

**2018 Proposed Physician Fee Schedule (CMS-1676-P)**  
**Payment Rates for Medicare Physician Services - Neurology**

CPT Code	Mod	Descriptor	2018		% payment change 2017 to 2018
			RVUs	Payment CF=\$35.9903	
95812		EEG, 41-60 minutes	9.09	\$327.15	-0.4%
95812	TC	EEG, 41-60 minutes	7.44	\$267.77	-0.7%
95812	26	EEG, 41-60 minutes	1.65	\$59.38	0.9%
95813		EEG, over 1 hour	11.42	\$411.01	-0.7%
95813	TC	EEG, over 1 hour	8.95	\$322.11	-0.8%
95813	26	EEG, over 1 hour	2.47	\$88.90	-0.1%
95816		EEG, awake and drowsy	10.23	\$368.18	0.5%
95816	TC	EEG, awake and drowsy	8.59	\$309.16	0.5%
95816	26	EEG, awake and drowsy	1.64	\$59.02	0.3%
95819		EEG, awake and asleep	11.91	\$428.64	1.7%
95819	TC	EEG, awake and asleep	10.25	\$368.90	1.9%
95819	26	EEG, awake and asleep	1.66	\$59.74	0.9%
95822		EEG, coma or sleep only	10.74	\$386.54	1.6%
95822	TC	EEG, coma or sleep only	9.08	\$326.79	1.7%
95822	26	EEG, coma or sleep only	1.66	\$59.74	0.9%
95824	26	EEG, cerebral death only	1.13	\$40.67	1.2%
95827		EEG, all night recording	17.50	\$629.83	-6.5%
95827	TC	EEG, all night recording	15.90	\$572.25	-7.0%
95827	26	EEG, all night recording	1.60	\$57.58	-1.0%
95829		Surgery electrocorticogram	53.82	\$1,937.00	-0.3%
95829	TC	Surgery electrocorticogram	44.24	\$1,592.21	-0.4%
95829	26	Surgery electrocorticogram	9.58	\$344.79	0.1%
95830	Hospital	Insert electrodes for EEG	2.64	\$95.01	1.4%
95830	Office	Insert electrodes for EEG	6.61	\$237.90	6.9%
95950		Ambulatory eeg monitoring	9.65	\$347.31	2.6%
95950	TC	Ambulatory eeg monitoring	7.36	\$264.89	3.2%
95950	26	Ambulatory eeg monitoring	2.29	\$82.42	0.7%
95951	26	EEG monitoring/videorecord	9.11	\$327.87	0.2%
95953		EEG monitoring/computer	12.22	\$439.80	2.1%
95953	TC	EEG monitoring/computer	7.54	\$271.37	3.3%
95953	26	EEG monitoring/computer	4.68	\$168.43	0.3%
95954		EEG monitoring/giving drugs	12.04	\$433.32	-5.7%
95954	TC	EEG monitoring/giving drugs	8.59	\$309.16	-6.7%
95954	26	EEG monitoring/giving drugs	3.45	\$124.17	-3.4%
95955		EEG during surgery	6.04	\$217.38	0.1%
95955	TC	EEG during surgery	4.50	\$161.96	-0.2%
95955	26	EEG during surgery	1.54	\$55.43	0.9%
95956		EEG monitoring, cable/radio	44.89	\$1,615.60	-2.3%
95956	TC	EEG monitoring, cable/radio	39.44	\$1,419.46	-2.6%
95956	26	EEG monitoring, cable/radio	5.45	\$196.15	0.3%
95957		EEG digital analysis	8.12	\$292.24	-5.8%
95957	TC	EEG digital analysis	5.15	\$185.35	-8.6%
95957	26	EEG digital analysis	2.97	\$106.89	-0.4%
95958		EEG monitoring/function test	16.38	\$589.52	0.0%
95958	TC	EEG monitoring/function test	9.93	\$357.38	-0.2%

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			RVUs	Payment CF=\$35.9903	
95958	26	EEG monitoring/function test	6.45	\$232.14	0.3%
95961		Electrode stimulation, brain	8.61	\$309.88	-0.5%
95961	TC	Electrode stimulation, brain	4.01	\$144.32	-0.5%
95961	26	Electrode stimulation, brain	4.60	\$165.56	-0.6%
95962		Electrode stim, brain add-on	7.45	\$268.13	0.6%
95962	TC	Electrode stim, brain add-on	2.51	\$90.34	1.5%
95962	26	Electrode stim, brain add-on	4.94	\$177.79	0.1%
95965	26	MEG, spontaneous	12.06	\$434.04	0.7%
95966	26	MEG, evoked, single	6.11	\$219.90	1.8%
95967	26	MEG, evoked, each add'l	5.38	\$193.63	2.2%
95970	Hospital	Analyze neurostim, no prog	0.69	\$24.83	0.3%
95970	Office	Analyze neurostim, no prog	1.96	\$70.54	1.8%
95971	Hospital	Analyze neurostim, simple	1.17	\$42.11	1.1%
95971	Office	Analyze neurostim, simple	1.43	\$51.47	0.3%
95972	Hospital	Analyze neurostim complex	1.18	\$42.47	-0.6%
95972	Office	Analyze neurostim complex	1.66	\$59.74	0.9%
95974	Hospital	Cranial neurostim, complex	4.69	\$168.79	0.3%
95974	Office	Cranial neurostim, complex	5.91	\$212.70	0.5%
95975	Hospital	Cranial neurostim, complex	2.66	\$95.73	0.7%
95975	Office	Cranial neurostim, complex	3.18	\$114.45	0.6%
95978	Hospital	Analyze neurostim brain/1h	5.51	\$198.31	0.6%
95978	Office	Analyze neurostim brain/1h	7.15	\$257.33	1.3%

**2018 Proposed Physician Fee Schedule (CMS-1676-P)**

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

CPT Code	Mod	Descriptor	2018		% payment change 2016 to 2017
			RVUs	Payment CF=\$35.9903	
61531		Implant brain electrodes	34.90	\$1,256.06	-0.7%
61537		Removal of brain tissue	70.81	\$2,548.47	-2.4%
61538		Removal of brain tissue	76.41	\$2,750.02	-2.3%
61539		Removal of brain tissue	66.92	\$2,408.47	-3.6%
61540		Removal of brain tissue	62.24	\$2,240.04	-1.7%
61541		Incision of brain tissue	61.14	\$2,200.45	-3.3%
61543		Removal of brain tissue	61.86	\$2,226.36	1.1%
61566		Removal of brain tissue	64.52	\$2,322.09	-2.4%
61567		Incision of brain tissue	72.86	\$2,622.25	5.2%
61720		Incise skull/brain surgery	36.44	\$1,311.49	-2.3%
61735		Incise skull/brain surgery	45.61	\$1,641.52	-2.4%
61750		Incise skull/brain biopsy	40.44	\$1,455.45	-1.9%
61751		Brain biopsy w/ct/mr guide	39.52	\$1,422.34	-2.2%
61760		Implant brain electrodes	45.10	\$1,623.16	-2.5%
61770		Incise skull for treatment	46.59	\$1,676.79	-2.4%
61790		Treat trigeminal nerve	25.18	\$906.24	-2.0%
61791		Treat trigeminal tract	32.16	\$1,157.45	0.6%
61796		Srs, cranial lesion simple	29.08	\$1,046.60	-2.2%
61797		Srs, cran les simple, addl	6.34	\$228.18	-2.5%
61798		Srs, cranial lesion complex	39.61	\$1,425.58	-2.2%
61799		Srs, cran les complex, addl	8.77	\$315.63	-2.5%
61800		Apply srs headframe add-on	4.43	\$159.44	-2.4%
61867		Implant neuroelectrode	65.31	\$2,350.53	-2.2%
61868		Implant neuroelectrde, add'l	14.38	\$517.54	-2.4%
61870		Implant neuroelectrodes	33.93	\$1,221.15	13.0%
61880		Revise/remove neuroelectrode	16.26	\$585.20	-1.7%
61885		Insrt/redo neurostim 1 array	14.69	\$528.70	-1.7%
61886		Implant neurostim arrays	24.12	\$868.09	-1.8%
61888		Revise/remove neuroreceiver	11.35	\$408.49	-1.7%
63620		Srs, spinal lesion	32.14	\$1,156.73	-2.0%
63621		Srs, spinal lesion, addl	7.30	\$262.73	-1.2%

**2018 Proposed Physician Fee Schedule (CMS-1676-P)**

**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	1.27	\$45.71	2.7%	0.77	\$27.71	1.6%
99202	Office/outpatient visit, new	2.14	\$77.02	1.7%	1.45	\$52.19	1.7%
99203	Office/outpatient visit, new	3.05	\$109.77	0.3%	2.17	\$78.10	0.3%
99204	Office/outpatient visit, new	4.64	\$166.99	0.5%	3.67	\$132.08	0.3%
99205	Office/outpatient visit, new	5.84	\$210.18	0.5%	4.78	\$172.03	0.3%
99211	Office/outpatient visit, est	0.61	\$21.95	7.3%	0.26	\$9.36	0.3%
99212	Office/outpatient visit, est	1.25	\$44.99	1.9%	0.73	\$26.27	1.7%
99213	Office/outpatient visit, est	2.07	\$74.50	0.8%	1.46	\$52.55	1.7%
99214	Office/outpatient visit, est	3.05	\$109.77	0.9%	2.22	\$79.90	0.3%
99215	Office/outpatient visit, est	4.10	\$147.56	0.8%	3.15	\$113.37	0.6%
99221	Initial hospital care	NA	NA	NA	2.88	\$103.65	0.6%
99222	Initial hospital care	NA	NA	NA	3.90	\$140.36	1.1%
99223	Initial hospital care	NA	NA	NA	5.78	\$208.02	1.2%
99231	Subsequent hospital care	NA	NA	NA	1.11	\$39.95	0.3%
99232	Subsequent hospital care	NA	NA	NA	2.06	\$74.14	1.3%
99233	Subsequent hospital care	NA	NA	NA	2.97	\$106.89	1.0%
99291	Critical care, first hour	7.71	\$277.49	-0.2%	6.28	\$226.02	-0.4%
99292	Critical care, add'l 30 min	3.45	\$124.17	-0.3%	3.14	\$113.01	-0.7%
99471	Ped critical care, initial	NA	NA	NA	22.53	\$810.86	-7.6%
99472	Ped critical care, subseq	NA	NA	NA	11.55	\$415.69	-0.7%
99487	Cmplx chron care w/o pt vsit	2.64	\$95.01	1.4%	1.50	\$53.99	2.3%
99489	Cmplx chron care addl 30 min	1.31	\$47.15	0.3%	0.75	\$26.99	1.6%
99490	Chron care mgmt svc 20 min	1.19	\$42.83	0.3%	0.92	\$33.11	1.4%
99495	Trans care mgmt 14 day disch	4.66	\$167.71	1.4%	3.16	\$113.73	1.6%
99496	Trans care mgmt 7 day disch	6.58	\$236.82	1.2%	4.58	\$164.84	1.6%
G0506	Comp asses care plan ccm svc	1.80	\$64.78	1.4%	1.31	\$47.15	1.8%