

Relative Values for Physicians

Relative values based on physician survey data
from Relative Value Studies, Inc.

2020



Power up your coding
optum360coding.com

Contents

Introduction	1	Pathology and Laboratory	301
User Guide	1	Guidelines	301
Definitions of Terms in <i>Relative Values for Physicians</i>	1	Medicine	407
The Global Period	2	Guidelines	407
Services With Significant Direct Costs	2	Evaluation and Management	465
Historical Background	3	Guidelines	465
Relative Value Studies — Legal and Fair	3	Category II Codes	491
The Research Behind Relative Value Units	3	Guidelines	491
<i>Relative Values for Physicians</i> Codes	4	Category III Codes	515
How to Use This Relative Value Scale	4	Guidelines	515
Determining Fees	5	HCPCS	535
Conversion Factor Development	5	HCPCS Disclaimer	535
Productivity Measurement	5	Level II (HCPCS/National) Modifiers	535
Cost and Profitability Analysis	7	R Code Crosswalk	791
Capitation	7	Guidelines	791
RVUs and the Capitation Contract	7	Services with Significant Direct Costs	793
Modifiers	8	Conversion Factor Development	803
Anesthesia	15	Developing a Conversion Factor	803
Guidelines	15	Gross Conversion Factor Worksheets	804
Calculations of Total Anesthesia Values	22	Conversion Factors by Payer	810
Surgery	33	Conversion Factor Percentiles	812
Guidelines	33	Procedural Index	815
Radiology	255		
Guidelines	255		

Introduction

User Guide

Its long history and careful development make *Relative Values for Physicians* the most accurate and comprehensive relative value system available. Use of *Relative Values for Physicians* spans North America and several European countries. In this relative value system, values are provided for physician services contained in the American Medical Association's (AMA) Physicians' Current Procedural Terminology (CPT®) system, as well as Medicare's HCPCS Level II (National) codes. Additional codes, as recommended by physicians, have been included in this system and assigned relative values to address special reimbursement issues.

Relative Values for Physicians provides a user-friendly listing of physician services with unit values. The accompanying instructions, guidelines, and modifiers explain the application and use of relative value units in the medical practice. All sections of the book may be used by any or all physicians or other qualified health care professionals. For example, codes found in the surgical section are not confined to use by a surgeon. Likewise, codes found in the medicine section are not limited to use by internists or primary care providers.

Definitions of Terms in *Relative Values for Physicians*

Column Descriptions

(1)	(2)	(3)	(4)	(5)	(6)	(7)
UPD		Code	Description	Units	Anes	Global
190	S ●	#10009	Fine needle aspiration biopsy, including CT guidance; first lesion	2.4 (I)	3	XXX

(1) UPD	This column indicates the date the procedure was updated for <i>Relative Values for Physicians</i> . For the year 2019 the update stamp will read 190; for 2018, 180; etc. Mid-year updates are posted to the web site during the preceding year. The update stamp 181 would indicate a value that was changed mid-year 2018. The update stamp is removed after three years.	Ⓞ	Indicates the procedure is modifier 51 exempt. Codes identified as exempt from modifier 51 are not subject to multiple procedure rules. No reimbursement reduction or modifier 51 is applied.
(2) TYPE	Indicates code type or AMA icon	Ⓜ	Codes identified by this Optum360 icon indicate that the procedure should not be reported with modifier 51 (multiple procedures). Any code with this icon is backed by official AMA guidelines but is not identified by the AMA with their modifier 51 exempt icon.
M	Indicates a code that has been deleted from the CPT book or HCPCS code set. The CPT copyright remains with the AMA. This publication contains those codes which have been deleted within the past year for CPT codes and HCPCS codes.	#	The symbol # represents a resequenced code. Resequencing is the practice of displaying codes outside of their numerical order according to the description relationship. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available. In these situations, the AMA will resequence the codes. In other words, the AMA will assign a code that is not in numeric sequence with the related codes. However, the code and description will appear in the CPT manual with the other related codes. In <i>Relative Values for Physicians</i> the editors have elected to leave the codes in numerical order. The # icon is included to alert users that the code is out of sequence. Review the descriptions carefully when reviewing codes in a hierarchy. In some cases, it may be helpful to refer to the CPT manual.
▲	The triangle indicates a change in the code description.		
●	The circle indicates that the code was added to the CPT book or HCPCS code set.		
+	The plus indicates an add-on code. Add-on codes describe additional intra-service work associated with the primary procedure. They are performed by the same physician on the same date of service as the primary service/procedure, and must never be reported as a stand-alone code.		

UPD	Code	Description	Units	Anes	Global
	28605	requiring anesthesia	3.0	3	090
	28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	4.1	3	090
	28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	6.2	3	090
	28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	2.3	0	010
	28635	requiring anesthesia	3.6	3	010
S	28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	3.9	3	010
S	28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	4.2	3	090
	28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	1.6	0	010
	28665	requiring anesthesia	2.9	3	010
	28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	3.4	3	010
S	28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	4.6	3	090
	28705	Arthrodesis; pantalar	18.0	3	090
	28715	triple	15.0	3	090
	28725	subtalar	12.0	3	090
	28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	11.0	3	090
	28735	with osteotomy (eg, flatfoot correction)	14.0	3	090
	28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	12.0	3	090
S	28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	9.0	3	090
S	28750	Arthrodesis, great toe; metatarsophalangeal joint	7.1	3	090
S	28755	interphalangeal joint	4.8	3	090
S	28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	6.2	3	090
	28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	10.5	3	090
	28805	transmetatarsal	10.5	3	090
	28810	Amputation, metatarsal, with toe, single	5.8	3	090
S	28820	Amputation, toe; metatarsophalangeal joint	3.6	3	090
S	28825	interphalangeal joint	2.8	3	090
S	28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	4.2	3	090
	28899	Unlisted procedure, foot or toes	BR	3	YYY
S	29000	Application of halo type body cast (see 20661-20663 for insertion)	5.0	3	000
S	29010	Application of Risser jacket, localizer, body; only	3.2	3	000

+ Add-on Code ◊ AMA Mod 51 Exempt Ⓞ Optum360 Mod 51 Exempt Ⓞ Mod 63 Exempt ★ Telemedicine # Resequenced Code

Note: For a complete explanation of each icon, please see the Introduction

UPD	Code	Description	Units	Global
	86609	00 bacterium, not elsewhere specified	1.9	XXX
		26	0.6	XXX
		TC	1.3	XXX
	86611	00 Bartonella	2.1	XXX
		26	0.7	XXX
		TC	1.4	XXX
	86612	00 Blastomyces	2.0	XXX
		26	0.6	XXX
		TC	1.4	XXX
	86615	00 Bordetella	2.0	XXX
		26	0.6	XXX
		TC	1.4	XXX
	86617	00 Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western	2.7	XXX
		26 Blot or immunoblot)	0.9	XXX
		TC	1.8	XXX
	86618	00 Borrelia burgdorferi (Lyme disease)	2.5	XXX
		26	0.8	XXX
		TC	1.7	XXX
	86619	00 Borrelia (relapsing fever)	2.0	XXX
		26	0.6	XXX
		TC	1.4	XXX
	86622	00 Brucella	1.5	XXX
		26	0.5	XXX
		TC	1.0	XXX
	86625	00 Campylobacter	2.0	XXX
		26	0.6	XXX
		TC	1.4	XXX
	86628	00 Candida	1.9	XXX
		26	0.6	XXX
		TC	1.3	XXX
	86631	00 Chlamydia	1.9	XXX
		26	0.6	XXX
		TC	1.3	XXX
	86632	00 Chlamydia, IgM	1.9	XXX
		26	0.6	XXX
		TC	1.3	XXX
	86635	00 Coccidioides	1.7	XXX
		26	0.5	XXX
		TC	1.2	XXX
	86638	00 Coxiella burnetii (Q fever)	1.9	XXX
		26	0.6	XXX
		TC	1.3	XXX
	86641	00 Cryptococcus	2.0	XXX
		26	0.7	XXX
		TC	1.3	XXX
	86644	00 cytomegalovirus (CMV)	2.1	XXX
		26	0.7	XXX
		TC	1.4	XXX

▲ Revised Code

● New Code

M Deleted from CPT

S SDC Code

R RVSI Code

(I) Interim Value

Note: For a complete explanation of each icon, please see the Introduction