

**2018 Final Physician Fee Schedule (CMS-1676-F)**

**Payment Rates for Medicare Physician Services - Neurology**

CPT Code	Mod	Descriptor	RVUs	2018	% payment
				Payment CF=\$35.9996	change 2017 to 2018
95812		EEG, 41-60 minutes	9.16	\$329.76	0.4%
95812	TC	EEG, 41-60 minutes	7.51	\$270.36	0.3%
95812	26	EEG, 41-60 minutes	1.65	\$59.40	0.9%
95813		EEG, over 1 hour	11.51	\$414.36	0.1%
95813	TC	EEG, over 1 hour	9.04	\$325.44	0.2%
95813	26	EEG, over 1 hour	2.47	\$88.92	-0.1%
95816		EEG, awake and drowsy	10.33	\$371.88	1.5%
95816	TC	EEG, awake and drowsy	8.68	\$312.48	1.6%
95816	26	EEG, awake and drowsy	1.65	\$59.40	0.9%
95819		EEG, awake and asleep	12.01	\$432.36	2.6%
95819	TC	EEG, awake and asleep	10.36	\$372.96	3.0%
95819	26	EEG, awake and asleep	1.65	\$59.40	0.3%
95822		EEG, coma or sleep only	10.82	\$389.52	2.4%
95822	TC	EEG, coma or sleep only	9.17	\$330.12	2.8%
95822	26	EEG, coma or sleep only	1.65	\$59.40	0.3%
95824	26	EEG, cerebral death only	1.13	\$40.68	1.2%
95827		EEG, all night recording	17.79	\$640.43	-4.9%
95827	TC	EEG, all night recording	16.18	\$582.47	-5.4%
95827	26	EEG, all night recording	1.61	\$57.96	-0.3%
95829		Surgery electrocorticogram	54.27	\$1,953.70	0.6%
95829	TC	Surgery electrocorticogram	44.64	\$1,607.02	0.6%
95829	26	Surgery electrocorticogram	9.63	\$346.68	0.6%
95830	Hospital	Insert electrodes for EEG	2.63	\$94.68	1.1%
95830	Office	Insert electrodes for EEG	6.65	\$239.40	7.6%
95950		Ambulatory eeg monitoring	9.73	\$350.28	3.5%
95950	TC	Ambulatory eeg monitoring	7.44	\$267.84	4.4%
95950	26	Ambulatory eeg monitoring	2.29	\$82.44	0.7%
95951	26	EEG monitoring/videorecord	9.13	\$328.68	0.4%
95953		EEG monitoring/computer	12.30	\$442.80	2.8%
95953	TC	EEG monitoring/computer	7.62	\$274.32	4.4%
95953	26	EEG monitoring/computer	4.68	\$168.48	0.3%
95954		EEG monitoring/giving drugs	12.12	\$436.32	-5.1%
95954	TC	EEG monitoring/giving drugs	8.68	\$312.48	-5.7%
95954	26	EEG monitoring/giving drugs	3.44	\$123.84	-3.6%
95955		EEG during surgery	6.09	\$219.24	1.0%
95955	TC	EEG during surgery	4.55	\$163.80	1.0%
95955	26	EEG during surgery	1.54	\$55.44	1.0%
95956		EEG monitoring, cable/radio	45.24	\$1,628.62	-1.5%
95956	TC	EEG monitoring, cable/radio	39.78	\$1,432.06	-1.8%
95956	26	EEG monitoring, cable/radio	5.46	\$196.56	0.5%
95957		EEG digital analysis	8.17	\$294.12	-5.1%
95957	TC	EEG digital analysis	5.20	\$187.20	-7.7%
95957	26	EEG digital analysis	2.97	\$106.92	-0.4%
95958		EEG monitoring/function test	16.52	\$594.71	0.9%
95958	TC	EEG monitoring/function test	10.03	\$361.08	0.8%

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95958	26	EEG monitoring/function test	6.49	\$233.64	0.9%
95961		Electrode stimulation, brain	8.65	\$311.40	0.0%
95961	TC	Electrode stimulation, brain	4.04	\$145.44	0.3%
95961	26	Electrode stimulation, brain	4.61	\$165.96	-0.3%
95962		Electrode stim, brain add-on	7.47	\$268.92	0.8%
95962	TC	Electrode stim, brain add-on	2.52	\$90.72	1.9%
95962	26	Electrode stim, brain add-on	4.95	\$178.20	0.3%
95965	26	MEG, spontaneous	12.07	\$434.52	0.8%
95966	26	MEG, evoked, single	6.14	\$221.04	2.3%
95967	26	MEG, evoked, each add'l	5.41	\$194.76	2.8%
95970	Hospital	Analyze neurostim, no prog	0.69	\$24.84	0.3%
95970	Office	Analyze neurostim, no prog	1.97	\$70.92	2.4%
95971	Hospital	Analyze neurostim, simple	1.17	\$42.12	1.2%
95971	Office	Analyze neurostim, simple	1.45	\$52.20	1.7%
95972	Hospital	Analyze neurostim complex	1.19	\$42.84	0.3%
95972	Office	Analyze neurostim complex	1.67	\$60.12	1.5%
95974	Hospital	Cranial neurostim, complex	4.68	\$168.48	0.1%
95974	Office	Cranial neurostim, complex	5.91	\$212.76	0.5%
95975	Hospital	Cranial neurostim, complex	2.65	\$95.40	0.3%
95975	Office	Cranial neurostim, complex	3.18	\$114.48	0.6%
95978	Hospital	Analyze neurostim brain/1h	5.51	\$198.36	0.7%
95978	Office	Analyze neurostim brain/1h	7.17	\$258.12	1.6%

**2018 Final Physician Fee Schedule (CMS-1676-F)**

**Payment Rates for Medicare Physician Services - Epilepsy Surgery**

CPT Code	Mod	Descriptor	2018		% payment change 2016 to 2017
			RVUs	Payment CF=\$35.9996	
61531		Implant brain electrodes	35.81	\$1,289.15	1.9%
61537		Removal of brain tissue	72.04	\$2,593.41	-0.7%
61538		Removal of brain tissue	78.27	\$2,817.69	0.1%
61539		Removal of brain tissue	69.25	\$2,492.97	-0.3%
61540		Removal of brain tissue	64.04	\$2,305.41	1.2%
61541		Incision of brain tissue	63.04	\$2,269.41	-0.2%
61543		Removal of brain tissue	63.73	\$2,294.25	4.2%
61566		Removal of brain tissue	65.95	\$2,374.17	-0.2%
61567		Incision of brain tissue	75.10	\$2,703.57	8.5%
61720		Incise skull/brain surgery	37.26	\$1,341.35	-0.1%
61735		Incise skull/brain surgery	46.62	\$1,678.30	-0.2%
61750		Incise skull/brain biopsy	41.34	\$1,488.22	0.4%
61751		Brain biopsy w/ct/mr guide	40.39	\$1,454.02	0.0%
61760		Implant brain electrodes	46.23	\$1,664.26	0.0%
61770		Incise skull for treatment	47.66	\$1,715.74	-0.1%
61790		Treat trigeminal nerve	25.71	\$925.55	0.1%
61791		Treat trigeminal tract	32.97	\$1,186.91	3.1%
61796		Srs, cranial lesion simple	29.69	\$1,068.83	-0.2%
61797		Srs, cran les simple, addl	6.52	\$234.72	0.3%
61798		Srs, cranial lesion complex	40.45	\$1,456.18	-0.1%
61799		Srs, cran les complex, addl	8.96	\$322.56	-0.4%
61800		Apply srs headframe add-on	4.53	\$163.08	-0.1%
61867		Implant neuroelectrode	66.69	\$2,400.81	-0.2%
61868		Implant neuroelectrde, add'l	14.73	\$530.27	0.0%
61870		Implant neuroelectrodes	34.70	\$1,249.19	15.6%
61880		Revise/remove neuroelectrode	16.55	\$595.79	0.1%
61885		Insrt/redo neurostim 1 array	14.94	\$537.83	0.0%
61886		Implant neurostim arrays	24.58	\$884.87	0.1%
61888		Revise/remove neuroreceiver	11.58	\$416.88	0.3%
63620		Srs, spinal lesion	32.81	\$1,181.15	0.1%
63621		Srs, spinal lesion, addl	7.50	\$270.00	1.5%

**2018 Final Physician Fee Schedule (CMS-1676-F)**

**Payment Rates for Medicare Physician Services - Evaluation and Management**

CPT Code	Descriptor	NON-FACILITY (OFFICE)			FACILITY (HOSPITAL)		
		2018		% payment change 2017 to 2018	2018		% payment change 2017 to 2018
		RVUs	Payment CF=\$35.9903		RVUs	Payment CF=\$35.9903	
99201	Office/outpatient visit, new	1.26	\$45.36	1.9%	0.76	\$27.36	0.3%
99202	Office/outpatient visit, new	2.12	\$76.32	0.8%	1.43	\$51.48	0.3%
99203	Office/outpatient visit, new	3.05	\$109.80	0.3%	2.17	\$78.12	0.3%
99204	Office/outpatient visit, new	4.65	\$167.40	0.7%	3.66	\$131.76	0.0%
99205	Office/outpatient visit, new	5.85	\$210.60	0.7%	4.78	\$172.08	0.3%
99211	Office/outpatient visit, est	0.61	\$21.96	7.3%	0.26	\$9.36	0.3%
99212	Office/outpatient visit, est	1.24	\$44.64	1.1%	0.72	\$25.92	0.3%
99213	Office/outpatient visit, est	2.06	\$74.16	0.3%	1.45	\$52.20	1.0%
99214	Office/outpatient visit, est	3.04	\$109.44	0.6%	2.22	\$79.92	0.3%
99215	Office/outpatient visit, est	4.10	\$147.60	0.8%	3.14	\$113.04	0.3%
99221	Initial hospital care	NA	NA	NA	2.87	\$103.32	0.3%
99222	Initial hospital care	NA	NA	NA	3.87	\$139.32	0.3%
99223	Initial hospital care	NA	NA	NA	5.74	\$206.64	0.5%
99231	Subsequent hospital care	NA	NA	NA	1.11	\$39.96	0.3%
99232	Subsequent hospital care	NA	NA	NA	2.06	\$74.16	1.3%
99233	Subsequent hospital care	NA	NA	NA	2.95	\$106.20	0.3%
99291	Critical care, first hour	7.76	\$279.36	0.4%	6.30	\$226.80	0.0%
99292	Critical care, add'l 30 min	3.47	\$124.92	0.3%	3.16	\$113.76	0.0%
99471	Ped critical care, initial	NA	NA	NA	22.54	\$811.43	-7.5%
99472	Ped critical care, subseq	NA	NA	NA	11.66	\$419.76	0.3%
99487	Cmplx chron care w/o pt vsit	2.63	\$94.68	1.1%	1.48	\$53.28	1.0%
99489	Cmplx chron care addl 30 min	1.31	\$47.16	0.3%	0.74	\$26.64	0.3%
99490	Chron care mgmt srvc 20 min	1.19	\$42.84	0.3%	0.91	\$32.76	0.3%
99495	Trans care mgmt 14 day disch	4.64	\$167.04	1.0%	3.12	\$112.32	0.3%
99496	Trans care mgmt 7 day disch	6.57	\$236.52	1.1%	4.53	\$163.08	0.5%
G0506	Comp asses care plan ccm svc	1.79	\$64.44	0.9%	1.29	\$46.44	0.3%