases imaging; limited area (eg neck/chest only)	17
78016	Thyroid carcinoma metastases imaging; limited area (eg neck/chest only) w/additional studies (eg, urinary recovery)	17
78017	Thyroid carcinoma metastas imaging; multiple areas	23
78070	Parathyroid imaging	17
78102	Bone marrow imaging, limited areas	17
78103	Bone marrow imaging, multiple areas	23

78104	Bone marrow imaging, whole body	23
78185	Spleen imaging only w/wo vascular flow	16
78195	Lymphatics and lymph glands imaging	19
78201	Liver imaging, static only	16
78202	Liver imaging, static only w/vascular flow	17
78205	Liver imaging (SPECT)	25
78215	Liver and spleen imaging: stat only	17
78216	Liver and spleen imaging: stat only with vascular flow	18
78220	Liver function study with hepatobiliary agents with serial images	20
78223	Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function	23
78230	Salivary gland imaging	19
78231	Salivary gland imaging with serial images	19
78232	Salivary gland function study	19
78258	Esophageal mobility	17
78261	Gastric mucosa imaging	17
78262	Gastroesophageal reflux study	17
78264	Gastric emptying study - SOLID	35
78264	Gastric emptying study - LIQUID	23
78270	Vitamin B-12 absorption study (eg. Schilling test): w/o intrinsic factor	11
78271	Vitamin B-12 absorption study (eg. Schilling test): w/ intrinsic factor	11
78272	Vitamin B-12 absorption study combines (eg. Schilling test): w/o intrinsic factor	21
78278	Acute gastrointestinal blood loss imaging	23

78290	Bowel imaging (eg. Ectopic gastric mucosa, Meckel's localization, volvulus)	23
78291	Peritoneal-venous shunt palency test (eg. La Veen, Denver shunt)	29
78299	Unlisted gastrointestinal procedure, diagnostic Nuclear Medicine - DELAY GI BLEED	11
78299	Unlisted gastrointestinal procedure, diagnostic Nuclear Medicine - DELAY HEPATOBILIARY	11
78300	Bone and/or joint imaging: limited area	17
78305	Bone and/or joint imaging: multiple areas	17
78305	Bone and/or joint imaging: multiple areas (Additional Views Post Whole Body Scan)	11
78306	Body and/or joint imaging: whole body (Anterior and Posterior 2 - view only)	17
78315	Bone and/or joint imaging: three phase study	20
78320	Bone and/or joint imaging: tomographic (SPECT)	25
78350	Bone density (bone mineral content) study, single photon absorptiometry	17
78351	Bone density (bone mineral content) study, dual photon absortiometry	17
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine - DELAY BONE	11
78428	Cardiac shunt de ection	12
78445	Non-cardiac vascular flow imaging (ia, angiography, venography)	12
78457	Venous thrombosis imaging (eg. Venogram): unilateral	17
78458	Venous thrombosis imaging (e.g. venogram): bilateral	17
78460	Myocardial perfusion imaging: single study, at rest or stress (exercise and/or pharmacologic), qualitative or quantitative	22
78461	Myocardial perfusion imaging: multiple studies, at rest or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, qualitative or quantitative	33

78290	Bowel imaging (eg. Ectopic gastric mucosa, Meckel's localization, volvulus)	23
78291	Peritoneal-venous shunt palency test (eg. La Veen, Denver shunt)	29
78299	Unlisted gastrointestinal procedure, diagnostic Nuclear Medicine - DELAY GI BLEED	11
78299	Unlisted gastrointestinal procedure, diagnostic Nuclear Medicine - DELAY HEPATOBILIARY	11
78300	Bone and/or joint imaging: limited area	17
78305	Bone and/or joint imaging: multiple areas	17
78305	Bone and/or joint imaging: multiple areas (Additional Views Post Whole Body Scan)	11
78306	Body and/or joint imaging: whole body (Anterior and Posterior 2 - view only)	17
78315	Bone and/or joint imaging: three phase study	20
78320	Bone and/or joint imaging: tomographic (SPECT)	25
78350	Bone density (bone mineral content) study, single photon absorptiometry	17
78351	Bone density (bone mineral content) study, dual photon absortiometry	17
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine - DELAY BONE	11
78428	Cardiac shunt detection	12
78445	Non-cardiac vascular flow imaging (ia, angiography, venography)	12
78457	Venous thrombosis imaging (eg. Venogram): unilateral	17
78458	Venous thrombosis imaging (e.g. venogram): bilateral	17
78460	Myocardial perfusion imaging: single study, at rest or stress (exercise and/or pharmacologic), qualitative or quantitative	22
78461	Myocardial perfusion imaging: multiple studies, at rest or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, qualitative or quantitative	33

78464	Myocardial perfusion imaging: tomographic (SPECT), single study at rest or stress (exercise and/or pharmacologic), with or without quantitation	27
78465	Myocardial perfusion imaging: tomographic (SPECT, multiple studies at rest or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, qualitative or quantitative	43
78466	Myocardial imaging, infacrc avid, planar: qualitative or quantitative	17
78468	Myocardial imaging, infacrc avid, planar: qualitative or quantitative w/ ejection fraction by first pass technique	18
78469	Myocardial imaging infacrt avid, tomographic SPECT w/wo quantitification	22
78472	Cardiac blood pool imaging, gated equilibrium; single study at rest or stress (exercise and/or pharmacologic), well motion study plus ejection fraction, with or without additional quantitative processing	23
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, well motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	39
78478	Myocardial perfusion study with well motion, quantitative study (list separately in addition to code for primary procedure). (Use only for codes 78460, 78461, 78464, 78465)	2
78480	Myocardial perfusion study with ejection fraction (list separately in addition to code for primary procedure). (Use only for codes 78460, 78461, 78464, 784465)	2
78481	Cardiac blood pool imaging (planar) first pass technique; single study, at rest or w/stress (exercise and/or pharmacologic) well motion study plus ejection fraction w/wo quantification	23
78483	Cardiac blood pool imaging (planar) first pass technique; multiple studies, at rest or w/stress (exercise and/or pharmacologic) well motion study plus ejection fraction w/wo quantification	40
78499	Unlisted cardiovascular procedure, diagnostic NM - DELAY THALLIUM PLANAR	11
78499	Unlisted cardiovascular procedure, diagnostic NM - DELAY THALLIUM SPECT	16
78580	Pulmonary perfusion imaging, particulate	17

78584	Pulmonary perfusion imaging, particulate, w/ventilation, single breath	24
78585	Pulmonary perfusion imaging, particulate, w/ventilation, rebreathing and washout, w/wo single breath	26
78586	Pulmonary ventilation imaging, aerosol; single projection	13
78587	Pulmonary ventilation imaging, aerosol; multiple projections (eg. anterior, posterior, lateral views)	15
78591	Pulmonary ventilation imaging, gaseous, single breath, single projection	13
78593	Pulmonary ventilation imaging, gaseous, single breath, single projection	13
78594	Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; multiple projections, (eg. anterior, posterior, lateral views)	15
78596	Pulmonary quantitative differential function (VIP) study	26
78599	Unlisted respiratory procedure, diagnostic NM - ASPIRATION	11
78600	Brain imaging, limited procedure, static	15
78601	Brain imaging, limited procedure, static, w/vascular flow	16
78605	Brain imaging, complete study, static	19
78606	Brain imaging, complete study, static, w/vascular flow	20
78607	Brain imaging, complete study, tomographic(SPECT)	25
78610	Brain imaging, vascular flow only	12
78615	Cerebral blood flow	12
78630	Cerebrospinal fluid flow imaging (not including introduction of material) cistemography	19
78635	Cerebrospinal fluid flow, imaging (not including introduction of material) ventriculography	19
78645	Cerebrospinal fluid flow, imaging (not including introduction of material): shunt evaluation	19
78647	Cerebrospinal fluid flow, imaging (not including introduction of material): tomographic (SPECT)	25
78650	CFS leakage detection and localization	11

78660	Radiopharmaceutical dacryocystography	20
78701	Kidney imaging, static only w/vascular flow	14
78704	Kidney imaging with function study (i.e., imaging renogram)	17
78707	Kidney imaging with vascular flow and function study	18
78710	Kidney imaging, tomographic (SPECT)	25
78715	Kidney vascular flow only	12
78725	Kidney function study w/o pharmacologic intervention	17
78726	Kidney function study including pharmacologic intervention - LASIX	17
78726	Kidney function study including pharmacologic intervention - CAPTOPRIL	29
78727	Kidney transplant evaluation	18
78730	Urinary bladder residual study	12
78740	Ureteral reflux study (radiopharmaceutical voiding cystogram)	17
78760	Testicular imaging	17
78761	Testicular imaging with vascular flow	18
78800	Radiopharmaceutical localization of tumor, limited area	17
78801	Radiopharmaceutical localization of tumor, multiple areas	23
78802	Radiopharmaceutical localization of tumor, whole body	23
78803	Radiopharmaceutical localization of tumor, tomographic (SPECT)	25
78805	Radiopharmaceutical localization of abscess, limited area	17
78806	Radiopharmaceutical localization of abscess, whole body	23
78807	Radiopharmaceutical localization of abscesstomographic (SPECT)	25
78890	Generation of automated data, interactive process involving nuclear physician and/or allied health professional personnel: simple manipulations and interpretation, not to exceed 30 minutes	6
78891	Generation of automated data, interactive process involving nuclear physician and/or allied health professional personnel: simple manipulations and interpretation, exceeding 30 minutes	12

78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine - AFTER HOURS CHARGE FOR STAT PROCEDURE	0
79001	Radiopharmaceutical therapy, hyperthyroidism, subsequent each therapy	5
79030	Radiopharmaceutical ablation of gland for thyroid carcinoma	24
79035	Radiopharmaceutical therapy for melasiases of thyroid carcinoma	24
79400	Radiopharmaceutical therapy, nonthyroid, nonhematologic - e.g. METASTRON QUADRAMET (Bone pain relieving agents)	12
	PET SCAN	157

STANDARD UNIT OF MEASURE REFERENCES

Account Number	Cost Center Title
7360	Radiology Therapeutic

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

Simulation

Definitions

Simple	Simulation of a single treatment area with either a single port or parallel opposed ports. Simple or no blocking.
Intermediate	Simulation of three or more converging ports, two separate treatment areas, multiple blocks.
Complex	Simulation of tangential portals, three or more treatment areas rotation or arc therapy, complex blocking, custom shielding blocks, brachytherapy source verification, hyperthermia probe verification, any use of contrast materials.

CPT Code	Procedure	RVU
61793	Stereotactic Focused Proton Beam or Gamma Radiosurgery	175
——	Reset/set Treatment Field—The redefining a previously simulated field	6
77280	Therapeutic radiology simulation-aided field setting; simple	12
77285	Intermediate	16
77290	Complex	24
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	By Report

MEDICAL RADIATION PHYSICS, DOSIMETRY, TREATMENT DEVICES AND SPECIAL SERVICES

CPT Code	Procedure	RVU
77300	Basic radiation dosimetry calculation, central axis depth dose, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, as required during course of treatment, only when prescribed by the treating physician	2
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (one or two parallel opposed unmodified ports directed to a single area of interest)	15
77310	Intermediate (three or more treatment ports directed to a single area of interest)	20
77315	Complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam or special beam considerations)	30
77321	Special teletherapy port plan, particles, hemibody, total body	10

CPT Code	Procedure	RVU
77326	Brachytherapy isodose calculation; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	20
77327	Intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	25
77328	Complex (multiplane isodose plan, volume implant calculations, over ten sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	35
77331	Special dosimetry (e.g., TLD, microdosimetry) (specify), only when prescribed by the treating physician	8
77332	Treatment devices, design and construction; simple, to include prefabricated blocks (simple block, simple bolus)	6
77333	Intermediate, to include prefabricated blocks (multiple blocks, stents, bite blocks, special bolus)	12
77334	Complex (irregular blocks, special shields, compensators, wedges, molds or casts)	18
77336	Continuing medical radiation physics, consultation in support of therapeutic radiologist, including continuing quality assurance reported per week of therapy	8
77370	Special medical radiation physics, consultation	12
77375	3D Reconstruction of the Tumor	204
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices	By Report

RADIATION TREATMENT DELIVERY

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

CPT Code	Procedure	RVU
77401	Radiation treatment delivery, superficial and/or ortho voltage	3
77402	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; up to 5 MeV	4
77403	6–10 MeV	6
77404	11–19 MeV	7
77406	20 MeV or greater	8
77407	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks; up to 5 MeV	6
77408	6–10 MeV	7
77409	11–19 MeV	8
77411	20 MeV or greater	9
77412	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (e.g., electron or neutron); up to 5 MeV	8
77413	6–10 MeV	9
77414	11–19 MeV	10
77416	20 MeV or greater	11

CLINICAL TREATMENT MANAGEMENT

CPT Code	Procedure	RVU
77417	Therapeutic radiology port film(s)	3

77470	Special treatment procedure (e.g., total body irradiation, hemibody irradiation, per oral, vaginal cone irradiation)	20

HYPERTHERMIA

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

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

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

CPT Code	Procedure	RVU
77600	Hyperthermia, externally generated; superficial (i.e., heating to a depth of 4 cm or less)	20
77605	Deep (i.e., heating to depths greater than 4 cm)	25
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators	20
77615	More than 5 interstitial applicators	25

CLINICAL INTRACAVITARY HYPERTHERMIA

CPT Code	Procedure	RVU
77620	Hyperthermia generated by intracavitary probe(s)	35

CLINICAL BRACHYTHERAPY

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

STANDARD UNIT OF MEASURE REFERENCES

Definitions

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

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

CPT Code	Procedure	RVU
77750	Infusion or instillation of radioelement solution	25
77761	Intracavitary radioelement application; simple	20
77762	Intermediate	23
77763	Complex	30
77776	Interstitial radioelement application; simple	35
77777	Intermediate	60
77778	Complex	90
77781	Remote afterloading high intensity brachytherapy; 1–4 source positions or catheters	60
77782	5–8 source positions or catheters	70
77783	9–12 source positions or catheters	80
77784	Over 12 source positions or catheters	90
77789	Surface application of radioelement	10
77790	Supervision, handling, loading of radioelement	20
77799	Unlisted procedure, clinical brachytherapy	By Report

STANDARD UNIT OF MEASURE REFERENCES

ELECTROCARDIOGRAPHY

CPT	DESCRIPTION	RVU
93005	EKG	12.0
93041	Rhythm EKG	5.0
93017	Stress Test	30.0
93225	Holter Monitor-Hook Up	10.0
93226	Holter Monitor-Scan & Analysis	50.0
93278	Signal Averaged EKG	30.0
93270	Cardiac Event Recorder-Hook-Up	30.0
93307	Echocardiogram	45.0
93308	Echocardiogram - Limited	20.0
93303	Pediatric Echocardiogram	45.0
93304	Pediatric Echocardiogram - Limited	20.0
93312	Echocardiogram-Transesophageal	60.0
93350	Stress Echocardiography	90.0
93320	Cardiac Doppler	10.0
93321	Cardiac Doppler - Limited	8.0
93325	Color Flow Doppler	5.0
93736	Pace Analysis-1 chamber	10.0
93735	Pace Analysis-1 chamber & reprog.	15.0
93731	Pace Analysis-2 chamber	10.0
93732	Pace Analysis-2 chamber & reprog.	15.0

ELECTROENCEPHALOGRAPHY

		Unit Value
95819	Electro-encephalogram (EEG), standard or portable, same facility	20.0
95821	portable, to an alternate facility	30.0
95822	sleep	30.0
95823	physical or pharmacological, activation	30.0
95824	cerebral death evaluation recording	BR+
95826	inter-cerebral (depth) EEG	BR+
95827	all night sleep recording	BR+
95828	Polysomnography (recording, analysis and interpretation of the multiple simultaneous physiological measurements of sleep	BR+

		Unit Value
	NEUROMUSCULAR (Con'd)	
95829	Electro-corticogram at surgery (independent procedure)	BR+
95831	Muscle testing, manual, extremity (excluding hand) or trunk, with report, by physician (independent procedure)	6.4
95832	hand (with or without comparison with normal side)	8.0
95833	total evaluation of body excluding hands)	26.0
95834	including hands	30.0
95842	Electro testing reaction of degeneration; chronaxy; galvanic/tetanus ratio; one or more extremities, one or more methods; per hour	20.0
95845	Strength duration curve, per nerve	9.8
95851	Range of motion measurements and report, each extremity (excluding hand)(independent procedure)	8.0
95852	hand (with or without comparison with normal side)	8.0
98587	Tensilon test for myasthenia gravis	10.0
95858	with electromyographic recording	RNE
95860	Electromyography, one extremity and related paraspinal areas	20.0
95861	two extremities and related paraspinal areas	36.0
95863	three extremities and related paraspinal areas	44.0
95864	four extremities and related paraspinal areas	52.0
95867	cranial nerve supplied muscles, unilateral bilateral	RNE
	limited study of specific muscles, e.g., external anal sphincter, thoratic spinal muscles, etc.	BR+
	(For eye muscles, see 92265)	
95875	Ischemic forearm exercise test	RNE
95880	Assessment of higher cerebral functions with medical interpretations, aphasia testing	BR+
95881	developmental testing	BR+
95882	cognitive testing and others	BR+
95883	developmental and cognitive testing	BR+
95900	Nerve conduction, velocity and/or latency study, motor, each nerve	9.0
95904	sensory, each nerve	9.0
95925	Somatosensory testing (e.g., cerebral evoked potentials), one or more nerves	BR+
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing	RNE
95935	"H" reflex, by electrodiagnostic testing	RNE
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method	RNE
	(For ultrasonography, see 76500 et seq.)	
95999	Unlisted neuromuscular diagnostic procedure	BR+

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

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

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

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

Hospitals may want to contact MHA for billing suggestions.

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

Other considerations:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

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

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

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

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

ACCOUNT NUMBER	COST CENTER TITLE
7240	

Respiratory Therapy

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

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

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

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

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

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

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

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

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

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

CPT Code	Procedure Description	RVU
	Definition: The collection and preparation of the equipment and medication necessary for the operation of a device providing Continuous Nebulization of Bronchodilators. (This includes patient observation and assessment for effectiveness). Also includes periodic evaluation, maintenance, adjustment, monitoring, and documentation of the function of a continuous nebulization with bronchodilators and of patient response.	
94640	**Continuous Nebulization with Bronchodilators,** Subsequent Day Definition: Periodic evaluation, maintenance, adjustment, monitoring, and documentation of the function of a continuous nebulization with bronchodilators and of patient response.	 15
	Activity: Blood Gas Sampling and analysis Per CPT coding, blood gas sampling and analysis are provided and reimbursed separately. Only the portions of the complete service actually performed by the respiratory therapist are reportable in this rate center. Services performed by non-respiratory therapy personnel are reported under the appropriate rate center.	
82800 thru 82810	**Automated Blood Gas Analysis** There are multiple CPT codes for blood gas analysis. Institutions should determine the procedure performed and code accordingly.	8
36600	**Blood Gas Sampling-Arterial Puncture and/or Indwelling Catheter** Definition: Arterial puncture, withdrawal of blood for diagnosis	15
36416	**Collection of capillary blood specimen (e.g., finger, heel, ear stick)**	15
	Activity: End Tidal Carbon Dioxide Monitoring	
94770	**End Tidal Carbon Dioxide Monitoring** Initial Day Subsequent Day Definition: Carbon dioxide, expired gas determination by infrared analyzer	 48 38

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

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

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

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

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

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

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

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

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

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

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

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

STANDARD UNIT OF MEASURE REFERENCES
RESPIRATORY THERAPY & PULMONARY FUNCTION TESTING

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

STANDARD UNIT OF MEASURE REFERENCES

Account Number	Cost Center Title
7760	Leukopheresis

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

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

Account Number	Cost Center Title
7010	Labor and Delivery Service

Labor and Delivery Service

The Labor and Delivery Relative Value Units were developed by the Maryland Hospital Association. These relative value units will be used to determine the output and charges of the Labor and Delivery Cost Center.

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

Primary Obstetrical Procedures:

These procedures include physical assessment and pregnancy history, and vital signs. RVUs are assigned on the basis of RN time only in relation to these procedures. These charges may be in addition to obstetrical unit charges if inpatient.

1RVU=15 minutes of direct RN care

Procedure	RVUs
Biophysical Profile	5
OB Ultrasound (performed and read by Obstetrics Only with no involvement of radiology)	3
Doppler Flow Evaluation	1
Non-Stress Test	5
Oxytocin Stress Test	5
Nipple Stimulation Stress Test	5
Amniocentesis	3
External Versions	10
Cervical Cerciage	10
D&C, =&C or Minor Surgery Short Stay without Delivery Charges	9

Induction without Labor	8
Observe: Maternal and/of Fetal Assessment; (i.e., cervical ripening, motor vehicle accident, IV hydration, fetal monitoring less than 32 weeks, labor evaluations, etc. 1 RVU per hour up to a maximum of 24 hours	1 per hour
Delivery outside department	12
Abortion (spontaneous or elective) 2nd trimester	12
Vaginal birth (no anesthesia uncomplicated)	24
Vaginal birth with vacuum/forcep assistance	26
Vaginal birth with epidural anesthesia	30
Vaginal birth with epidural anesthesia with vacuum/forceps	32
Vaginal birth after previous C-section (VBAC)	32
C-section scheduled	18
C-section scheduled with tubal ligation	19
C-section non-scheduled emergency	37
C-section non-scheduled emergency with tubal ligation	38
Hysterectomy or other major operative procedure (scheduled routine) (done in L&D, no OR minutes charged)	18

ADD ON TO DELIVERY CHARGE

Hysterectomy or other major operative procedure (unscheduled emergency) (done in L&D, no OR minutes charged)	38
Multiple birth twins (additional monitoring/intervention C/S or vag.)	6
each multiple birth over 2	3
Fetal demise 3rd trimester (C/S, vag.) add	6
Induction/Augmentation (C/S or vag.) add	4
L&D OR additional minor surgical procedure (i.e. tubal ligation, manual removal or placenta, EUA)	8
Double set-up (C/S or vag.) or failed forceps/vacuum add	2
Neonatal resuscitation with apgars less than 6 at one minute, or arterial cord blood PH less than 7.2 add	4
Neonatal on-going assessment greater than one hour add	2
Circumcision (even if performed in the nursery)	3

MISCELLANEOUS PROCEDURES

Screening Auditory Brainstem Response	1
Otoacoustic Emission	1
*Gamete Intrafallopian Transfers (G.I.F.T)	16
*Tubal Embryo Transfers (T.E.T.)	16
*Oocyte Retrieval	10

**(L&D Suite operative procedures may charge applicable RVUs or OR minutes but not both.)*

MATERNAL INTENSIVE CARE

This category is reserved for patients requiring on-going intensive nursing care for time periods specified. Patients may be on inpatient or outpatient status, pre or post delivery. This category may be charged only during the period of intensive interventions. Examples of disease processes with designated pharmaceutical and/or nursing interventions are listed below, but the examples are not exhaustive.

Diagnosis

**Cardiac Disease*
**Bleeding Disorders*
**Pregnancy Induced Hypertension (PIH)*
**Disseminated Intravascular Coagulation (DIC)*
**Diabetes Mellitus*
**Preterm Labor*
**Multisystem Disorders*
**Preterm Labor*
**Asthma*

In addition to having at least one of the diagnosis identified above, the patient must be receiving at least one of the following intravenous interventions:

Pharmaceutical
Magnesium Sulfate
Ritodrine
Terbutaline (repeated SQ doses)
Aminophylline
Insulin IV Drip
Apresoline
Heparin Sulfate
Phenytoin Sodium

Nursing Care
Blood Transfusion (>2 units)
Nebulizer Therapy
Invasive HemodynamicMonitoring
Any procedure requiring conscious sedation such as Percutaneous Umbilical Blood Sampling (PUBS), fetal surgery, fetal exchange transfusion, Ventilation Therapy

Charges are to be based on the length of time intensive care is rendered. ***(Note: 48 RVUs for 24 hours of care is equivalent to 12 hours RN care per patient day for patients not admitted to the hospital. The maximum RVU's for inpatients is 28. Inpatient shall be charged for the obstetrics patient day which includes five hours nursing care which is equivalent to 20 RVU's.***

2 RVUs per hour (maximum of 48 RVUs for non admitted patients, 12 hours NPPD, in DEL)
2 RVUs per hour (maximum of 28 RVUs for inpatients, 7 hours NPPD in DEL 5 hours in OBS)

Account Number 7310

INTERVENTIONAL RADIOLOGY/CARDIOVASCULAR

Definition of IRC

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

Assigning RVUs

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

Start and Stop Times

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

Starting time is:

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

Ending time is:

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

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

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

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Account Number 6720

OVERVIEW: REPORTING STRUCTURE FOR CLINIC SERVICES

DEFINITION OF CLINIC SERVICES

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

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

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

RVU ASSIGNMENT OF CLINIC VISITS

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

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

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

CLINICAL CARE TIME

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

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

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

EXAMPLES OF SERVICES INCLUDED IN E/M COMPONENT

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

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

EXAMPLES OF SERVICES EXCLUDED FROM E/M COMPONENT

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

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

PROFESSIONAL SERVICES ONLY VISIT

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

INTERNAL GUIDELINES

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

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

VISIT LEVELS

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

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

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

NEW VS. ESTABLISHED

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

SEPARATELY IDENTIFIABLE

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

PART II: SERVICES AND NON-SURGICAL PROCEDURES

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

BACKGROUND INFORMATION ON DRUG ADMINISTRATION SERVICES

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

VASCULAR ACCESS DEVICES

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

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

INJECTIONS

Are injections billed per injection, or per drug?

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

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

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

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

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

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

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

TRANSFUSIONS

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

INFUSIONS

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

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

DRUG ADMINISTRATION SERVICES

IMMUNIZATIONS

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

IMMUNIZATIONS

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

NON-CHEMOTHERAPY INJECTIONS AND INFUSIONS

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

CHEMOTHERAPY INFUSIONS

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

96401	Chemotherapy admin, subQ or IM, non-hormonal anti-neoplastic	6
96402	Chemotherapy admin, subQ or IM, hormonal anti-neoplastic	6

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

PSYCHIATRY (EXCLUDES PARTIAL HOSPITALIZATION- PHP)

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

90801	Psychiatric diagnostic interview examination	12
90802	Interactive psychiatric diagnostic interview exam	By Report
	Outpatient Facility	
90804	Individual psychotherapy, insight oriented, behavior mod., 20-30 min	6
90805	Individual psychotherapy w/ medical E & M, 20-30 miin	6
90806	Individual psychotherapy, insight oriented, behavior mod., 45-50 min	10
90807	Individual psychotherapy w/ medical E & M, 45-50 min	10
90808	Individual psychotherapy, insight oriented, behavior mod., 75-80 min	16
90809	Individual psychotherapy w/ medical E & M, 75-80 min	16
90810	Individual psychotherapy, interactive, 20-30 min.	6

90811	Individual psychotherapy, interactive w/ medical E & M, 20-30 min	6
90812	Individual psychotherapy, interactive, 45-50 min.	10
90813	Individual psychotherapy, interactive w/ medical E & M, 45-50 min	10
90814	Individual psychotherapy, interactive, 75-80 min.	16
90815	Individual psychotherapy, interactive w/medical E & M, 75-80 min	16
	Partial Hospital	
90816	Individual psychotherapy, insight oriented, behavior mod., 20-30 min	6
90817	Individual psychotherapy, insight, behavior mod., w/ E & M 20-30 min	6
90818	Individual psychotherapy, insight oriented, behavior mod., 45-50 min	10
90819	Individual psychotherapy, insight, behavior mod., w/ E & M 45-50 min	10
90821	Individual psychotherapy, insight oriented, behavior mod., 75-80 min	16
90822	Individual psychotherapy, insight oriented, behavior mod., 75-80 min	16
90823	Individual psychotherapy, interactive, 20-30 min.	6
90824	Individual psychotherapy, interactive, w/ medical E & M 20-30 min	6
90826	Individual psychotherapy, interactive, 45-50 min.	10
90827	Individual psychotherapy, interactive, w/ medical E & M 45-50 min.	10
90828	Individual psychotherapy, interactive, 75-80 min.	16
90829	Individual psychotherapy, interactive, w/ medical E & M 75-80 min.	16
	Other	
90845	Psychoanalysis	By Report
90846	Famiily psychotherapyapy w/o patient	10
90847	Family psychotherapyapy w/ patient	10
90849	Multiply family group psychotherapyapy	By Report
90853	Group psychotherapyapy	3
90857	Interactive group psychotherapyapy	3
90862	Pharmacologic management	4
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	By Report
90870	Electroconvulsive therapy (ECT), single seizurePerformed and reported in OR	
90875	Individual psychophysiolog ther-biofdbk w/ psychotherapy, 20-30 min	6
90876	Individual psychophysiolog ther-biofdbk w/ psychotherapy, 45-50 min	10
90880	Hypnotherapy	By Report
90882	Environmental intervention for med management	By Report
90885	Psychiatric eval of records, reports & tests for diagnosis	By Report
90887	Interpret of psych or med exams & data to family	By Report
90889	Prep of report of pt status, hx, tx, or progress	By Report
90899	Unlisted psychiatric service or procedure	By Report

BIOFEEDBACK TRAINING

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

These services are also reportable via the rehabilitation rate centers.

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

OPHTHALMOLOGY

COMPREHENSIVE VS. INTERMEDIATE

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

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

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

CARDIAC REHABILITATION

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

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

ALLERGY TESTING/IMMUNOTHERAPY

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

95004	Percutaneous tests w/ allergenic extracts, immed type reaction, incl test interp & report by physician, specify # of tests	By Report
95010	Percutaneous tests, w/ drugs, biological, venom, immed. rxn	By Report
95015	Intracutaneous tests, w/ drugs, biologicals, venom, immed. rxn	By Report
95024	Intracutaneous/intradermal tests, w/ allergenic extracts, immed. Rxn, incl test interp & report by physician, specify # of tests	By Report
95027	Intracutaneous/intradermal tests, w/ allergenic extracts, airborne, immed. Rxn, incl test interp & report by physician, specify # of tests	By Report
95028	Intracutaneous tests, allergenic extracts, delayed rxn, + reading	By Report
95044	Patch or application tests	By Report
95052	Photo patch tests	By Report
95056	Photo tests	By Report
95060	Opthalmic mucous membrane tests	By Report
95065	Direct nasal mucous membrane tests	By Report
95070	Inhalation bronchial challenge, w/ histamine or methacholine	By Report
9507	1Inhalation bronchial challenge, w/ antigens or gases	By Report
95075	Ingestion challenge, sequential and incremental	By Report
95180	Rapid desensitization procedure, ea hour	By Report
95199	Unlisted allergy/clinical immunologic service or procedure	ByReport

ENDOCRINOLOGY

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

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

PSYCHOLOGICAL TESTING

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

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

PHOTODYNAMIC THERAPY/DERMATOLOGY

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

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

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

MEDICAL NUTRITION THERAPY

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

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

ACUPUNCTURE AND CHIROPRACTIC

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

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

DIABETES SELF MANAGEMENT TRAINING

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

SMOKING CESSATION

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

ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE

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

GASTROENTEROLOGY

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

WOUND CARE

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

PART III: SURGICAL PROCEDURES

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

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

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

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

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

- until instructed otherwise.

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

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

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

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

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

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

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

DOCUMENTING START AND STOP TIMES FOR SURGICAL PROCEDURES PERFORMED IN CLINIC

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

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

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

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

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

ACTIVITIES INCLUDED IN PROCEDURE TIME

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

INCLUDED ACTIVITIES

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

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

Monitored time post procedure when waiting for recovery from anesthetic

EXCLUDED ACTIVITIES

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

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

PART IV: MISCELLANEOUS INFORMATION

COUNTING CLINIC VISITS

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

Account Number	Cost Center Title
6800	Ambulance Services-Rebundled

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

Basic Ambulance Service

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

Advance Ambulance Service

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

ACCOUNT NUMBER	COST CENTER TITLE
7550	Speech Therapy

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

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

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

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

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

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

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

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

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

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

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

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

STANDARD UNIT OF MEASURE REFERENCES

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

STANDARD UNIT OF MEASURE REFERENCES

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

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

STANDARD UNIT OF MEASURE REFERENCES

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

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

ACCOUNT NUMBER	COST CENTER TITLE
7580	Audiology

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

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

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

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

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

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

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

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

Other Considerations:

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

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

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

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

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

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

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

CPT Code	Description	RVU
NON-TIME BASED THAT REMAIN NON-TIME BASED CODES		
92569	Acoustic reflex decay test	4
92571	Filtered speech test	4
92572	Staggered spondaic word test	1
92573	Kinbard test	4
92575	Sensorineural acuity level test	3
92576	Synthetic sentence identification test	5
92577	Stenger test, speech	7

CPT Code	Description	RVU
NON-TIME BASED THAT BECOME TIME BASED CODES		
92510	Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing therapeutic services) with or without speech processor programming *(per HSCRC: each 15 minutes)*	20
92516	Facial nerve function studies (e.g. Electroneuronography) *(per HSCRC: each 15 minutes)*	9
92548	Computerized dynamic posturography *(per HSCRC: each 15 minutes)*	39
92551	Screening test, pure tone, air only *(per HSCRC: each 15 minutes)*	Non-reportable
92552	Pure tone audiometry (threshold); air only *(per HSCRC: each 15 minutes)*	5
92553	Pure tone audiometry (threshold); air and bone *(per HSCRC: each 15 minutes)*	7

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

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

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

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

STANDARD UNIT OF MEASURE REFERENCES
AUDIOLOGY

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

CPT Code	Description	RVU
TIME BASED CODES - (direct one to one patient contact)		
95920	Intraoperative neurophysiologic testing, per hour (List separately in addition to code for primary procedure)	24

ACCOUNT NUMBER
7210

COST CENTER TITLE
Laboratory Services

Approach

The descriptions of codes in this section of Appendix D were obtained from the 2004 edition of the Current Procedural Terminology (CPT) manual, and the 2004 edition of the Healthcare Common Procedure Coding System (HCPCS). In assigning relative value units (RVU's) to laboratory codes, an effort was made to maintain consistency across laboratory sections. Benchmarks for representative laboratory tests have been set as guidelines for assigning values to all other laboratory codes. These benchmarks were developed based on a Medicare fee schedule and CAP units. Future assignments of RVU's should take into consideration the previous benchmarks as well as the technician's time, reagent and supply costs, and the methodology used in performing the test. Since the cost of supplies for each test was considered when the RVU's were developed, hospitals may not bill separately for any laboratory supplies. The benchmarks are:

CPT	Description	RVU
80048	Basic Metabolic Screen	11
84436	T4 (Thyroxine)	15
85025	CBC with Electron Diff	10
86592	RPR	8
86850	Antibody Screen	12
86900	ABO	4
86901	Rh	4
87086	Urine Culture	20
87181	Sensitivity (one organism)	10
87340	Hepatitis B Surface Antigen	25
88142	Cytopath, cerv/vag thin layer, cytotech	40
88164	PAP Smear	20
88262	Chromosome analysis (count 15–20 cells)	320
88304	Level III Biopsy	40

CPT Codes Without an Assigned RVU Value

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

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

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

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

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

Non-Regulated; Autopsy Service
Autopsy, CPT code 88020, is labeled "not reportable"-meaning no value may be reported to the HSCRC for this service. Although Autopsy expenses are not reportable to the HSCRC, hospitals requested that it not be deleted from the appendix as individual hospitals may assign a value for internal reporting. Do not report Autopsy RVU's to the HSCRC.

General Advice

- The RVU assigned to a test will be the same regardless of whether the analysis is performed at the hospital's lab or sent to another lab.
- Additional RVU's have not been allotted for STAT testing or for specimen dispatch; this is regarded as overhead expense.
- The RVU's are assigned per reported test, do not bill double the RVU's when a test is run in duplicate.
- If a procedure has multiple CPT codes, the hospital may report all applicable CPT codes.
- No RVU's have been allotted for calculated tests such as LDL cholesterol, albumin/globin ratios, etc.
- Simple confirmatory testing should not generate additional reported RVU's. For example, sulfosalicylic acid used to confirm abnormal protein from urine dipstick would not warrant additional RVU's.
- More complex reflex testing that is performed based on initial test results would generate additional RVU's. Reflex testing to a more definitive assay includes such things as: Antibody panel following a positive antibody screen; IgM anti-hepatitis A after a positive anti-hepatitis A; Western blot confirmation after a positive HIV antibody assay; Phase contrast platelet count used to confirm a low automated platelet count. Hospitals must obtain an additional physician's order or follow established policies for reflex testing. For example, a CBC with automated differential (CPT code 85025, 8 RVU's) is ordered. The results of the automated differential are outside the hospital's established reflex parameters, and a manual differential is indicated. The lab must either request an additional order for CBC with manual differential or follow its own policy for reflex testing. This policy should detail the lab's indications and standard procedures for all reflex testing and should be communicated annually to all referring physicians. In the example given above, the lab would not bill 85025, but would change the CPT code to 85027 (8 RVU's) and add on 85007 (10 RVU's) for a total of 18 RVU's for the CBC with manual differential.

- Regarding CMS/AMA chemistry panels, the hospital laboratory should bill tests as a defined panel even if the tests are ordered individually.
- Do not use a code with a general or miscellaneous description when a specific code is available. For example, in performing an FTA-abs, do not use 86255-Fluorescent non-infectious agent antibody; use 86781 - Treponema pallidum, confirmatory test.
- Phlebotomy is a billable laboratory procedure. In order to bill for this service, the lab must perform the phlebotomy and report all expenses such as personnel and supplies associated with this service.
- Point of Care Testing is also a billable laboratory procedure. Revenue and expenses for point of care testing must be reported as a laboratory service.
- Lab testing cannot be billed as a supply charge; a laboratory CPT code must be used.

Regulated vs. Unregulated Laboratory Services

HSCRC rules govern inpatient services as defined by Medicare, and outpatient services performed at the hospital. Any sample collected by hospital personnel on hospital premises and processed through your hospital lab is part of this regulated system and must be reported.

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

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

The HSCRC system is a revenue reporting and payment system; it does not dictate billing rules. Hospitals should adhere to the billing requirements of CMS and exhibit good billing practices as defined by the OIG's Model Compliance Plan.

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

For example, existing codes define the following:

P9019	Platelets, ea unit	55
P9035	Platelets, pheresis, leukoreduced, ea unit	500
P9034	Platelets, pheresis, ea unit	460

To find the value of the leukoreduction process,

P9035	Platelets, pheresis, leukoreduced, ea unit	500
P9034	Platelets, pheresis, ea unit	– 460
	Leukoreduction process, pheresed unit*	40

*Leukoreduction of platelet concentrate is derived from

$$\frac{\text{Leukoreduction pheresed unit } (40)}{\text{Avg \# of Platelets Pheresed } (8)} = \text{Leukoreduction, platelet conc}$$

To build the new code P9031, leukoreduced platelets,

P9019	Platelets	55
	Leukoreduction, platelet concentrate	+ 5
P9031	Leukoreduced platelets, ea unit	60

Vendor produced coagulant blood products such as Albumin and/or Rho D immune globulin can be stored, dispensed, and/or initiated by Blood Banks, however, Section 460.1 of the Hospital Manual defines these as pharmaceuticals, and they are not to be assigned RVU's nor reported via the laboratory rate center.

Bone and Tissue products should be billed using Other Donor Bank Revenue Centers (890-899). Addendum II provides guidelines for RVU's based on the cost of the Bone or Tissue, and corresponding processing RVU's that can be billed for the appropriate bone or tissue.

CPT Code	Description	RVU

Venous/Capillary

36415	Collection of venous blood by venous puncture	8
	[see also G0001]	
36416	Capillary blood collect (eg, finger, heel, ear stick)	6
	[see also G0001]	

Therapeutic Apheresis

36511	Therapeutic apheresis-WBC	By report
36512	Therapeutic apheresis-RBC	By report
36513	Therapeutic apheresis-platelets	By report
36514	Therapeutic apheresis-Plasma	By report

Organ or Disease Oriented Panels

80048	Basic Metabolic panel (with Calcium)	11
80050	General Health Panel	Depends on tests
80051	Electrolyte panel	8
80053	Comprehensive metabolic panel(with C02, AST)	15
80055	Obstetric Panel	Depends on tests
80061	Lipid panel	19
80069	Renal function panel	12
80074	Acute Hepatitis Panel	90
80076	Hepatic Function Panel (with Total Protein)	11

Drug Testing

80100	Drug screen, multiple classes	100
80101	Drug screen, each drug or class	8
80102	Drug confirmation	25
80103	Tissue prep for drug analysis	By report

CPT Code	Description	RVU
Therapeutic Drug Assays		
80150	Amikacin, assay	15
80152	Amitriptyline	30
80154	Benzodiazepines	30
80156	Carbamazepine, total	15
80157	Carbamazepine, free	15
80158	Cyclosporine	20
80160	Desipramine	30
80162	Digoxin	15
80164	Dipropylacetic acid (valproic acid)	15
80166	Doxepin	30
80168	Ethosuximide	15
80170	Gentamicin	15
80172	Gold	40
80173	Haloperidol	30
80174	Imipramine	30
80176	Lidocaine	15
80178	Lithium	15
80182	Nortriptyline	30
80184	Phenobarbital	15
80185	Phenytoin, total	15
80186	Phenytoin, free	15
80188	Primidone	30

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

Evocative/Suppression Testing

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

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

Consultations (Clinical Pathology)

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

Urinalysis

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

Chemistry

CPT Code	Description	RVU
82000	Acetaldehyde, blood	19
82003	Acetaminophen	15
82009	Acetone or ketones, serum, qualitative	5
82010	Acetone or ketones, serum quantitative	13
82013	Acetylcholinesterase assay	30
82016	Acylcarnitines; qualitative	50
82017	Acylcarnitines; quantitative	130
82024	Adrenocorticotropic hormone (ACTH)	30
82030	Adenosine, 5- monophosphate, cyclic	25
82040	Albumin, serum	2
84042	Albumin urine/other, quantitative	10
82043	Microalbumin, urine, quantitative	15
82044	Microalbumin, semiquant. (Reagent strip)	5
82045	Microalbumin, semiquant, ischemia modified	By report
82055	Alcohol (ethanol) except breath	15
82075	Alcohol (ethanol) breath	20
82085	Aldolase	15
82088	Aldosterone	25
82101	Alkaloids, urine, quantitative	By report
82103	Alpha -I-antitrypsin, total	15
82104	Alpha- I-antitrypsin phenotype	40
82105	Alpha- fetoprotein, serum	15
82106	Alpha- fetoprotein; amniotic	15
82108	Aluminum	40

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

CPT Codes	Description	RVU
82247	Bilirubin, total	6
82248	Bilirubin, direct	6
82252	Bilirubin, fecal, qualitative	8
82261	Biotinidase, each specimen	75
82270	Blood, occult; feces, 1–3 simultaneous deterim	5
	[see also G0107 for screening]	
82271	Blood, occult, other sources, qualitative	4
82272	Blood, occult, qual, feces, single specimen	4
82274	Blood, occult, immunoassay, 1–3 determinations	By report
82286	Bradykinin	10
82300	Cadmium	40
82306	Calcifediol (25-OH Vitamin D-3)	15
82307	Calciferol (Vitamin D)	25
82308	Calcitonin	30
82310	Calcium, total	2
82330	Calcium, ionized	15
82331	Calcium, infusion test	By report
82340	Calcium, urine quantitative, timed spec	10
82355	Calculus (stone) qualitative analysis	40
82360	Calculus (stone) quant. Assay, chemical	40
82365	Calculus (stone) infrared spectroscopy	40
82370	Calculus (stone) x-ray diffraction	By report
82373	Carbohydrate deficient transferrin	By report

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

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

CPT Codes	Description	RVU
82595	Cyroglobulin, qualitative or semi-quant.	14
82600	Cyanide	29
82607	Cyanocobalamin (Vitamin B-12)	15
82608	Cyanocobalamin unsaturated binding capacity	23
82615	Cystine and homocystine, urine, qualitative	20
82626	Dehydroepiandrosterone (DHEA)	15
82627	Dehydroepiandrosterone - sulfate (DHEA-S)	15
82633	Desoxycorticostertone, 11-	25
82634	Deoxycortisol, 11-	25
82638	Dibucaine number	30
82646	Dihydrocodeinone	By report
82649	Dihydromorphinone	By report
82651	Dihydrotestosterone (DHT)	25
82652	Dihydroxyvitamin D, I, 25-	25
82654	Dimethadione	22
82656	Elastase, pancreatic, fecal qual or semiquant	By report
82657	Enzyme activity in cells, nos, nonradioactive	40
82658	Enzyme activity in cells, radioactive substrate	100
82664	Electrophoretic technique, nos	25
82666	Epiandrosterone	25
82688	Erythropoietin	15
82670	Estradiol	15
82671	Estrogens; fractionated	25
82672	Estrogens; total	25

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

CPT Codes	Description	RVU
82800	Gases, blood, pH only	15
82803	Gases, blood, any of pH, pCO_2, PO_2, CO_2, HCO_3	31
82805	Blood gases with O_2 Saturation by direct meas.	31
82810	Blood gases, O_2 sat only, direct measurement	31
82820	Hemoglobin-oxygen affinity	31
82926	Gastric acid, free and total, each spec	By report
82928	Gastric acid, free or total, each spec	By report
82938	Gastrin, after secretin stimulation	15
82941	Gastrin assay	15
82943	Glucagon	25
82945	Glucose, body fluid, other than blood	4
82946	Glucagon tolerance test	By report
82947	Glucose, quantitative, blood	4
82948	Glucose, blood, reagent strip	4
82950	Glucose, post glucose dose (includes glucose)	4
82951	Glucose tolerance test, 3 specimens	15
82952	GTT-additional specimens>3	4
82953	Glucose, tolbutamide tolerance test	8
82955	Glucose-6-phosphate dehydrogenase; quant.	15
82960	G6PD enzyme, screen	10
82962	Glucose blood test, monitoring device	8
82963	Glucosidase, beta	39
82965	Glutamate dehydrogenase	12
82975	Glutamine (glutamic acid amide)	30

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

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

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

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

CPT Codes	Description	RVU
83874	Myoglobin	20
83880	Natriuretic peptide	30
83883	Nephelometry, not specified	15
83885	Nickel	40
83887	Nicotine	37
83890	Molecular isolation or extraction	By report
83891	Mol.isol or extr, highly purified nucleic acid	By report
83892	Molecular, enzyme digestion	By report
83893	Molecular, dot/slot blot production	By report
83894	Molecular, separation by electrophoresis	By report
83896	Molecular, nucleic acid probe, each	By report
83897	Molecular, nucleic acid transfer (eg, Southern)	By report
83898	Molecular amplification, (eg, PCR, LCR) each primer pair	By report
83900	Amplification of nucleic acid, multiplex, each sequence	By report
83901	Amplification of nucleic acid, multiplex, each addl	By report
83902	Molecular, reverse transcription	20
83903	Molecular mutation scanning (eg. SSCP, DGGE) ea.	15
83904	Molecular mutation sequencing, single seg, ea.	By report
83905	Mol mutation ident, allele spec transcrip, ea.	By report
83906	Mol mutation ident, allele spec translating ea.	By report
83907	Lysis of cells prior to extraction	By report
83908	Signal amplification of nucleic acid, each sequence	By report
83909	Separation and identification by high res. Technique	By report

CPT Code	Description	RVU
83912	Molecular, interpretation and report	By report
83914	Mutation identification by enzyme ligation, primer ext	By report
83915	Nucleotidase 5-	15
83916	Oligoclonal immunoglobulin (bands)	25
83918	Organic acids, total quantitative, each specimen	125
83919	Organic acids, qualitative, each specimen	40
83921	Organic acid, single quantitative	40
83925	Opitates	25
83930	Osmolality, blood	10
83935	Osmolality, urine	10
83937	Osteocalcin (bone gla protein)	15
83945	Oxalate	15
83950	Oncoprotein, HER-2/neu	33
83970	Parathyroid hormone	15
83986	ph, body fluid, except blood	8
83992	Phencyclidine (PCP)	15
84022	Phenothiazine	30
84030	Phenylalanine (PKU), blood	20
84035	Phenylketones, qualitative	8
84060	Phosphatase, acid; total	15
84061	Phosphatase, forensic exam	By report
84066	Phosphatase, acid; prostatic	15
84075	Phosphatase, alkaline	2
84078	Phosphatase, alkaline, heat stable only	10

CPT Codes	Description	RVU
84080	Phosphatase, alkaline, isoenzymes	25
84081	Phosphatidylglycerol	120
84085	Phosphogluconate, 6-, dehydrogenase, RBC	39
84087	Phosphohexose isomerase	16
84100	Phosphorus inorganic (phosphate)	2
84105	Phosphorus inorganic (phosphate), urine	10
84106	Porphobilinogen urine; qualitative	12
84110	Porphobilinogen urine; quantitative	13
84119	Porphyrins, urine; qualitative	16
84120	Porphyrins, quantitation + fractionation	35
84126	Porphyrins, feces; quantitative	30
84127	Porphyrins, feces; qualitative	16
84132	Potassium, serum	4
84133	Potassium, urine	10
84134	Prealbumin	15
84135	Pregnanediol	25
84138	Pregnanetriol	25
84140	Pregnenolone	25
84143	17-hydroxypregnenolone	25
84144	Progesterone	15
84146	Prolactin	20
84150	Prostaglandin, each	39
84152	Prostate specific antigen (PSA); complexed	25
84153	Prostate specific antigen (PSA); total	20

CPT Codes	Description	RVU
84154	Prostate specific antigen (PSA); free	25
84155	Protein; total, except refractometry; serum	2
84156	Protein; total, except refractometry; Urine	10
84157	Protein; total, except refractometry; other source	10
84160	Protein; total, refractometric	4
94163	Pregnancy associated plasma protein-A (PAPP-A)	By report
84165	Protein; electrophoretic fractionation + quant.	25
84181	Western blot, interpretation and report	60
84182	Western blot + Immunol. Probe for band ident.	75
84202	Protoporphyrin, RBC; quantitative	54
84203	Protoporphyrin, RBC; screen	14
84206	Proinsulin	120
84207	Pyridoxal phosphate (Vitamin B-6)	50
84210	Pyruvate	30
84220	Pyruvate kinase	15
84228	Quinine	31
84233	Receptor assay, estrogen	75
84234	Receptor assay, progesterone	75
84235	Receptor assay, endocrine, other	75
84238	Receptor assay, non-endocrine (eg, acetylcholine)	75
84244	Renin	15
84252	Riboflavin (Vitamin B-2)	25
84255	Selenium	40
84260	Serotonin	30

CPT Codes	Description	RVU
84270	Sex hormone binding globulin (SHBG)	25
84275	Sialic acid	24
84285	Silica	37
84295	Sodium; serum	2
84300	Sodium; urine	10
84302	Sodium, other source	10
84305	Somatomedin	15
84307	Somatostatin	25
84311	Spectrophotometry, analyte nos	25
84315	Specific gravity (except urine)	4
84375	Sugars, chromatographic (TLC/paper)	By report
84376	Sugars (mono-, di-, oligo) single qual, each spec	8
84377	Sugars, multiple qualitative, each specimen	8
84378	Sugars, single quantitative, each specimen	4
84379	Sugars, multiple quantitative, each specimen	4
84392	Sulfate, urine	42
84402	Testosterone, free	15
84403	Testosterone, total	15
84425	Thiamine (Vitamin B-1)	49
84430	Thiocyanate	15
84432	Thyroglobulin	25
84436	Thyroxine, total	15
84437	Thyroxine, requiring elution (neonatal)	By report
84439	Thyroxine, free	15

CPT Codes	Description	RVU
84442	Thyroid binding globulin (TBG)	15
84443	Thyroid stimulating hormone (TSH)	15
84445	Thyroid stimulating immune globulins (TSI)	25
84446	Tocopherol alpha (vitamin E)	30
84449	Transcortiin (cortisol binding globulins)	25
84450	Transferase, aspartate amino (AST)(SGOT)	2
84460	Transferase, alanine amino (ALT)(SGPT)	2
84466	Transferrin	15
84478	Triglycerides	2
84479	Thyroid hormones (T3 or T4) uptake (THBR)	15
84480	Triiodothyronine T3, total (TT-3)	15
84481	Triiodothyronine, free (FT-3)	15
84482	Triiodothyronine, reverse	15
84484	Troponin, quantitative	25
84485	Trypsin, duodenal fluid	40
84488	Trypsin, feces qualitative	40
84490	Trypsin, feces, quantitative, 24 hr.	By report
84510	Tyrosine	16
84512	Troponin, qualitative	8
84520	Urea nitrogen; quantitative	2
84525	Urea nitrogen; semi-quant (reagent strip)	4
84540	Urea nitrogen; urine	10
84545	Urea nitrogen; clearance	12
84550	Uric acid; blood	2

CPT Codes	Description	RVU
84560	Uric acid; other source	10
84577	Urobilinogen, feces, quantitative	22
84578	Urobilinogen, urine, qualitative	5
84580	Urobilinogen, qualitative, timed specimen	22
84583	Urobilinogen, urine, semiquantitative	By report
84585	Vanillylmandelic acid (VMA), urine	30
84586	Vasoactive Intestinal Peptide (VIP)	25
84588	Vasopressin (antidiuretic hormone, ADH)	25
84590	Vitamin A	30
84591	Vitamin, not otherwise specified	50
84597	Vitamin K	25
84600	Volatiles (dichlor, alcohol, methanol, etc)	30
84620	Xylose absorption test	30
84630	Zinc	25
84681	C-peptide	15
84702	Gonadotropin, chorionic (hCG) quant.	24
84703	Gonadotropin, chorionic (hCG) qualitative	10
84830	Ovulation tests, visual method for LH	By report
84999	Unlisted chemistry procedure	By report

Hematology and Coagulation

84002	Bleeding time	15
85004	Blood count, automated differential	4
85007	Blood count, manual differential	10
85008	Blood count, manual exam w/o diff.	5
85009	Blood count, differential WBC, buffy coat	15

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

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

CPT Codes	Description	RVU
85366	Fibrin degradation products, paracoagulation	15
85370	Fibrin degradation products, quantitative	15
85378	Fibrin degradation prod, D-dimer; qual or semiquant	15
85379	Fibrin degradation prod, D-dimer; quantitative	15
85380	Fibrin degradation prod, D-dimer; ultrasensitive	15
85384	Fibrinogen; activity	9
85385	Fibrinogen; antigen	16
85390	Fibrinolysins screen, interpretation and report	By report
85396	Coagulation/fibrinolysis (viscoelastic clot)	60
85400	Fibrinolytic factors & inhibitors, plasmin	20
85410	Fibrinolytic; alpha 2 antiplasmin	50
85415	Fibrinolytic; plasminogen activator	50
85420	Plasminogen, except antigenic assay	23
85421	Plasminogen, antigen assay	16
85441	Heinz bodies; direct	10
85445	Heinz bodies; induced	10
85460	Hemoglobin fetal, Kleihauer-Betke	23
85461	Hemoglobin, fetal, rosette	15
85475	Hemolysin, acid	8
85520	Heparin assay	23
85525	Heparin neutralization	50
85530	Heparin-protamine tolerance	50
85536	Iron stain, peripheral blood	10
85540	Leukocyte alkaline phospatase with count	20

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

Immunology

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

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

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

CPT Codes	Description	RVU
86329	Immunodiffusion, nos	8
86331	Immunodiffusion gel.qual (Ouchterlony) each	19
86332	Immune complex assay	36
86334	Immunofixation electrophoresis	40
86335	Immunofixation electrophoresis, other fluids	44
86336	Inhibin A	24
86337	Insulin antibodies	37
86340	Instrinsic factor antibody	35
86341	Islet cell antibodies	20
86343	Leukocyte histamine release (LHR)	20
86344	Leukocyte phagocytosis	34
86353	Lymphocyte transformation, induced blastogenesis	77
86355	B cells, total count	50
86357	Natural killer cells, total count	50
86359	T cells, total count	50
86360	T cells, absolute CD4, CD8 and ratio	100
86361	T cell, absolute CD4 count	50
86367	Stem cells (CD34), total count	50
86376	Microsomal antibidies (thyroid, liver) each	22
86378	Migration inhibitory factor (MIF)	28
86382	Neutralization test, viral	50
86384	Nitrobllue tetrazolium dye (NTD)	50
86403	Particle agglutination; screen, each antibody	15
86406	Particle aggluination titer, each antibody	30

CPT Codes	Description	RVU
86430	Rheumatoid factor, qualitative	8
86431	Rheumatoid factor, quantitative	10
86480	Tuberculosis test, cell mediated-gamma interferon antigen	By report
86485	Skin test; candida	By report
86490	Skin test; coccidioidomycosis	By report
86510	Skin test; histoplasmosis	By report
86580	Skin test; tuberculosis, intradermal	By report
86585	Skin test; tuberculosis, tine test	By report
86586	Skin test; unlisted antigen; ea	By report
86590	Streptokinase antibody	17
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)	8
86593	Syphilis test; quantitative	10
86602	Actinomyces antibody	33
86603	Adenovirus, antibody	33
86606	Aspergillus antibody	33
86609	Bacterium, not specified, antibody	33
86611	Bartonella, antibody	33
86612	Blastomyces, antibody	33
86615	Bordetella antibody	33
86617	Borrelia burgdorferi (Lyme) confirmatory (WB)	60
86618	Borrelia burgdorferi (Lyme) antibody	25
86619	Borrelia (relapsing fever) antibody	33
86622	Brucella, antibody	33
86625	Campylobacter; antibody	33

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

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

CPT Codes	Description	RVU
86732	Mucormycosis antibody	20
86735	Mumps antibody	20
86738	Mycoplasma antibody	20
86741	Nisseria meningitidis antibody	20
86744	Nocardia; antibody	20
86747	Parvovirus antibody	30
86750	Plasmodiium (malaria); antibody	25
86753	Protozoa, not elsewhere specified; antibody	By report
86756	Respiratory syncytial virus; antibody	25
86757	Rickettsia antibody	20
86759	Rotavirus; antibody	25
86762	Rubella antibody	15
86765	Rubeola; antibody	20
86768	Salmonella antibody	60
86771	Shigella antibody	20
86774	Tetanus; antibody	25
86777	Toxoplasma; antibody	25
86778	Toxoplasma, IgM; antibody	25
86781	Treponema pallidum, confirm (FTA-abs); antibody	17
86784	Trichinella; antibody	20
86787	Varicella-zoster antibody	20
86790	Virus, not specified; antibody	By report
86793	Yersinia; antibody	20
86800	Thyroglobulin antibody	25

CPT Codes	Description	RVU
86803	Hepatitis C antibody	25
86804	Hepatitis C antibody; confirmatory test	100
86805	Lymphocytotoxicity assay, w titration	75
86806	Lymphocytotoxicity assay, without titration	50
86807	Cytotoxic percent reactive antibody (PRA), std method	100
86808	Cytotoxic precent reactive antibody (PRA), quick method	47
86812	HLA typing, A, B, or C, single antigen	45
86813	HLA typinig, A, B, or C, multiple antigens	125
86816	HLA typing DR/DQ, single antien	115
86817	HLA typing DR/DQ, multiple antigens	230
86821	Lymphocyte culture, mixed (MLC)	150
86822	Lymphocyte culture, primed (PLC)	150
86849	Unlisted immunology procedure	By report

Transfusion Medicine

86850	Antibody screen, RBC ea technique	12
86860	Antibody elution, RBC, each elution	20
86870	Antibody ident, RBC antibodies, ea panel	30
86880	Coombs test, direct, ea antiserum	8
86885	Coombs test, indirect, qualitative, ea antiserum	12
86886	Coombs test, indirect titer, ea antiserum	32
86890	Autologous bld, collect, proc, store; predeposited	170
86891	Autologous intra or post operative salvage	525
86900	Blood typing, ABO	4
86901	Blood typing, Rh(D)	4

CPT Codes	Description	RVU
86903	Blood typing, antigen screen, use reagent serum, per unit	15
86904	Blood typing, antigen screen, using patient serum, per unit	12
86905	Blood typing, RBC antigens, other than ABO, Rh, each	15
86906	Blood typing, Rh phenotyping, complete	30
86910	Blood typing, paternity, per individual	64
86911	Blood typing, paternity, each additional antigen system	30
86920	Compatibility test each unit, immediate spin	8
86921	Compatibility test, incubation technique	1
86922	Compatibility, antiglobulin technique	10
86923	Compatibility test, electronic	6
86927	Fresh frozen plasma, thaw, each unit	4
86930	Fresh blood, prepare/freeze, each unit	80
86931	Frozen blood, thaw, each unit	120
86932	Frozen blood, prepare/freeze/thaw, each unit	240
86940	Hemolysins/agglutinins; auto screen, each	13
86941	Hemolysins/agglutinins, incubated	18
86945	Irradiation of blood prod, each unit	80
86950	Leukocyte transfusion	600
86960	Volume reduction of blood/product, each unit	20
86965	Pooling of platelets or blood products	4
86970	Pretreatment of RBC's incubate with chem, each	31
86971	Pretreatment of RBC's incubate with enzymes, each	31
86972	Pretreatment by density gradient	31
86975	Pretreatment of serurm, inc with drugs, each	31

CPT Codes	Description	RVU
86976	Pretreatment of serum, by dilution	31
86977	Pretreatment of serum, incub with inhititors, each	31
86978	Pretreatment of serum, by diff RBC absorption, each	100
86985	Splitting of blood or blood prod each unit	20
86999	Unlisted transfusion medicine procedure	By report

Microbiology

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

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

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

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

CPT Codes	Description	RVU
87340	Hepatitis B surface antigen (HBsAg), EIA	25
87341	Hepatitis B surface antigen (HBsAG) neutralization	25
87350	Hepatitis Be antigen (HBsAg), EIA	20
87380	Hepatitis, Delta agent antigen EIA	25
87385	Histoplasma capsullatum antigen, EIA	40
87390	HIV-1 ag, EIA	40
87391	HIV-2 ag, EIA	40
87400	Influenza, A or B, each	40
87420	Respiratory syncytial virus ag, EIA	25
87425	Rotavirus ag, EIA	25
87427	Shiga-like toxin ag, EIA	25
87430	Streptococcus Group A antigen, EIA	25
87449	Infectious agent ag nos, multiple step, each organism	25
87450	Infectious agent ag nos, single step, each organism	25
87451	Infectious agent ag, multi step, each antiserum	By report
87470	Bartonella, DNA, dir probe	120
87471	Bartonella DNA, amp probe	120
87472	Bartonella DNA, quantification	160
87475	Borrelia burgdorferi, dna, dir probe	120
87476	Borrelia burgdorferi, DNA, amp probe	120
87477	Borrelia burgdorferi, DNA, quantification	160
87480	Candida, DNA dir probe	120
87481	Candida, DNA, amp, probe	120
87482	Candida, DNA, quant	160

CPT Codes	Description	RVU
87485	Chlamydia pneumoniae, DNA, dir probe	120
87486	Chlamydia pneumoiuae, DNA, amp probe	120
87487	Chlamydia pneumoniae, DNA, quant	160
87490	Chlamydia trachomatis, DNA, dir probe	45
87491	Chlamydia trachomatis, DNA, amp probe	45
87492	Chlamydia trachomatis, DNA, quant	160
87495	Cytomegalovirus, direct probe	120
87496	Cytomegalovirus, amp probe	120
87497	Cytomegalovirus, quantification	160
87510	Gardnerella vaginalis, DNA, dir probe	120
87511	Gardnerella vaginalis, DNA, amp probe	120
87512	Gardnerella vaginalis, DNA, quantification	160
87515	Hepatitis B virus, DNA, dir probe	120
87516	Hepatitis B virus, DNA, amp probe	120
87517	Hepatitis B virus, DNA, quantification	160
87520	Hepatitis C, DNA, direct probe	140
87521	Hepatitis C, DNA, amp probe	140
87522	Hepatitis C, DNA, quantification	160
87525	Hepatitis G, DNA, direct probe	120
87526	Hepatitis G, DNA, amp probe	120
87527	Hepatitis G, DNA, quantification	160
87528	Herpes simplex virus, DNA, direct probe	120
87529	Herpes simplex virus, DNA, amp probe	120
87530	Herpes simplex virus, DNA, quantification	160

CPT Codes	Description	RVU
87531	Herpes virus-6, DNA, direct probe	120
87532	Herpes virus-6, DNA, amp probe	120
87533	Herpes virus-6, DNA, quantification	160
87534	HIV-1, DNA, direct probe	120
87535	HIV-1, DNA, amp probe	120
87536	HIV-1, DNA, quantification	160
87537	HIV-2, DNA, direct probe	120
87538	HIV-2, DNA, amp probe	120
87539	HIV-2, DNA, quantification	160
87540	Legion pneumo, DNA, direct probe	120
87541	Legion pneumo, DNA, amp probe	120
87542	Legion pneumo, DNA quantification	160
87550	Mycobacteria, DNA, direct prob	75
87551	Mycobacteria, DNA, amp probe	120
87552	Mycobacteria, DNA quantification	160
87555	M. tuberculosis, DNA direct probe	75
87556	M. tuberculosis, DNA, amp probe	120
87557	M. tuberculosis, DNA quantification	160
87560	M. avium-intracellulare, DNA, direct probe	75
87561	M. avium-intracellulare, DNA amp probe	120
87562	M. avium-intracellulare, DNA quantification	160
87580	Mycoplasma pneumoniae, DNA, direct probe	120
87581	Mycoplasma pneumoniae, DNA, amp probe	120
87582	Mycoplasma pneumoniae, DNA quantification	160

CPT Codes	Description	RVU
87590	N. gonorrhoeae, DNA direct probe	45
87591	N. gonorrhoeae, DNA, amp direct probe	45
87592	N. gonorrhoeae, DNA quantification	160
87620	Human papillomavirus, DNA, direct probe	120
87621	Human papillomavirus, DNA, amp probe	120
87622	Human papillomavirus, DNA quantification	160
87650	Streptococcus Group A DNA, direct probe	120
87651	Streptococcus Group A DNA, amp probe	120
87652	Streptococcus Group A DNA, quantification	160
87660	Trichomonas vaginalis, DNA, direct probe	45
87797	Infectious agent, nucleic acid, nos, direct probe, eaorg.	120
87998	Infectious agent, nucleic acid, amp probe, nos, each org.	120
87799	Infectious agent nucleic acid, nos, quant	160
87800	Infectious agent, DNA, multiple orgs, direct probe	120
87801	Infectious agent, DNA, multiple orgs, amplified probe	120
87802	Immunoassay, direct optical, Strep Gr B	25
87803	Immunoassay, direct optical, C. Difficile toxin A	25
87804	Immunoassay, direct optical, Influenza	25
87807	Immunoassay, respiratory syncytial virus	25
87810	Immunoassay, direct optical Chalamydia trachomatis	25
87850	Immunoassay, direct optical, N-gonorrhoeae	25
87880	Immunoassay, direct optical, Strep Crr. A	25
87899	Immunoassay, direct optical, nos	25
87900	Infectious agent drug susceptibility phenotype prediction	By report

CPT Codes	Description	RVU
87901	Genotype by nucleic acid, HIV, RT and Protease	340
87902	Genotype by nucleic acid, Hepatitis C	340
87903	Phenotype, HIV, DNA, drug resistance, up to 10 drugs	340
87904	Phenotype, HIV, DNA, each additional drug, 1–5 (add on)	340
87999	Unlisted microbiology procedure	By report

Anatomic Pathology

88000-88099	Autopsy	not reportable

Cytopathology

88104	Cytopath, Fluid/Wash/Brush, Sm + interp	30
88106	Cytopath, filter meth only, interpretation	70
88107	Cytopath, smear + filter prep, interpret	70
88108	Cytopath, smear + conc, interpret	70
88112	Cytopath, selective cellular enhancement	100
88125	Cytopath, forensic (eg, sperm)	20
88130	Sex chromatin ident. (Barr bodies)	20
88140	Sex chromatin ident, peripheral blood	20
88141	Cytopath, cerv/vag interp by physician	20
88142	Cytopath, cerv/vag thin layer, cytotech	40
88143	Cytopath, man scr and re-screen, phys suprv	50
88147	Cytopath, cerv/vag, auto screen, phys suprv	20
88148	Cytopath, auto screen w manual re-screen	50
88150	Cytopath, slides, cerv/vag, man scr, phys suprv	20
88152	Cytopath cerv/vag, man scr, comput re-screen	40
88153	Cytopath, slides, man scr, rescr, phys suprv	30
88154	Cytopath, slides, man scr, comp rescr, review, phys sup	50

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

Cytogenetic Studies

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

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

Surgical Pathology

CPT Codes	Description	RVU
88300	Surg path, level I gross exam only	20
88302	Surg path, level II gross & microscopic	25
88304	Surg path level III gross & microscopic	40
88305	Surg path level IV gross & microscopic	60
88307	Surg path, level V gross & microscopic	100
88309	Surg path, level VI gross & microscop	125
88311	Decalcification procedure (add on)	5
88312	Special stains, Grp I (eg, Gridley, AFB, Methenamine) ea	15
88313	Special stains, Group II (eg, iron, trichrome), ea	10
88314	Histochemical staining w frozen section(s)	30
88318	Histochemistry to ID chemical components	70
88319	Determinative histochem. ID enzyme constituents	30
88321	Consultation report, referred slides	non-regulated
88323	Consultation report, referred material w slide preparation	non-regulated
88325	Consultation, comprehensive, referred materials	non-regulated
88329	Pathology consultation, during surgery	20
88331	Path consult with frozen section(s), single specimen	20
88332	Path consult, each additional block frozen sections	5
88333	Path consult, cyto exam, initial site	20
88334	Path consult, cyto exam, ea addl site	20
88342	Immunohistochemistry, each antibody	60
88346	Immunofluorscent, direct method, ea antibody	60
88347	Immunofluorescent study, indirect method, ea antibody	80
88348	Electron microscopy, diagnostic	400

CPT Codes	Description	RVU
88349	Electron microscopy, scanning	400
88355	Morphometric analysis, skeletal muscle	By report
88356	Morphometric analysis, nerve	By report
88358	Morphometric analysis, tumor	By report
88360	Tumor IHC quant or semi quant., ea antibody, manual	75
88361	Tumor IHC; quant or semi-quant, computer assist	60
88362	Nerve teasing preparations	By report
88365	Tissue in situ hybridization, interpretation & report	By report
88371	Protein analysis of tissue by WB, interpret. & report	60
88372	Protein analysis, WB, Immun probe for band ident, each	75
88380	Microdissection (mechanical, laser capture)	By report
88384	Array-based eval of multiple molec probes, 11–50 probes	By report
88385	Array-based eval of multiple molec probes, 51–250 probes	By report
88386	Array-based eval multiple molec probes, 251–500 probes	By report
88399	Unlisted surgical pathology procedure	By report

Transcutaneous Procedures

88400	Transcutaneous Bilirubin, total	By report

Other Procedures

89049	Caffeine Halothane test for malignant hyperthermia...	By report
89050	Cell count, body Fluids, except blood	20
89051	Cell count, body fluids, exc bld with differential count	25
89055	Leukocyte assessment, fecal, qual or semiquant	5
89060	Crystal identification by microscopy (except urine)	15
89100	Duodenal intubation and aspiration; single spec + test	By report
89105	Duodenal intubation and aspiration; multiple spec	By report

CPT Codes	Description	RVU
89125	Fat stain, feces, urine, or respiratory secretions	15
89130	Gastr inbubation and aspiration, ea spec, for analy	By report
89141	Gastr intubation and aspiration, ea spec, for analy aft stim	By report
89160	Meat fibers, feces	8
89190	Nasal smear for eosinophils	8
89220	Sputum, obtain, aerosol induced technique	By report
89225	Starch granules, feces	5
89230	Sweat collection by iontophoresis	30
89235	Water load test	By report
89240	Unlisted misc. pathology test	By report

Reproductive Medicine Procedures

89250	/Culture of oocyte(s)/embryo(s), <4 days	By report
89251	Culture of oocyte(s)/embryo(s) with co-culture of oocytes	By report
89253	Assisted embryo hatching, microtechniques	By report
89254	Oocyte identification from follicular fluid	By report
89255	Preparation of embryo for transfer	By report
89257	Sperm identification from aspiration	By report
89258	Cryopreservation; embryo(s)	By report
89259	Cryopreservation; Sperm	By report
89260	Sperm isolation; simple prep for insemination	By report
89261	Sperm isolation; complex prep	By report
89264	Sperm identification from testis tissue	By report
89268	Insemination of oocytes	By report
89272	Extended culture of oocytes/embryos 4–7 days	By report
89280	Assisted oocyte fertilization, </= 10 oocytes	By report

CPT Codes	Description	RVU
89281	Assisted oocyte fertilization, greater than 10 oocytes	By report
89290	Biopsy, oocyte, microtechnique, </= 5 embr.	By report
89291	Biopsy, oocyte, microtechnique, > 5 embr.	By report
89300	Semen analysis, presence + motility, incl Huhner	8
89310	Semen analysis, motility and count, not incl Huhner	14
89320	Semen anal, complete (vol. count, motility + differential)	29
89321	Semen anal, presence and/or motility of sperm	By report
	[see also G0027]	
89325	Sperm antibody test	17
89329	Sperm evaluation, hamster penetration	50
89330	Sperm/cervical mucous penetration test	23
89335	Cryopreservation, reprod. tissue, testicular	By report
89342	Storage, (per year): embryo(s)	By report
89343	Storage, (per year): sperm/semen	By report
89344	Storage, reproductive tissue, testic/ovarian	By report
89346	Storage, oocyte	By report
89352	Thawing of cryopreserved; embryo(s)	By report
89353	Thawing of cryopreserved; semen/sperm	By report
89354	Thawing of cryopreserved; reprod tissue	By report
89356	Thawing of cryopreserved; oocytes, ea aliquot	By report

Therapeutic Phlebotomy

99195	Therapeutic Phlobotomy	50

New Technology

0023T	HIV Virtual Phenotype	By report

HCPCS - Level II

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

Addendum I

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

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

*Freezing and deglycerolization includes washing.

HCPCS Code	Description	RVU value
86999	Autologous/Directed Blood product	215
P9010	Whole Blood for transfusion, per unit	135
P9011	Blood (split unit), specify amount (for Pediatrics)	110
P9012	Cryoprecipitate, ea unit	35
P9016	RBC leukoreduced, ea unit	145
P9017	Fresh frozen plasma (sgl donor), frozen 8 hrs of collect, ea	40
P9019	Platelets, ea unit	55
P9020	Platelet rich plasma, ea unit	By report
P9021	RBC, ea unit	90
P9022	RBC, washed, ea unit	160

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

Addendum II

Bone, Organ, and Skin

Revenue Code	Price Range	RVU
891-892-893	$0–100	35
	$101–200	100
	$201–300	170
	$301–400	235
	$401–500	300
	$501–600	370
	$601–700	435
	$701–800	500
	$801–900	570
	$901–1000	635
	$1001–1100	700
	$1101–1200	770
	$1201–1300	835
	$1301–1400	900
	$1401–1500	970
	$1501–1600	1035
	$1601–1700	1100
	$1701–1800	1170
	$1801–1900	1235
	$1901–2000	1300
	$2001–2100	1370
	$2101–2200	1435
	$2201–2300	1500
	$2301–2400	1570
	$2401–2500	1635
	$2501–2600	1700
	$2601–2700	1770
	$2701–2800	1835
	$2801–2900	1900
	$2901–3000	1970

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

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

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

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

General Guidelines

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

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

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

6. EMG patients will be assigned a Treatment Level, which is based on CCT. This would include services provided from the time of triage to final patient disposition (i.e., discharge, transfer to another facility, admitted as an inpatient, transferred to another department within the facility {i.e. surgery}, or left before treatment rendered or completed).

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

Treatment Levels	**RVU**
Level I - Brief (Usually 0<15 minutes CCT)	1
Level II - Intermediate (Usually 15<30 minutes CCT)	3
Level III - Extended (Usually 30<60 minutes CCT)	6
Level IV - Intensive (Usually 60<120 minutes CCT	12
Level V - Comprehensive (Usually 120 minutes or longer CCT)	16
O (Observation) - The RVUs assigned are based on clock time and not CCT.	1.5 per hour Up to 48 hours
ECS (Extended Care Services) - The RVUs assigned are based on clock time and not CCT.	1 per hour Up to 48 hours

Definitions

CCT - (Clinical Care Time)

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

Direct Patient Care

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

EMG

HSCRC abbreviation referring to Emergency Department

Extended Care Service

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

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

- Extended Care Services are based on "clock time" and not "Clinical Care Time (CCT). For each full hour of clock time, one (1) RVU is assigned. Any partial hours are rounded down to the nearest full hour. For example, one hour and five minutes is reported as one hour = one RVU. One hour and fifty-five minutes is reported as one hour = one RVU.
- To qualify for ECS reporting, the patient must be an outpatient and must be transferred to another facility. The transfer must be fully documented in the medical record.
- Below are four examples of the proper reporting of Extended Care Service:
  1. A trauma patient begins his CCT at noon. The CCT consists of four EMG personnel, each simultaneously providing 35 minutes of CCT. That is a sum total of 140 CCT minutes (4 EMG personnel times 35 minutes each and is a Level V). The patient is stabilized and is to be transferred to a trauma facility. The time is now 12:55 pm. Because of inclement weather conditions, the transfer is delayed for three and one half (3.5) hours. The reporting of RVUs would be as follows: Level V = 16 RVUs, plus ECS for three hours = 3.0 RVUs (rounded down to three hours from the actual of three and one half hours {3.5}, the total RVUs reported would be 19).
  2. A trauma patient begins his CCT at noon. The CCT consists of three EMG personnel each providing 15 minutes of CCT. That is a sum total of 45 CCT minutes (3 EMG personnel times 15 minutes each and is Level III). The patient is stabilized and is to be transferred to a trauma facility. The time is now 12:45 pm. The patient is immediately transferred to another facility. The reporting of RVUs would be as follows: Level III = 6 RVUs. There is no ECS RVUs reported, since the reported Level was something other than Level V.
  3. A trauma patient begins his CCT at noon. The CCT consists of three EMG personnel, each providing 20 minutes of CCT. That is a sum total of 60 CCT minutes (3 EMG personnel times 20 minutes each and is Level IV). The patient is stabilized and is to be transferred to a trauma facility. The time is now 1:00 pm. Because of inclement weather conditions, the transfer is delayed for three and one half (3.5) hours. During this 3.5 hours delay, the patient receives another 45 minutes of CCT, Total CCT is 60 plus 45 = 105 CCT. The reporting of RVUs would be as follows: Level IV = 12 RVUs.

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

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

Indirect Patient Care

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

O-Observation in EMG

- Observation is considered a valid clinical service. The primary purpose of observation service in EMG is to determine whether the patient is to be admitted as an inpatient or not. This service must be ordered and documented in writing as to time and method (fax, phone, etc.) given, by a medical staff practitioner. The service includes the use of a hospital bed and periodic monitoring by the facility's nursing or other staff, which are deemed reasonable and necessary to evaluate an outpatient's condition or determine the need for possible admission to the hospital as an inpatient.
- Observation RVUs are based on "clock time" and not CCT. Clock time commences at the time of a valid physician order for observation, and concludes with a valid physician order to cease observation. This service usually does not exceed one day. Some patients, however, may require a second day of outpatient observation services. It is rare that this service should extend beyond 48 hours. The minimum Observation time is one hour.
- Observation is a reportable service within the EMG. The service does not have to be provided in the geographic area of the Emergency Room. Facilities may elect to

provide the observation service in an area adjacent to the Emergency Room, while others may elect to provide the service in a location that could be considered "remote" from the Emergency Room. Other facilities may even consider this as a cost center unto itself. Notwithstanding the location or service or how the facility may journalize this service all expenses, revenue, statistics, and price compliance must be included in the reporting of EMG.

- Because of the nature of Observation services, emergency room services may or may not be part of the service (i e., a direct admit to Observation from a physician office); and, therefore, Observation charges are not conditioned on having Level charges. An EMG bill could have only a Level charge, have only an Observation charge, or could have both.
- The RVU for Observation is "clock time" and not CCT. For each full hour of clock time, 1.5 RVUs are assigned. Any partial hours are rounded down to the nearest full hour. For example, one hour and five minutes is reported as one hour = 1.5 RVUs. One hour and fifty-five minutes is reported as one hour = 1.5 RVUs. It is understood that a patient in Observation may be assigned to this status for an extended time period, i.e., 12, 18, 24, or more hours.
- Observation charges and inpatient charges are mutually exclusive for the same date. It is not permissible to have observation charges and room & board charges for the same date.

Relative Value Units (RVU)

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

CAT

INTRODUCTION:

CT has been a standard of care in most medical communities for approximately 20 years. The Health Services Cost Review Commission assigned a unit value of 1 for every CT related CPT code without consideration for the varying complexity across all CT exam types. This CT sub-committee was charged with the following:

1. Should an RVU system be established and implemented for CT CPT codes?
2. Should supplies, drugs, and contrast materials be included in the RVU?

FINDINGS:

The group determined, based on volume from the respondent hospitals, that a CT of the Brain without contrast was the standard for a "basic" CT procedure. This standard consists of the following parameters and was assigned an RVU of 15:

1. 15 minutes room time
2. One technologist
3. Equipment
4. Prep time (explanation)

Each CT CPT code was evaluated and compared to this standard. Higher values were assigned based on the following additional requirements:

1. Increased scan times
2. Complexity of exam
3. Increased patient prep time (informed consent, establishing venous access)
4. Increased personnel required

Any CT scan with contrast would have the higher RVU since IV access would have to be established or verified prior to the contrast injection.

On the issue of supplies the group determined that there were two types of supplies utilized in CT procedures. The costs of ALL supplies are to be included in the CT revenue center. The following basic supplies should be considered part of the exam and have no additional value. Needles, Band-Aids, gauze, alcohol preps, and syringes fall into this category of supplies. Biopsy trays, biopsy needles, drainage catheters, drainage bags, and other more specialized supplies can vary greatly in cost and would be billed independently. No supply item would be assigned an RVU. Film would be included, however additional copies, which incur additional expense, should be billable. The revenue for these billable supplies is to be included in the CT revenue center.

On the issue of contrast the group established that there is a difference in cost relative to the type of contrast (high osmolar vs. Low osmolar vs. iso-osmolar) as well as the volume of contrast which is different from patient to patient (dependent on patient size) and exam to exam. (CT of the Brain with contrast does not require the same volume of contrast as CT of Chest and Abdomen with contrast). The group recommends that contrast NOT be included in the RVU, however, the time for preparing the agents for injection and the miscellaneous supplies used in conjunction with the injection would be included. Contrast should not be assigned an RVU and fees should be on a cost/cc basis, keeping in mind that costs vary from vendor to vendor and high volume sites will have lower per cc costs. The cost and revenue for contrast media are to be included in the CT revenue center.

Oral contrast used in abdominopelvic CT scans would also be a billable item since, again, there is a variety of products available and prices are varying.

Finally, on the issue of drugs, it was determined that no drug is considered a routine part of any CT examination, however, sedation and pain reducing agents are frequently used to make invasive procedures more easily tolerated. These drugs should NOT be included in the RVU of the exam but would be billed separately through the pharmacy on an "as needed" basis. Drugs should not be assigned an RVU.

CONCLUSION:
The sub-committee feels that RVUs should be established for CT procedures. This provides a mechanism for establishing comparative values across the spectrum of CT procedures similar to those in place in Diagnostic Radiology and Nuclear Medicine. Future CT CPT codes will be assigned an RVU based on this standard.

CPT Code	Description	RVU
70450	CT Brain w/o contrast	15
70460	CT Brain w contrast	19
70470	CT Brain w/o & w contrast	25
70480	CT Orbit, Sella, Posterior Fossa w contrast	22
70481	CT Orbit, Sella, Posterior Fossa w/o contrast	28
70482	CT Orbit, Sella, Posterior Fossa w/o & w contrast	36
70486	CT Maxillofacial w/o contrast	18
70487	CT Maxillofacial w contrast	23
70488	CT Maxillofacial w/o & w contrast	30
70490	CT Soft Tissue Neck w/o contrast	20
70491	CT Soft Tissue Neck w contrast	25
70492	CT Soft Tissue Neck w/o & w contrast	33
71250	CT Chest w/o contrast	20
71260	CT Chest w contrast	25

CPT Code	Description	RVU
71270	CT Chest w/o & w contrast	33
72125	CT Cervical Spine w/o contrast	20
72126	CT Cervical Spine w contrast	25
72127	CT Cervical Spine w/o & w contrast	33
72128	CT Thoracic Spine w/o contrast	20
72129	CT Thoracic Spine w contrast	25
72130	CT Thoracic Spine w/o & w contrast	33
72131	CT Lumbar Spine w/o contrast	20
72132	CT Lumbar Spine w contrast	25
72133	CT Lumbar Spine w/o & w contrast	33
72192	CT Pelvis w/o contrast	20
72193	CT Pelvis w contrast	25
72194	CT Pelvis w/o & w contrast	33
74150	CT Abdomen w/o contrast	20
74160	CT Abdomen w contrast	25
74170	CT Abdomen w/o & w contrast	33
73200	CT Upper Extremity w/o contrast	20
73201	CT Upper Extremity w contrast	25
73202	CT Upper Extremity w/o & w contrast	33
73700	CT Lower Extremity w/o contrast	20
73701	CT Lower Extremity w contrast	25
73702	CT Lower Extremity w/o & w contrast	33
76070	CT Bone Density	15
76355	CT Stereotactic Tumor Localization	25
76360	CT Guidance Needle Biopsy	40
76365	CT Guidance Cyst Aspiration	40
76370	CT Guidance Radiation Therapy Fields	33
75989	CT Guidance Abscess Drainage, Fluid Collection	40
76375	CT Multiplanar (Sag, Cor. Obl) Reconstruction	15
76375	CT 3D Reconstruction	35
76380	CT Limited Study or Follow Up Study	15

MRI

INTRODUCTION

Clinical Magnetic Resonance (MR) procedures including imaging, angiography (MRA), and spectroscopy have now been performed for over a decade in the state of Maryland. Magnetic Resonance Imaging provides a means of viewing anatomy and, in some body parts, function based on radiofrequency signals emitted by mobile hydrogen nuclei within a patient's body. (As a comparison, Computerized Tomography (CT) produces images of tissue destiny based on the penetration of x-rays.) MRI uses NO radiation to produce an image. The Health Services Cost Review Commission assigned a unit value of 1 to all CPT codes related to MRI.

The MRI sub-group, a working unit of the MHA Imaging Task Force, was assigned the task of reviewing the MRI CPT codes for the purposes of answering the following questions:

1. Should RVUs be established for the MRI CPT codes?
2. How to address the issue of supplies, drugs and contrast material

METHODOLOGY

1. Determine what constitutes a "basic" MRI procedure?

The sub-group identified the following parameters as a "basic" procedure:
*30 minute room time
*one (1) technologist
*basic equipment: (Scanner, standard surface coils)
*patient prep time; (screening and explanation of exam)
CPT code 70551 (brain without contrast), based on volume, was determined by the sub-group as the standard for the "basic" procedure criteria.

2. Establish a standard to evaluation MRI procedures of higher intensity. The sub-group evaluated each MRI CPT code using the above listed parameters and calculated the additional requirements.

A brain with contrast (CPT code 70552) requires the same parameters as the basic brain plus the time for injection of the contrast material, supplies used for the injection, and the additional time added to the scanning protocols.

A brain without and with contrast (CPT code 70553) requires the parameters of both a basic brain with contrast. The CPT code covers 2 procedures, but does not require 2 patient preps and consents, etc.. Thus, the RVU rate is not quite doubled.

Certain codes were given a value of one and one/half that of the basic procedure. Codes 70336, 70540 and 73221 were given values of 15 RVUs. These particular studies require additional scans and/or coils, making them more complicated than a basic exam.

All "body" codes and "cardiac" codes were evaluated based on the additional patient prep, additional supplies, additional scans, coils, and respiratory and cardiac compensation factors which must be utilized. Again, the basic procedure was used as the baseline.

MRA codes covered the additional patient prep, additional supplies, additional scans and the reconstruction/post-processing work required. MRA requires about 300 source images to produce the angiography images.

The additional requirements that the sub-group evaluated are the following:
*complex/additional coils, ie., use of endorectal coil
*increased scan time, ie., protocol determinants
*increased patient prep time, i.e., eeg lead placements
*increased post processing time, i.e., MRA procedures
*increased number of personnel required

3. Since no RVU exists for MRI, the sub-group established a value of 10 for the basic procedures. This value is used only for establishing the variable between the different MRI procedures. This number may need to be adjusted in order to reflect the difference in the "Imaging Procedures" as a whole.

4. Separate RVUs have not been established for supplies, drugs, or contrast material. The costs and revenues for ALL supplies and contrast material are to be accounted for in the MRI revenue center.

SUPPLIES:

The sub-group has determined that standard supplies used in MRI are considered part of the procedure and should not have a separate value. These supplies include, but not limited to, the following;
*alcohol wipes
*syringes, needles, butterflies, angiocaths
*tape, Gauge, bandages
*earplugs

DRUGS:

The sub-group states that "drugs" are not an inherent part of any MRI procedure and thus should be charged on a per patient basis through the pharmacy as appropriate. Drugs associated with MRI include, but not limited to, the following:
*glucagon
*sedation drugs

CONTRAST

The sub-group strongly support the idea that contrast should not be considered as part of the RVU for the procedure. While it is agreed that all contrast for MRI is similar in price. The usage is based on weight and, in some cases diagnosis. The amount injected is on a cc/weight basis (.2mm/kg). Some diagnosis do require a double or triple dose of contrast. It is recommended that a charge per cc be established.

5. Future MRI CPT codes added to the AMA CPT coding tables will be assigned RVU values based on the above criteria. For example, MRI Spectroscopy codes are being added to the AMA coding system in January 1998. Using the above criteria, RVUs will be easy to establish by basing the new codes on the identified "basic" procedure.

STANDARD UNIT OF MEASURES:

The following is a listing of the MRI CPT codes and the relational values assigned by the MRI sub-group. These are listed by body area with exception of the MRA codes which are listed as a group.

Head and Neck:

70336	TM Joints	15
70540	Face, Orbit, Neck	15
70551	Brain, without contrast	10
70552	Brain with contrast	13
70553	Brain, with & without contrast	18

Spine:

72141	C-spine, without contrast	10
72142	C-spine, with contrast	13
72156	C-spine, with & without contrast	18

72146	T-spine, without contrast	10
72147	T-spine, with contrast	13
72157	T-spine, with & without contrast	18
72148	L-spine, without contrast	10
72149	L-spine, with contrast	13
72158	L-spine, with & without contrast	18

Extremities:

73220	Extremities, non-joint	10
73221	Extremities, joint	15

Body:

71550	Chest	18
72196	Pelvis	18
74181	Abdomen	20
74185	Abdomen, with & without contrast	25
76093	Breast, unilateral	13
76094	Breast, bilateral	18
76400	Bone Marrow	13

Cardiac:

75552	Morphology, without contrast	18
75553	Morphology, with contrast	21
75554	Cardiac Function complete	25
75555	Cardiac Function limited	18
75556	Cardiac Velocity Flow/Map	25

MRA (ANGIOGRAPHY)

70541	MRA Brain and/or Neck	18
71555	MRA Chest	26
72159	MRA Spine	18
72198	MRA Pelvis	26
73225	MRA Extremity	23
74185	MRA Abdomen	33

SUMMARY:

The sub-group recommends that the HSCRC provide for a mechanism to routinely review the MRI procedures and to assure the addition of procedures with appropriate assignment of RVUs when necessary. Because of the rapid advancements in MRI, MRA, and contrast agents that this should be a yearly review.

GLOSSARY

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