



CY 2020 PHYSICIAN FEE SCHEDULE FINAL RULE SUMMARY

On November 1, the Center for Medicare and Medicaid Services (CMS) released the Medicare Physician Fee Schedule (MPFS) final rule for 2020. This rule updates payment policies and payment rates for Part B services furnished under the MPFS, as well as makes changes to the Quality Payment Program (QPP). The rule in its entirety and the addenda, including Addendum B, which lists the RVUs for all CPT Codes, is available [here](#). The rule's provisions will be effective January 1, 2020 unless stated otherwise.

Conversion Factor and Specialty Impact

The conversion factor for 2020 is \$36.0896, an increase of only 5 cents from 2019. Table 119 (see Appendix A), extracted from the rule, provides a summary of the impact of the changes in the proposed rule by specialty. The changes in the rule are budget-neutral in the aggregate, which explains why the impact for all physicians is shown as zero. For 2019, the impact on neurology services is -2%.

Attached to this summary is a chart showing the proposed changes in relative values (RVUs) and payment rates in 2020 for services provided by epilepsy centers. NAEC has provided a [separate summary](#) on the Medicare relative values and payment for the new long term EEG codes.

Payment for Evaluation and Management Visits – Changes Effective January 1, 2021

For CY 2021, CMS is proposing significant improvements to the documentation and payment of outpatient evaluation and management (E/M) services. Last year, the agency had created a single, blended payment rate for level 2 through 4 visits with simplified documentation requirements. In this rule, CMS decided not to move forward on its previous proposal and is implementing the [revised the E/M code definitions and document requirements](#) developed by the AMA CPT Editorial Panel as proposed in 2020 MPFS Proposed Rule.

CMS estimates the specialty level impact of these E/M changes if implemented without change in CY 2021 in Table 120 in the rule, which is attached to this summary as Appendix B. According to CMS, the impact of the E/M revisions in 2021 will result in an 8% increase for neurology.

A detailed description of the E/M policies proposed in this rule for implementation in 2021 follows:

E/M Payment: CMS will retain separate payment for the individual E/M services as revised by the CPT Editorial Panel. This includes the elimination of CPT code 99201. CMS proposes to adopt all of the RUC-recommended work RVUs and times for the revised code family and the new prolonged add-on code. These values are based on a survey of over 50 specialty societies. CMS believes these values more accurately account for the time and intensity of E/M services, but will consider how to minimize the negative redistribution effect of these changes in future rulemaking.

| E/M Payment Comparison | | | |
|---|------------------|--------------------------------|--------------------------------|
| Visit Level | Current Payment* | Final Work RVUs | Proposed Payment** |
| 99201 | \$45 | N/A – Code would be eliminated | N/A – Code would be eliminated |
| 99202 | \$76 | 0.93 | \$77 |
| 99203 | \$110 | 1.60 | \$119 |
| 99204 | \$167 | 2.60 | \$177 |
| 99205 | \$211 | 3.50 | \$232 |
| 99211 | \$22 | 0.18 | \$24 |
| 99212 | \$45 | 0.70 | \$60 |
| 99213 | \$74 | 1.30 | \$96 |
| 99214 | \$109 | 1.92 | \$136 |
| 99215 | \$148 | 2.80 | \$190 |
| 99XXX (New prolonged service) | N/A | 0.61 | \$34.60 |
| GPC1X (New Complexity Add-on) | N/A | 0.33 | \$18.02 |
| *Current payment for CY 2019 | | | |
| ** Payment based on the proposed 2021 relative value units and the CY 2019 Conversion Factor rates. | | | |

Documentation: CMS will implement the documentation requirements that were included in the CPT Editorial Panel’s revisions to the code set in 2021. This allows physicians to select a code level based on time or medical decision-making and eliminates the history and physical exam as a required element to select a code level. Documentation of these elements must be specific to each code level. Detailed information about the documentation requirements can be found [here](#).

Prolonged Service: CMS will pay separately for prolonged outpatient E/M services using the new CPT add-on code 99XXX (a new code number will be assigned in 2020) and will delete HCPCS code GPRO1, which had been finalized last year for such services. This code will only be available when physicians choose to document based on time and the time for a level 5 visit is exceeded by 15 minutes or more on the date of service. This code may be billed multiple times for each additional 15-minute increment beyond the level 5 visit time. The agency adopted the RUC-recommended work RVU for this service. The agency also finalized its proposal not to allow CPT codes 99358-9 (Prolonged E/M without Direct Patient Contact) to be billed in conjunction with outpatient E/M visits beginning in 2021.

Complexity Add-on Code: CMS finalized its proposal to establish a single add-on code with a revised descriptor to describe the work associated with ongoing, comprehensive primary care and/or visits that are part of ongoing care related to a patient’s single, serious, or complex chronic condition. The descriptor for the new add-on code (GPC1X) is as follows:

Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient’s single, serious, or complex condition.

CMS finalized a work RVU of 0.33 and physician time of 11 minutes. The code may be billed with any level outpatient E/M service.

Global Surgical Packages: CMS finalized its policy to reject the RUC’s recommendation to apply the outpatient E/M visit RVU increases to the 10- and 90-day global surgical services. CMS decided it did not want to make any changes to the global period RVUs until it had accurate information about required resources, including work, practice expense, and malpractice and post-operative services.

Care Management Services – Changes Effective CY 2020

Besides addressing the outpatient E/M code valuations and documentation requirements, CMS separately addressed care management services, which are those codes designed to improve care management and coordination. The agency finalized policies to improve the existing transitional care management (TCM), chronic care management (CCM) and chronic care remote physiologic monitoring (RPM) services. The agency also finalized new codes for principal care management (PCM) services, which are for the care management of patients having a single, serious, or complex chronic condition.

Transitional Care Management Services: TCM services are designed to capture the care required to manage a patient’s transition from an inpatient hospital setting to a community setting. It covers the care delivered in the 30-day period that begins on the patient’s discharge date. CMS believes that increasing the utilization of TCM services may improve patient outcomes. Based on this goal and public comments received on the proposed rule, the agency revised the billing requirements for TCM services to allow 14 codes, previously prohibited from being billed concurrently with TCM, to be separately billed and reimbursed. See Table 20 extracted from the rule below for this list of services.

| Code Family | HCPCS Code | Descriptor |
|--|------------|--|
| Prolonged Services without Direct Patient Contact | 99358 | Prolonged E/M service before and/or after direct patient care; first hour; non-face-to-face time spent by a physician or other qualified health care professional on a given date providing prolonged service |
| | 99359 | Prolonged E/M service before and/or after direct patient care; each additional 30 minutes beyond the first hour of prolonged services |
| Home and Outpatient International Normalized Ratio (INR) Monitoring Services | 93792 | Patient/caregiver training for initiation of home INR monitoring |
| | 93793 | Anticoagulant management for a patient taking warfarin; includes review and interpretation of a new home, office, or lab INR test result, patient instructions, dosage adjustment and scheduling of additional test(s) |
| End Stage Renal Disease Services (patients who are 20+ years) | 90960 | ESRD related services monthly with 4 or more face-to-face visits per month; for patients 20 years and older |
| | 90961 | ESRD related services monthly with 2-3 face-to-face visits per month; for patients 20 years and older |
| | 90962 | ESRD related services with 1 face-to-face visit per month; for patients 20 years and older |
| | 90966 | ESRD related services for home dialysis per full month; for patients 20 years and older |

| | | |
|--|-------|--|
| | 90970 | ESRD related services for dialysis less than a full month of service; per day; for patient 20 years and older |
| Interpretation of Physiological Data | 99091 | Collection & interpretation of physiologic data, requiring a minimum of 30 minutes each 30 days |
| Complex Chronic Care Management Services | 99487 | Complex Chronic Care with 60 minutes of clinical staff time per calendar month |
| | 99489 | Complex Chronic Care; additional 30 minutes of clinical staff time per month |
| Care Plan Oversight Services | G0181 | Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities within a calendar month; 30+ minutes |
| | G0182 | Physician supervision of a patient receiving Medicare-covered hospice services (Pt not present) requiring complex and multidisciplinary care modalities; within a calendar month; 30+ minutes |

Chronic Care Management (CCM) Services: CCM services are comprehensive care coordination services furnished by a physician or non-physician practitioner (NPP) and their clinical staff for managing the overall care of a patient with two or more serious chronic conditions. These services can be billed once per calendar month. Currently, there are two subsets of codes: one for non-complex chronic care management and one for complex chronic care management.

Non-Complex CCM Services by Clinical Staff (CPT code 99490, HCPCS code G2058)

There is currently one CPT code for non-complex CCM: CPT code 99490, which describes 20 or more minutes of clinical staff time spent in chronic care management. CMS is finalizing its proposal to create a new HCPCS code, G2058, to describe each additional 20 minutes of service as reported by clinical staff a maximum of two times in a given service period per month. The new G-code is valued at 0.54 work RVUs.

Complex CCM Services (CPT codes 99487 and 99489)

The complex CCM services describe care management for patients whose care requires both clinical staff time and complex medical decision-making. The current CPT codes 99487 and 99489 include a requirement to establish or substantially revise a comprehensive care plan. CMS did not finalize the proposal to create new HCPCS codes for complex CCM services. The agency will continue to recognize CPT codes 99487 and 99489 but starting in CY 2020, CMS will interpret the code descriptor “establishment or substantial revision of a comprehensive care plan” to mean that a comprehensive care plan is established, implemented, revised or monitored. This change will allow for consistency in the care planning service element of complex CCM and non-complex CCM services provided by clinical staff.

CCM Services - Typical Care Plan

CMS finalized its proposal to simplify the definition of, and requirements for, a typical care plan as included in CCM services. The agency anticipates that this change will reduce burden and simplify the important work of interacting and coordinating with resources external to the practice. The full list of the typical care plan requirements can be found on pg. 62692 of the final rule.

Principal Care Management Services: CMS finalized its proposal to create a new service provided by a physician or clinical staff under the direction of a physician or other qualified healthcare provider to recognize care management services for patients with only one chronic condition. There are no specialty restrictions on these new services, and they would be available to providers who are managing a patient's total care over a calendar month. A qualifying condition typically would be expected to last between three months and a year, or until the death of a patient, may have led to a recent hospitalization, and/or place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline. The agency included a requirement in the final rule that the practitioner billing the PCM code document ongoing communication and care coordination between all practitioners furnishing care to the beneficiary in the patient's medical record.

CMS adopted two new G-codes to describe these services: G2064 and G2065:

- G2064 (1.45 RVUs) describes at least 30 minutes of care in a calendar month provided by a physician or other qualified health care professional. This service is for a single high-risk disease or for one complex chronic condition lasting at least 3 months, which is the focus of the care plan. In addition, the condition is of sufficient severity to place patient at risk of hospitalization or has been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities.
- G2065 (0.61 RVUs) has the same time requirement over a calendar month and other requirements as G2064, but is delivered by clinical staff under the direction of a physician or other qualified health care professional.

To bill a PCM service, CMS set out the elements of CCM that will be required in Table 24 of the final rule.

Chronic Care Remote Physiologic Monitoring Services: The CPT Editorial Panel recently revised CPT code 99457 (Remote physiologic monitoring treatment, management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; initial 20 minutes). The panel also created the new add-on CPT code 99458 for an additional 20 minutes of care that month. CMS accepted the RUC-recommended value of 0.61 work RVU for new CPT code 99458, and finalized the RUC-recommended direct PE. CMS also finalized the proposal that these two RPM services may be furnished under general, rather than direct, supervision.

Reimbursement for Online Digital Evaluation Services (e-Visits)

CMS finalized its proposal to pay six non-face-to-face codes to describe the care provided for patient-initiated digital communications that require a clinical decision that otherwise typically would have been provided in the office. These services are for established patients only and cover the cumulative time over a seven-day period required to deliver this care. Non-physician healthcare providers, who cannot independently bill these services, can report three of the codes and the other three are for physician services. Below find the descriptors and proposed work values of the three physician codes:

- 99421 (*Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes*) – 0.25 work RVU
- 99422 (*Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes*) – 0.50 work RVU
- 99423 (*Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes*) – 0.80 work RVU

Review and Verification of Medical Record Documentation

Last year, CMS finalized a policy to allow a physician, resident, or nurse to document in the medical record that the teaching physician was present at the time a service was delivered. They also eliminated the requirement for the teaching physician to document the extent of his or her own participation in the review and direction of the services furnished to each beneficiary and instead to allow the resident or nurse to document the extent of the teaching physician's participation.

CMS finalized its proposal to provide the same relief for non-physician practitioners authorized to deliver Part B services, including nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs) and physician assistants (PAs). Effective January 1, 2020, the furnishing practitioner will now be able to review and verify, rather than re-document, information included in the medical record by these students.

Open Payments Program

The Open Payments program was established to increase transparency by providing information about financial relationships between the pharmaceutical and the medical device industries and health care providers. Specifically, the program requires manufacturers of covered drugs, devices, biologicals, or medical supplies annually to submit information for the preceding calendar year about certain payments or other transfers of value made to "covered recipients." Examples of payments or other transfers of value that must be reported include research, honoraria, gifts, travel expenses, meals, grants, and other compensation.

CMS finalized their proposal to expand the definition of a covered recipient, which currently includes physicians and teaching hospitals to be consistent with Section 6111 of the SUPPORT Act to include "mid-level practitioners," including PAs, NPs, CNSs, CRNAs, and CNMs beginning January 1, 2022.

CMS also finalized their proposal to revise the "Nature of Payment" categories that must be reported by consolidating two duplicative categories for continuing education programs to be listed as "medical education programs" and adding three new "Nature of Payment" categories: debt forgiveness, long-term medical supply or device loan, and acquisitions. The agency is also finalizing their proposal to require manufactures and applicable group purchasing organizations (GPOs) to provide the device identifiers (DIs) in Open Payments reporting.

CMS' revisions will become effective for data collection beginning in CY 2021 and data reporting in CY 2022.

Physician Supervision for Physician Assistant (PA) Services

Currently, the supervision requirement for PAs requires their services to be delivered under a physician's overall direction and control, but the physician's presence is not required during the performance of their services. CMS is finalizing their proposal to revise the physician supervision requirement for PA services under Medicare. Specifically, CMS is granting PAs the flexibility to practice in accordance with state law requirements rather than the current general supervision requirement. In the absence of a state law, the physician supervision requirement may be met by documentation in the medical record of the PA's approach to working with physicians in furnishing their services.

APPENDIX A

| TABLE 119: CY 2020 PFS Estimated Impact on Total Allowed Charges by Specialty | | | | | |
|--|------------------------------|-----------------------------------|---------------------------------|---------------------------------|-------------------------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| Specialty | Allowed Charges (mil) | Impact of Work RVU Changes | Impact of PE RVU Changes | Impact of MP RVU Changes | Combined Impact* |
| ALLERGY/IMMUNOLOGY | \$237 | 0% | 0% | 0% | 0% |
| ANESTHESIOLOGY | \$2,002 | 0% | 0% | 0% | 0% |
| AUDIOLOGIST | \$71 | 0% | 1% | 0% | 1% |
| CARDIAC SURGERY | \$281 | -1% | -1% | 0% | -2% |
| CARDIOLOGY | \$6,618 | 0% | 0% | 0% | 0% |
| CHIROPRACTOR | \$756 | 0% | 0% | -1% | -1% |
| CLINICAL PSYCHOLOGIST | \$793 | 1% | 2% | 0% | 3% |
| CLINICAL SOCIAL WORKER | \$787 | 0% | 3% | 0% | 4% |
| COLON AND RECTAL SURGERY | \$163 | 0% | 1% | 0% | 1% |
| CRITICAL CARE | \$349 | 0% | 0% | 0% | 0% |
| DERMATOLOGY | \$3,550 | 0% | 1% | -1% | 0% |
| DIAGNOSTIC TESTING FACILITY | \$703 | 0% | -3% | 0% | -3% |
| EMERGENCY MEDICINE | \$3,035 | 1% | 0% | 1% | 1% |
| ENDOCRINOLOGY | \$490 | 0% | 0% | 0% | 0% |
| FAMILY PRACTICE | \$6,056 | 0% | 0% | 0% | 0% |
| GASTROENTEROLOGY | \$1,721 | 0% | 0% | -1% | 0% |
| GENERAL PRACTICE | \$410 | 0% | 0% | 0% | 0% |
| GENERAL SURGERY | \$2,047 | 0% | 0% | 0% | 0% |
| GERIATRICS | \$188 | 0% | 0% | 0% | 0% |
| HAND SURGERY | \$226 | 0% | 1% | 0% | 1% |
| HEMATOLOGY/ONCOLOGY | \$1,678 | 0% | 0% | 0% | 0% |
| INDEPENDENT LABORATORY | \$597 | 0% | 1% | 0% | 1% |
| INFECTIOUS DISEASE | \$643 | 0% | 0% | 0% | 0% |
| INTERNAL MEDICINE | \$10,581 | 0% | 0% | 0% | 0% |
| INTERVENTIONAL PAIN MGMT | \$890 | 0% | 1% | 0% | 1% |
| INTERVENTIONAL RADIOLOGY | \$434 | 0% | -2% | 0% | -1% |
| MULTISPECIALTY CLINIC/OTHER PHYS | \$149 | 0% | 0% | 0% | 0% |
| NEPHROLOGY | \$2,176 | 0% | 0% | 0% | 0% |
| NEUROLOGY | \$1,512 | -1% | -1% | 0% | -2% |
| NEUROSURGERY | \$807 | 0% | 0% | -1% | 0% |
| NUCLEAR MEDICINE | \$50 | 0% | 1% | 0% | 1% |
| NURSE ANES / ANES ASST | \$1,297 | 0% | 0% | 0% | 0% |
| NURSE PRACTITIONER | \$4,532 | 0% | 0% | 0% | 0% |
| OBSTETRICS/GYNECOLOGY | \$624 | 0% | 1% | 0% | 1% |
| OPHTHALMOLOGY | \$5,413 | -2% | -2% | 0% | -4% |
| OPTOMETRY | \$1,335 | 0% | -1% | 0% | -2% |
| ORAL/MAXILLOFACIAL SURGERY | \$72 | 0% | 0% | -1% | -1% |

| | | | | | |
|---|-----------------|-----------|-----------|-----------|-----------|
| ORTHOPEDIC SURGERY | \$3,750 | 0% | 1% | 0% | 1% |
| OTHER | \$35 | 0% | 0% | 0% | 0% |
| OTOLARNGOLOGY | \$1,230 | 0% | 0% | 0% | 0% |
| PATHOLOGY | \$1,212 | 0% | 0% | 0% | 0% |
| PEDIATRICS | \$64 | 0% | 0% | 0% | 0% |
| PHYSICAL MEDICINE | \$1,117 | 0% | 0% | 0% | 1% |
| PHYSICAL/OCCUPATIONAL THERAPY | \$4,273 | 0% | 0% | 0% | 0% |
| PHYSICIAN ASSISTANT | \$2,650 | 0% | 0% | 0% | 0% |
| PLASTIC SURGERY | \$373 | 0% | 0% | 0% | 0% |
| PODIATRY | \$2,017 | 0% | 1% | 0% | 2% |
| PORTABLE X-RAY SUPPLIER | \$96 | 0% | 0% | 0% | 0% |
| PSYCHIATRY | \$1,134 | 0% | 1% | 0% | 1% |
| PULMONARY DISEASE | \$1,665 | 0% | 0% | 0% | 0% |
| RADIATION ONCOLOGY AND RADIATION THERAPY CENTERS | \$1,762 | 0% | 0% | 0% | 0% |
| RADIOLOGY | \$4,995 | 0% | 0% | 0% | 0% |
| RHEUMATOLOGY | \$536 | 0% | 0% | 0% | 0% |
| THORACIC SURGERY | \$355 | -1% | 0% | 0% | -1% |
| UROLOGY | \$1,745 | 0% | 1% | 0% | 1% |
| VASCULAR SURGERY | \$1,211 | 0% | -2% | 0% | -2% |
| TOTAL | \$93,487 | 0% | 0% | 0% | 0% |

* Column F may not equal the sum of columns C, D, and E due to rounding.

APPENDIX B

| TABLE 120: CY 2020 PFS Estimated Specialty Level Impacts of Proposed E/M Payment and Coding Policies if Implemented for CY 2021 | | | | | |
|--|------------------------------|-----------------------------------|---------------------------------|---------------------------------|-------------------------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| Specialty | Allowed Charges (mil) | Impact of Work RVU Changes | Impact of PE RVU Changes | Impact of MP RVU Changes | Combined Impact* |
| ALLERGY/IMMUNOLOGY | \$236 | 4% | 3% | 0% | 7% |
| ANESTHESIOLOGY | \$1,993 | -5% | -1% | 0% | -7% |
| AUDIOLOGIST | \$70 | -4% | -2% | 0% | -6% |
| CARDIAC SURGERY | \$279 | -5% | -2% | -1% | -8% |
| CARDIOLOGY | \$6,595 | 2% | 1% | 0% | 3% |
| CHIROPRACTOR | \$750 | -5% | -3% | -1% | -9% |
| CLINICAL PSYCHOLOGIST | \$787 | -7% | 0% | 0% | -7% |
| CLINICAL SOCIAL WORKER | \$781 | -7% | 0% | 0% | -6% |
| COLON AND RECTAL SURGERY | \$162 | -3% | -1% | -1% | -4% |
| CRITICAL CARE | \$346 | -5% | -1% | 0% | -6% |
| DERMATOLOGY | \$3,541 | 0% | 1% | -1% | -1% |
| DIAGNOSTIC TESTING FACILITY | \$697 | -1% | -4% | 0% | -4% |
| EMERGENCY MEDICINE | \$3,021 | -6% | -2% | 1% | -7% |
| ENDOCRINOLOGY | \$488 | 11% | 5% | 1% | 16% |
| FAMILY PRACTICE | \$6,019 | 8% | 4% | 1% | 12% |
| GASTROENTEROLOGY | \$1,713 | -2% | -1% | -1% | -4% |
| GENERAL PRACTICE | \$405 | 5% | 2% | 0% | 8% |
| GENERAL SURGERY | \$2,031 | -3% | -1% | 0% | -4% |
| GERIATRICS | \$187 | 2% | 1% | 0% | 3% |
| HAND SURGERY | \$226 | -1% | 0% | 0% | -1% |
| HEMATOLOGY/ONCOLOGY | \$1,673 | 8% | 4% | 1% | 12% |
| INDEPENDENT LABORATORY | \$592 | -3% | -1% | 0% | -4% |
| INFECTIOUS DISEASE | \$640 | -3% | -1% | 0% | -3% |
| INTERNAL MEDICINE | \$10,207 | 2% | 2% | 0% | 4% |
| INTERVENTIONAL PAIN MGMT | \$885 | 4% | 3% | 1% | 8% |
| INTERVENTIONAL RADIOLOGY | \$432 | -3% | -3% | 0% | -6% |
| MULTISPECIALTY CLINIC/OTHER PHYS | \$148 | -2% | 0% | 0% | -2% |
| NEPHROLOGY | \$2,164 | -2% | 0% | 0% | -2% |
| NEUROLOGY | \$1,503 | 2% | 5% | 0% | 8% |
| NEUROSURGERY | \$802 | -3% | -1% | -2% | -6% |
| NUCLEAR MEDICINE | \$50 | -4% | 0% | 0% | -5% |
| NURSE ANES / ANES ASST | \$1,291 | -7% | -2% | 0% | -9% |
| NURSE PRACTITIONER | \$4,503 | 5% | 3% | 0% | 8% |
| OBSTETRICS/GYNECOLOGY | \$620 | 4% | 3% | 0% | 7% |
| OPHTHALMOLOGY | \$5,398 | -4% | -5% | 0% | -10% |
| OPTOMETRY | \$1,325 | -2% | -3% | 0% | -5% |
| ORAL/MAXILLOFACIAL SURGERY | \$71 | -1% | -1% | -1% | -4% |

| | | | | | |
|--|-----------------|-----------|-----------|-----------|-----------|
| ORTHOPEDIC SURGERY | \$3,734 | -1% | 0% | 0% | -2% |
| OTHER | \$34 | -3% | -2% | 0% | -5% |
| OTOLARNGOLOGY | \$1,225 | 3% | 2% | 0% | 5% |
| PATHOLOGY | \$1,203 | -5% | -3% | -1% | -8% |
| PEDIATRICS | \$62 | 3% | 2% | 0% | 6% |
| PHYSICAL MEDICINE | \$1,110 | -2% | 0% | 0% | -2% |
| PHYSICAL/OCCUPATIONAL THERAPY | \$4,248 | -4% | -3% | 0% | -8% |
| PHYSICIAN ASSISTANT | \$2,637 | 4% | 2% | 0% | 7% |
| PLASTIC SURGERY | \$369 | -3% | -1% | -1% | -5% |
| PODIATRY | \$1,998 | 0% | 1% | 0% | 1% |
| PORTABLE X-RAY SUPPLIER | \$94 | -1% | -3% | 0% | -4% |
| PSYCHIATRY | \$1,120 | 4% | 3% | 0% | 7% |
| PULMONARY DISEASE | \$1,658 | 0% | 1% | 0% | 1% |
| RADIATION ONCOLOGY AND RADIATION THERAPY CENTERS | \$1,756 | -2% | -2% | 0% | -4% |
| RADIOLOGY | \$4,971 | -5% | -3% | 0% | -8% |
| RHEUMATOLOGY | \$534 | 9% | 5% | 1% | 15% |
| THORACIC SURGERY | \$352 | -5% | -2% | -1% | -7% |
| UROLOGY | \$1,739 | 4% | 4% | 0% | 8% |
| VASCULAR SURGERY | \$1,203 | -2% | -3% | 0% | -5% |
| TOTAL | \$92,979 | 0% | 0% | 0% | 0% |

* Column F may not equal the sum of columns C, D, and E due to rounding.

2020 Final Physician Fee Schedule (CMS-1715-F)
Payment Rates for Medicare Physician Services - Neurology

| CPT Code | Mod | Descriptor | 2020 | | 2019 | % payment change 2019 to 2020 |
|----------|----------|------------------------------|-----------------|----------------------|----------------------|-------------------------------|
| | | | RVUs | Payment CF=\$36.0896 | Payment CF=\$36.0391 | |
| 95812 | | Eeg 41-60 minutes | 9.29 | \$335.27 | \$331.20 | 1.2% |
| 95812 | TC | Eeg 41-60 minutes | 7.65 | \$276.09 | \$271.73 | 1.6% |
| 95812 | 26 | Eeg 41-60 minutes | 1.64 | \$59.19 | \$59.46 | -0.5% |
| 95813 | | Eeg over 1 hour | 11.55 | \$416.83 | \$411.57 | 1.3% |
| 95813 | TC | Eeg over 1 hour | 9.06 | \$326.97 | \$322.19 | 1.5% |
| 95813 | 26 | Eeg over 1 hour | 2.49 | \$89.86 | \$89.38 | 0.5% |
| 95816 | | Eeg awake and drowsy | 10.30 | \$371.72 | \$370.12 | 0.4% |
| 95816 | TC | Eeg awake and drowsy | 8.66 | \$312.54 | \$310.66 | 0.6% |
| 95816 | 26 | Eeg awake and drowsy | 1.64 | \$59.19 | \$59.46 | -0.5% |
| 95819 | | Eeg awake and asleep | 12.23 | \$441.38 | \$435.35 | 1.4% |
| 95819 | TC | Eeg awake and asleep | 10.58 | \$381.83 | \$375.89 | 1.6% |
| 95819 | 26 | Eeg awake and asleep | 1.65 | \$59.55 | \$59.46 | 0.1% |
| 95822 | | Eeg coma or sleep only | 11.09 | \$400.23 | \$392.83 | 1.9% |
| 95822 | TC | Eeg coma or sleep only | 9.44 | \$340.69 | \$333.00 | 2.3% |
| 95822 | 26 | Eeg coma or sleep only | 1.65 | \$59.55 | \$59.82 | -0.5% |
| 95824 | 26 | Eeg cerebral death only | 1.12 | \$40.42 | \$40.72 | -0.7% |
| 95827 | | Eeg all night recording | DELETED IN 2020 | DELETED IN 2020 | \$619.87 | NA |
| 95827 | TC | Eeg all night recording | DELETED IN 2020 | DELETED IN 2020 | \$561.85 | NA |
| 95827 | 26 | Eeg all night recording | DELETED IN 2020 | DELETED IN 2020 | \$58.02 | NA |
| 95829 | | Surgery electrocorticogram | 52.92 | \$1,909.86 | \$1,933.86 | -1.2% |
| 95829 | TC | Surgery electrocorticogram | 43.29 | \$1,562.32 | \$1,584.64 | -1.4% |
| 95829 | 26 | Surgery electrocorticogram | 9.63 | \$347.54 | \$349.22 | -0.5% |
| 95830 | Hospital | Insert electrodes for EEG | 2.65 | \$95.64 | \$95.14 | 0.5% |
| 95830 | Office | Insert electrodes for EEG | 14.23 | \$513.56 | \$395.35 | 29.9% |
| 95836 | | Ecog impltd brn npgt <30 d | 3.19 | \$115.13 | \$113.16 | 1.7% |
| 95950 | | Ambulatory eeg monitoring | DELETED IN 2020 | DELETED IN 2020 | \$298.04 | NA |
| 95950 | TC | Ambulatory eeg monitoring | DELETED IN 2020 | DELETED IN 2020 | \$217.32 | NA |
| 95950 | 26 | Ambulatory eeg monitoring | DELETED IN 2020 | DELETED IN 2020 | \$80.73 | NA |
| 95951 | 26 | Eeg monitoring/videorecord | DELETED IN 2020 | DELETED IN 2020 | \$329.40 | NA |
| 95953 | | Eeg monitoring/computer | DELETED IN 2020 | DELETED IN 2020 | \$452.65 | NA |
| 95953 | TC | Eeg monitoring/computer | DELETED IN 2020 | DELETED IN 2020 | \$283.99 | NA |
| 95953 | 26 | Eeg monitoring/computer | DELETED IN 2020 | DELETED IN 2020 | \$168.66 | NA |
| 95954 | | Eeg monitoring/giving drugs | 11.03 | \$398.07 | \$407.96 | -2.4% |
| 95954 | TC | Eeg monitoring/giving drugs | 7.79 | \$281.14 | \$289.03 | -2.7% |
| 95954 | 26 | Eeg monitoring/giving drugs | 3.24 | \$116.93 | \$118.93 | -1.7% |
| 95955 | | Eeg during surgery | 5.94 | \$214.37 | \$214.43 | 0.0% |
| 95955 | TC | Eeg during surgery | 4.40 | \$158.79 | \$158.57 | 0.1% |
| 95955 | 26 | Eeg during surgery | 1.54 | \$55.58 | \$55.86 | -0.5% |
| 95956 | | Eeg monitor technol attended | DELETED IN 2020 | DELETED IN 2020 | \$1,484.81 | NA |
| 95956 | TC | Eeg monitor technol attended | DELETED IN 2020 | DELETED IN 2020 | \$1,289.12 | NA |
| 95956 | 26 | Eeg monitor technol attended | DELETED IN 2020 | DELETED IN 2020 | \$195.69 | NA |
| 95957 | | Eeg digital analysis | 7.24 | \$261.29 | \$274.62 | -4.9% |
| 95957 | TC | Eeg digital analysis | 4.30 | \$155.19 | \$168.30 | -7.8% |
| 95957 | 26 | Eeg digital analysis | 2.94 | \$106.10 | \$106.32 | -0.2% |
| 95958 | | Eeg monitoring/function test | 16.49 | \$595.12 | \$588.88 | 1.1% |
| 95958 | TC | Eeg monitoring/function test | 10.00 | \$360.90 | \$355.35 | 1.6% |
| 95958 | 26 | Eeg monitoring/function test | 6.49 | \$234.22 | \$233.53 | 0.3% |
| 95961 | | Electrode stimulation brain | 8.79 | \$317.23 | \$313.18 | 1.3% |
| 95961 | TC | Electrode stimulation brain | 4.17 | \$150.49 | \$145.96 | 3.1% |
| 95961 | 26 | Electrode stimulation brain | 4.62 | \$166.73 | \$167.22 | -0.3% |
| 95962 | | Electrode stim brain add-on | 7.44 | \$268.51 | \$268.85 | -0.1% |
| 95962 | TC | Electrode stim brain add-on | 2.51 | \$90.58 | \$90.46 | 0.1% |
| 95962 | 26 | Electrode stim brain add-on | 4.93 | \$177.92 | \$178.39 | -0.3% |
| 95965 | 26 | Meg spontaneous | 12.01 | \$433.44 | \$434.99 | -0.4% |
| 95966 | 26 | Meg evoked single | 6.09 | \$219.79 | \$220.20 | -0.2% |
| 95967 | 26 | Meg evoked each addl | 5.32 | \$192.00 | \$192.45 | -0.2% |
| 95970 | Hospital | Alys npgt w/o prgrmg | 0.54 | \$19.49 | \$19.10 | 2.0% |
| 95970 | Office | Alys npgt w/o prgrmg | 0.55 | \$19.85 | \$19.46 | 2.0% |

2020 Final Physician Fee Schedule (CMS-1715-F)
Payment Rates for Medicare Physician Services - Neurology

| CPT Code | Mod | Descriptor | 2020 | | 2019 | % payment change 2019 to 2020 |
|----------|----------|------------------------------|-------|-------------------------|-------------------------|-------------------------------------|
| | | | RVUs | Payment CF=\$36.0896 | Payment CF=\$36.0391 | |
| 95971 | Hospital | Alys smpl sp/pn npgt w/prgrm | 1.17 | \$42.22 | \$42.17 | 0.1% |
| 95971 | Office | Alys smpl sp/pn npgt w/prgrm | 1.44 | \$51.97 | \$51.90 | 0.1% |
| 95972 | Hospital | Alys cplx sp/pn npgt w/prgrm | 1.19 | \$42.95 | \$42.89 | 0.1% |
| 95972 | Office | Alys cplx sp/pn npgt w/prgrm | 1.62 | \$58.47 | \$58.38 | 0.1% |
| 95976 | Hospital | Alys smpl cn npgt prgrmg | 1.16 | \$41.86 | \$41.08 | 1.9% |
| 95976 | Office | Alys smpl cn npgt prgrmg | 1.18 | \$42.59 | \$41.81 | 1.9% |
| 95977 | Hospital | Alys cplx cn npgt prgrmg | 1.52 | \$54.86 | \$54.78 | 0.1% |
| 95977 | Office | Alys cplx cn npgt prgrmg | 1.54 | \$55.58 | \$55.50 | 0.1% |
| 95983 | Hospital | Alys brn npgt prgrmg 15 min | 1.44 | \$51.97 | \$51.90 | 0.1% |
| 95983 | Office | Alys brn npgt prgrmg 15 min | 1.46 | \$52.69 | \$52.62 | 0.1% |
| 95984 | Hospital | Alys brn npgt prgrmg addl 15 | 1.27 | \$45.83 | \$45.41 | 0.9% |
| 95984 | Office | Alys brn npgt prgrmg addl 15 | 1.29 | \$46.56 | \$45.77 | 1.7% |
| 95700 | | Eeg cont rec w/vid eeg tech | 0 | \$0.00 | NEW IN 2020 | NA |
| 95705 | | Eeg w/o vid 2-12 hr unmntr | 0 | \$0.00 | NEW IN 2020 | NA |
| 95706 | | Eeg wo vid 2-12hr intmt mntr | 0 | \$0.00 | NEW IN 2020 | NA |
| 95707 | | Eeg w/o vid 2-12hr cont mntr | 0 | \$0.00 | NEW IN 2020 | NA |
| 95708 | | Eeg wo vid ea 12-26hr unmntr | 0 | \$0.00 | NEW IN 2020 | NA |
| 95709 | | Eeg w/o vid ea 12-26hr intmt | 0 | \$0.00 | NEW IN 2020 | NA |
| 95710 | | Eeg w/o vid ea 12-26hr cont | 0 | \$0.00 | NEW IN 2020 | NA |
| 95711 | | Veeg 2-12 hr unmonitored | 0 | \$0.00 | NEW IN 2020 | NA |
| 95712 | | Veeg 2-12 hr intmt mntr | 0 | \$0.00 | NEW IN 2020 | NA |
| 95713 | | Veeg 2-12 hr cont mntr | 0 | \$0.00 | NEW IN 2020 | NA |
| 95714 | | Veeg ea 12-26 hr unmntr | 0 | \$0.00 | NEW IN 2020 | NA |
| 95715 | | Veeg ea 12-26hr intmt mntr | 0 | \$0.00 | NEW IN 2020 | NA |
| 95716 | | Veeg ea 12-26hr cont mntr | 0 | \$0.00 | NEW IN 2020 | NA |
| 95717 | Hospital | Eeg phys/qhp 2-12 hr w/o vid | 2.9 | \$104.66 | NEW IN 2020 | NA |
| 95717 | Office | Eeg phys/qhp 2-12 hr w/o vid | 2.94 | \$106.10 | NEW IN 2020 | NA |
| 95718 | Hospital | Eeg phys/qhp 2-12 hr w/veeg | 3.81 | \$137.50 | NEW IN 2020 | NA |
| 95718 | Office | Eeg phys/qhp 2-12 hr w/veeg | 3.87 | \$139.67 | NEW IN 2020 | NA |
| 95719 | Hospital | Eeg phys/qhp ea incr w/o vid | 4.5 | \$162.40 | NEW IN 2020 | NA |
| 95719 | Office | Eeg phys/qhp ea incr w/o vid | 4.55 | \$164.21 | NEW IN 2020 | NA |
| 95720 | Hospital | Eeg phy/qhp ea incr w/veeg | 5.9 | \$212.93 | NEW IN 2020 | NA |
| 95720 | Office | Eeg phy/qhp ea incr w/veeg | 5.99 | \$216.18 | NEW IN 2020 | NA |
| 95721 | Hospital | Eeg phy/qhp>36<60 hr w/o vid | 5.92 | \$213.65 | NEW IN 2020 | NA |
| 95721 | Office | Eeg phy/qhp>36<60 hr w/o vid | 6.04 | \$217.98 | NEW IN 2020 | NA |
| 95722 | Hospital | Eeg phy/qhp>36<60 hr w/veeg | 7.2 | \$259.85 | NEW IN 2020 | NA |
| 95722 | Office | Eeg phy/qhp>36<60 hr w/veeg | 7.33 | \$264.54 | NEW IN 2020 | NA |
| 95723 | Hospital | Eeg phy/qhp>60<84 hr w/o vid | 7.33 | \$264.54 | NEW IN 2020 | NA |
| 95723 | Office | Eeg phy/qhp>60<84 hr w/o vid | 7.49 | \$270.31 | NEW IN 2020 | NA |
| 95724 | Hospital | Eeg phy/qhp>60<84 hr w/veeg | 9.18 | \$331.30 | NEW IN 2020 | NA |
| 95724 | Office | Eeg phy/qhp>60<84 hr w/veeg | 9.36 | \$337.80 | NEW IN 2020 | NA |
| 95725 | Hospital | Eeg phy/qhp>84 hr w/o vid | 8.34 | \$300.99 | NEW IN 2020 | NA |
| 95725 | Office | Eeg phy/qhp>84 hr w/o vid | 8.55 | \$308.57 | NEW IN 2020 | NA |
| 95726 | Hospital | Eeg phy/qhp>84 hr w/veeg | 11.6 | \$418.64 | NEW IN 2020 | NA |
| 95726 | Office | Eeg phy/qhp>84 hr w/veeg | 11.83 | \$426.94 | NEW IN 2020 | NA |

2020 Final Physician Fee Schedule (CMS-1715-F)

Payment Rates for Medicare Physician Services - Epilepsy Surgery

| CPT Code | Mod | Descriptor | 2020 | | 2019 | % payment change 2019 to 2020 |
|----------|-----|------------------------------|-------|-------------------------|-------------------------|-------------------------------|
| | | | RVUs | Payment CF=\$36.0896 | Payment CF=\$36.0391 | |
| 61531 | | Implant brain electrodes | 35.22 | \$1,271.08 | \$1,271.10 | 0.0% |
| 61534 | | Removal of brain lesion | 47.53 | \$1,715.34 | \$1,709.69 | 0.3% |
| 61536 | | Removal of brain lesion | 74.6 | \$2,692.28 | \$2,711.22 | -0.7% |
| 61537 | | Removal of brain tissue | 71.33 | \$2,574.27 | \$2,611.39 | -1.4% |
| 61538 | | Removal of brain tissue | 77.13 | \$2,783.59 | \$2,821.50 | -1.3% |
| 61539 | | Removal of brain tissue | 68.25 | \$2,463.12 | \$2,509.76 | -1.9% |
| 61540 | | Removal of brain tissue | 62.97 | \$2,272.56 | \$2,272.99 | 0.0% |
| 61541 | | Incision of brain tissue | 62.10 | \$2,241.16 | \$2,260.01 | -0.8% |
| 61543 | | Removal of brain tissue | 62.79 | \$2,266.07 | \$2,224.33 | 1.9% |
| 61566 | | Removal of brain tissue | 64.86 | \$2,340.77 | \$2,337.86 | 0.1% |
| 61567 | | Incision of brain tissue | 73.94 | \$2,668.47 | \$2,628.69 | 1.5% |
| 61720 | | Incise skull/brain surgery | 36.65 | \$1,322.68 | \$1,345.34 | -1.7% |
| 61735 | | Incise skull/brain surgery | 45.95 | \$1,658.32 | \$1,686.63 | -1.7% |
| 61750 | | Incise skull/brain biopsy | 40.64 | \$1,466.68 | \$1,492.74 | -1.7% |
| 61751 | | Brain biopsy w/ct/mr guide | 39.77 | \$1,435.28 | \$1,458.86 | -1.6% |
| 61760 | | Implant brain electrodes | 45.61 | \$1,646.05 | \$1,659.60 | -0.8% |
| 61770 | | Incise skull for treatment | 46.84 | \$1,690.44 | \$1,721.95 | -1.8% |
| 61790 | | Treat trigeminal nerve | 25.31 | \$913.43 | \$929.09 | -1.7% |
| 61791 | | Treat trigeminal tract | 32.45 | \$1,171.11 | \$1,190.37 | -1.6% |
| 61796 | | Srs, cranial lesion simple | 29.24 | \$1,055.26 | \$1,071.80 | -1.5% |
| 61797 | | Srs, cran les simple, addl | 6.35 | \$229.17 | \$233.53 | -1.9% |
| 61798 | | Srs, cranial lesion complex | 39.80 | \$1,436.37 | \$1,461.75 | -1.7% |
| 61799 | | Srs, cran les complex, addl | 8.78 | \$316.87 | \$323.63 | -2.1% |
| 61800 | | Apply srs headframe add-on | 4.40 | \$158.79 | \$162.90 | -2.5% |
| 61867 | | Implant neuroelectrode | 65.91 | \$2,378.67 | \$2,410.30 | -1.3% |
| 61868 | | Implant neuroelectrde, add'l | 14.45 | \$521.49 | \$530.86 | -1.8% |
| 61870 | | Implant neuroelectrodes | 34.16 | \$1,232.82 | \$1,253.80 | -1.7% |
| 61880 | | Revise/remove neuroelectrode | 16.62 | \$599.81 | \$601.13 | -0.2% |
| 61885 | | Insrt/redo neurostim 1 array | 14.93 | \$538.82 | \$539.51 | -0.1% |
| 61886 | | Implant neurostim arrays | 24.69 | \$891.05 | \$892.69 | -0.2% |
| 61888 | | Revise/remove neuroreceiver | 11.39 | \$411.06 | \$416.97 | -1.4% |
| 63620 | | Srs, spinal lesion | 32.29 | \$1,165.33 | \$1,185.33 | -1.7% |
| 63621 | | Srs, spinal lesion, addl | 7.30 | \$263.45 | \$269.57 | -2.3% |

| 2020 Final Physician Fee Schedule (CMS-1715-F) | | | | | | | | | | |
|---|-------------------------------|-----------------------|-------------------------|-------------------------|-------------------------------------|---------------------|-------------------------|-------------------------|-------|-------------------------------|
| Payment Rates for Medicare Physician Services - Evaluation and Management | | | | | | | | | | |
| CPT Code | Descriptor | NON-FACILITY (OFFICE) | | | | FACILITY (HOSPITAL) | | | | |
| | | 2020 | | 2019 | | 2020 | | 2019 | | % payment change 2019 to 2020 |
| | | RVUs | Payment CF=\$36.0896 | Payment CF=\$36.0391 | % payment change 2019 to 2020 | RVUs | Payment CF=\$36.0896 | Payment CF=\$36.0391 | | |
| 99201 | Office/outpatient visit new | 1.29 | \$46.56 | \$46.49 | 0.1% | 0.75 | \$27.07 | \$27.39 | -1.2% | |
| 99202 | Office/outpatient visit new | 2.14 | \$77.23 | \$77.48 | -0.3% | 1.43 | \$51.61 | \$51.54 | 0.1% | |
| 99203 | Office/outpatient visit new | 3.03 | \$109.35 | \$109.92 | -0.5% | 2.14 | \$77.23 | \$77.48 | -0.3% | |
| 99204 | Office/outpatient visit new | 4.63 | \$167.09 | \$166.86 | 0.1% | 3.66 | \$132.09 | \$131.18 | 0.7% | |
| 99205 | Office/outpatient visit new | 5.85 | \$211.12 | \$209.75 | 0.7% | 4.78 | \$172.51 | \$171.19 | 0.8% | |
| 99211 | Office/outpatient visit est | 0.65 | \$23.46 | \$23.07 | 1.7% | 0.26 | \$9.38 | \$9.37 | 0.1% | |
| 99212 | Office/outpatient visit est | 1.28 | \$46.19 | \$45.77 | 0.9% | 0.73 | \$26.35 | \$25.95 | 1.5% | |
| 99213 | Office/outpatient visit est | 2.11 | \$76.15 | \$75.32 | 1.1% | 1.45 | \$52.33 | \$51.90 | 0.8% | |
| 99214 | Office/outpatient visit est | 3.06 | \$110.43 | \$110.28 | 0.1% | 2.23 | \$80.48 | \$80.01 | 0.6% | |
| 99215 | Office/outpatient visit est | 4.11 | \$148.33 | \$147.76 | 0.4% | 3.15 | \$113.68 | \$112.80 | 0.8% | |
| 99221 | Initial hospital care | NA | NA | NA | NA | 2.88 | \$103.94 | \$103.07 | 0.8% | |
| 99222 | Initial hospital care | NA | NA | NA | NA | 3.89 | \$140.39 | \$139.11 | 0.9% | |
| 99223 | Initial hospital care | NA | NA | NA | NA | 5.71 | \$206.07 | \$205.42 | 0.3% | |
| 99231 | Subsequent hospital care | NA | NA | NA | NA | 1.11 | \$40.06 | \$40.00 | 0.1% | |
| 99232 | Subsequent hospital care | NA | NA | NA | NA | 2.04 | \$73.62 | \$73.88 | -0.3% | |
| 99233 | Subsequent hospital care | NA | NA | NA | NA | 2.94 | \$106.10 | \$105.59 | 0.5% | |
| 99291 | Critical care first hour | 7.89 | \$284.75 | \$281.83 | 1.0% | 6.28 | \$226.64 | \$226.33 | 0.1% | |
| 99292 | Critical care addl 30 min | 3.49 | \$125.95 | \$124.70 | 1.0% | 3.16 | \$114.04 | \$113.52 | 0.5% | |
| 99421 | Ol dig e/m svc 5-10 min | 0.43 | \$15.52 | NA | NA | 0.37 | \$13.35 | NA | NA | |
| 99422 | Ol dig e/m svc 11-20 min | 0.86 | \$31.04 | NA | NA | 0.76 | \$27.43 | NA | NA | |
| 99423 | Ol dig e/m svc 21+ min | 1.39 | \$50.16 | NA | NA | 1.21 | \$43.67 | NA | NA | |
| 99446 | Interprof phone/online 5-10 | 0.51 | \$18.41 | NA | NA | 0.51 | \$18.41 | \$18.38 | 0.1% | |
| 99447 | Interprof phone/online 11-20 | 1.03 | \$37.17 | NA | NA | 1.03 | \$37.17 | \$36.40 | 2.1% | |
| 99448 | Interprof phone/online 21-30 | 1.54 | \$55.58 | NA | NA | 1.54 | \$55.58 | \$54.78 | 1.5% | |
| 99449 | Interprof phone/online 31/> | 2.05 | \$73.98 | NA | NA | 2.05 | \$73.98 | \$72.80 | 1.6% | |
| 99451 | Ntrprof ph1/ntrnet/ehr 5/> | 1.04 | \$37.53 | \$37.48 | 0.1% | 1.04 | \$37.53 | \$37.48 | 0.1% | |
| 99452 | Ntrprof ph1/ntrnet/ehr rfrl | 1.04 | \$37.53 | \$37.48 | 0.1% | 1.04 | \$37.53 | \$37.48 | 0.1% | |
| 99453 | Rem mntr physiolo param setup | 0.52 | \$18.77 | \$19.46 | -3.6% | NA | NA | NA | NA | |
| 99454 | Rem mntr physiolo param dev | 1.73 | \$62.44 | \$64.15 | -2.7% | NA | NA | NA | NA | |
| 99457 | Rem physiolo mntr 20 min mo | 1.43 | \$51.61 | \$51.54 | 0.1% | 0.91 | \$32.84 | \$32.44 | 1.3% | |
| 99458 | Rem physiolo mntr ea addl 20 | 1.17 | \$42.22 | NA | NA | 0.91 | \$32.84 | NA | NA | |
| 99471 | Ped critical care initial | NA | NA | NA | NA | 22.49 | \$811.66 | \$811.24 | 0.1% | |
| 99472 | Ped critical care subsq | NA | NA | NA | NA | 11.37 | \$410.34 | \$415.53 | -1.2% | |
| 99487 | Cmplx chron care w/o pt vsit | 2.56 | \$92.39 | \$92.98 | -0.6% | 1.48 | \$53.41 | \$52.98 | 0.8% | |
| 99489 | Cmplx chron care addl 30 min | 1.24 | \$44.75 | \$46.49 | -3.7% | 0.73 | \$26.35 | \$26.67 | -1.2% | |
| 99490 | Chron care mgmt svc 20 min | 1.17 | \$42.22 | \$42.17 | 0.1% | 0.91 | \$32.84 | \$32.44 | 1.3% | |
| 99491 | Chrc care mgmt svc 30 min | 2.33 | \$84.09 | \$83.97 | 0.1% | 2.33 | \$84.09 | \$83.97 | 0.1% | |
| 99495 | Trans care mgmt 14 day disch | 5.20 | \$187.67 | \$166.50 | 12.7% | 3.48 | \$125.59 | \$112.08 | 12.1% | |
| 99496 | Trans care mgmt 7 day disch | 6.87 | \$247.94 | \$234.97 | 5.5% | 4.59 | \$165.65 | \$162.54 | 1.9% | |
| G0396 | Alcohol/subs interv 15-30mn | 1.02 | \$36.81 | \$36.40 | 1.1% | 0.94 | \$33.92 | \$33.88 | 0.1% | |
| G0397 | Alcohol/subs interv >30 min | 1.91 | \$68.93 | \$68.11 | 1.2% | 1.83 | \$66.04 | \$65.95 | 0.1% | |
| G0506 | Comp asses care plan ccm svc | 1.76 | \$63.52 | \$63.43 | 0.1% | 1.29 | \$46.56 | \$46.49 | 0.1% | |
| GCCC1 | CCM first 20m | NOT FINALIZED | NOT FINALIZED | NA | NA | NOT FINALIZED | NOT FINALIZED | NA | NA | |
| GCCC3 | CCM multi cond 60 min | NOT FINALIZED | NOT FINALIZED | NA | NA | NOT FINALIZED | NOT FINALIZED | NA | NA | |
| GCCC4 | CCM add 30 min | NOT FINALIZED | NOT FINALIZED | NA | NA | NOT FINALIZED | NOT FINALIZED | NA | NA | |
| G2058 | CCM add 20min | 1.05 | \$37.89 | NA | NA | 0.79 | \$28.51 | NA | NA | |
| G2064 | Md mang high risk dx 30 | 2.55 | \$92.03 | NA | NA | 2.18 | \$78.68 | NA | NA | |
| G2065 | Clin mang h risk dx 30 | 1.1 | \$39.70 | NA | NA | 1.1 | \$39.70 | NA | NA | |