



2024 RBRVS

WHAT IS IT AND HOW DOES IT AFFECT PEDIATRICS?

The Centers for Medicare and Medicaid Services (CMS) implemented the Medicare Resource-Based Relative Value Scale (RBRVS) Physician Fee Schedule (MPFS) on January 1, 1992. The Medicare RBRVS Physician Fee Schedule replaced the Medicare physician payment system of 'customary, prevailing, and reasonable' (CPR) charges under which physicians were paid according to the historical record of the charge for the provision of each service. The current MPFS is derived from the 'relative value' of services provided and based on the resources they consume. The relative value of each service is quantifiable and is based on the concept that there are three components of each service: the amount of physician/qualified healthcare professional (QHP) work that goes into the service, the practice expense associated with the service, and the professional liability expense for the provision of the service. The relative value of each service is multiplied by Geographic Practice Cost Indices (GPCIs) for each Medicare locality and then translated into a dollar amount by a conversion factor. The dollar amount derived from this calculation is the Medicare payment amount for the provision of a particular service. Most public and private payers, including Medicaid programs, set physician/qualified healthcare professional payment rates based on the MPFS.

ELEMENTS OF RBRVS

Physician/Qualified Healthcare Professional (QHP) Work (Work)

The physician/qualified healthcare professional (QHP) work component of the MPFS is maintained and updated by CMS with input from the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC). The RUC is composed of 32 members, consisting of 22 representatives from national medical specialty societies. Four seats rotate on a two-year basis, with one seat reserved for a primary care representative, two reserved for an internal medicine subspecialty, and the remaining seat is open to any other specialty society not a member of the RUC, except internal medicine subspecialties or primary care representatives. The RUC Chairperson, the Co-Chairperson of the RUC Health Care Professionals Advisory Committee (HCPAC), the Chairperson of the Practice Expense Subcommittee and representatives of the American Medical Association, American Osteopathic Association and CPT Editorial Panel hold the remaining six seats.

The American Academy of Pediatrics (AAP) holds one of the 22 seats designated for national medical specialty society representation. CMS reviews and, if necessary, modifies the RUC-recommended relative value units (RVUs) of physician/QHP work to establish the Medicare RBRVS Physician Fee Schedule (MPFS).

The physician/QHP work component represents approximately 50.9% of the total RVUs for each service. Physician/QHP work is divided into pre-service, intra-service, and post-service periods that equal the total value of work for each service. The total value of physician/QHP work contained in the MPFS for each service consists of the following components:

- Physician/QHP time required to perform the service
- Technical skill and physical effort
- Mental effort and judgment
- Psychological stress associated with physician's/QHP's concern about the iatrogenic risk to the patient

Practice Expense (PE)

The practice expense component represents approximately 44.8% of the total RVUs for each service. In 2002, an initial four-year transition to resource-based practice expense RVUs was completed. A second four-year transition using a revised practice expense methodology started in 2007 and was completed in 2010. A third four-year transition started in 2010 and was completed in 2013, during which CMS made additional practice expense revisions using: 1) the results of the Physician Practice Information (PPI) Survey, sponsored by the AMA and 72 medical specialty societies and health professional organizations; and 2) the assumption that diagnostic imaging equipment such as CT and MRI are in use 90 percent of the time that an office is open instead of 50 percent of the time.

CMS uses many sources and methodologies to determine practice expense RVUs. Beginning in 1998, some CPT codes were assigned two (2) practice expense RVUs: a lesser one for procedures performed in a facility (ie, a hospital, skilled nursing facility, or ambulatory surgical center) and a greater one for procedures/services performed at a non-facility site (ie, physician's office or patient's home). This policy continues for 2024.

Professional Liability Insurance (PLI) (Malpractice)

Professional liability insurance (malpractice) expense relative values amount to approximately 4.3% of the MPFS payment. CMS replaced the cost-based professional liability insurance relative values with resource-based professional liability insurance RVUs in 2000. The end result of its computations was to retain the same total professional liability insurance RVUs as they were under the charge-based system. Medicare is statutorily required to review, and if necessary, adjust the malpractice RVUs no less than every 5 years based on updated and expanded malpractice premium data collection.

Medicare Global Period

On the MPFS, each CPT code is assigned a designation in the Medicare 'global period' column. Medicare global periods define the post-operative period for procedures and affect how follow-up services are reported for a given CPT code. The Medicare global period designations are defined as follows:

Medicare Global Period Designation	Definition	Explanation (Example)
000	Zero-day Medicare global period	Payment for a 0-day global code includes the procedure/service plus any associated care provided on the same day of service (eg, 54150)
010	Ten-day Medicare global period	Payment for a 10-day global code includes the procedure/service plus any associated follow-up care for 10 days (eg, 24640)
090	Ninety-day Medicare global period	Payment for a 90-day global code includes the procedure/service plus any associated follow-up care for 90 days (eg, 25600)
XXX	The Medicare global period concept does not apply	Payment for an XXX code includes only the procedure/service (eg, 90460)
ZZZ	Code related to another service that is always included in the Medicare global period of another service	Payment for a ZZZ code includes only the procedure/service; ZZZ codes are usually add-on codes to XXX codes (eg, 90461)
YYY	The global period is to be set by the carrier	This designation is usually reserved for unlisted surgery codes (eg, 24999)

Components of a Medicare global period including the following:

- Pre-operative visits: Pre-operative visits *after the decision is made to operate* beginning with the day before the day of surgery for major procedures and the day of surgery for minor procedures
- Intra-operative services: Intra-operative services that are normally a usual and necessary part of a surgical procedure
- Complications following surgery: All additional medical or surgical services required of the surgeon during the post-operative period of the surgery because of complications which do not require additional trips to the operating room

Payers that adopt Medicare's MPFS RVUs should also be following Medicare policy with respect to Medicare global periods.

Geographic Practice Cost Indices (GPCIs)

The Geographic Practice Cost Indices (GPCIs) reflect the relative costs associated with physician/QHP work, practice expense, and professional liability insurance in a Medicare locality compared to the national average relative costs.

- Cost of Living GPCI: Applied to physician/QHP work relative values

- Practice Cost GPCI: Applied to practice expense relative values
- Professional Liability Insurance Cost GPCI: Applied to professional liability insurance relative values

2024 Medicare Geographic Practice Cost Indices (GPCIs)

Medicare Locality	Work	Practice Expense (PE)	Professional Liability Insurance (PLI)
ALABAMA	1.000	0.869	0.575
ALASKA*	1.500	1.081	0.592
ARIZONA	1.000	0.975	0.854
ARKANSAS	1.000	0.860	0.518
BAKERSFIELD	1.017	1.093	0.662
CHICO	1.014	1.093	0.560
EL CENTRO	1.014	1.093	0.570
FRESNO	1.014	1.093	0.560
HANFORD-CORCORAN	1.014	1.093	0.560
LOS ANGELES-LONG BEACH-ANAHEIM (LOS ANGELESCNTY)	1.042	1.194	0.690
LOS ANGELES-LONG BEACH-ANAHEIM (ORANGE CNTY)	1.042	1.194	0.690
MADERA	1.014	1.093	0.560
MERCED	1.014	1.093	0.560
MODESTO	1.014	1.093	0.560
NAPA	1.058	1.310	0.521
SAN FRANCISCO-OAKLAND-BERKELEY (ALAMEDA/CONTRA COSTA CNTY)	1.082	1.374	0.452
OXNARD-THOUSANDOAKS-VENTURA	1.026	1.183	0.651
REDDING	1.014	1.093	0.560
RIVERSIDE-SAN BERNARDINO-ONTARIO	1.014	1.093	0.892
SACRAMENTO-ROSEVILLE-FOLSOM	1.034	1.156	0.560
SALINAS	1.035	1.165	0.560
SAN DIEGO-CHULA VISTA-CARLSBAD	1.028	1.191	0.572
SAN FRANCISCO-OAKLAND-BERKELEY (SAN FRANCISCO CNTY)	1.088	1.419	0.445
SAN FRANCISCO-OAKLAND-BERKELEY (MARIN CNTY)	1.088	1.419	0.740
SAN JOSE-SUNNYVALE-SANTA CLARA (SAN BENITO CNTY)	1.100	1.435	0.560
SAN LUIS OBISPO-PASO ROBLES	1.014	1.132	0.560
SAN FRANCISCO-OAKLAND-BERKELEY (SAN MATEO CNTY)			
SAN JOSE-SUNNYVALE-SANTA CLARA (SANTA CLARA CNTY)	1.100	1.435	0.420
SANTA CRUZ-WATSONVILLE	1.017	1.209	0.560
SANTA MARIA-SANTA BARBARA	1.022	1.175	0.560
SANTA ROSA-PETALUMA	1.027	1.232	0.560
STOCKTON	1.014	1.093	0.560
VALLEJO	1.058	1.310	0.470
VISALIA	1.021	1.079	0.579
YUBA CITY	1.014	1.093	0.560
REST OF CALIFORNIA	1.014	1.093	0.560
COLORADO	1.008	1.053	0.827
CONNECTICUT	1.022	1.091	1.207

DC + MD/VA SUBURBS	1.057	1.192	1.168
DELAWARE	1.009	0.992	0.949
FORT LAUDERDALE	1.000	0.998	1.770
MIAMI	1.000	1.027	2.500
REST OF FLORIDA	1.000	0.940	1.467
ATLANTA	1.000	0.997	1.128
REST OF GEORGIA	1.000	0.883	1.125
HAWAII, GUAM	1.000	1.149	0.561
IDAHO	1.000	0.808	0.461
CHICAGO	1.007	1.023	2.018
EAST ST. LOUIS	1.000	0.918	1.784
SUBURBAN CHICAGO	1.007	1.048	1.556
REST OF ILLINOIS	1.000	0.912	1.381
INDIANA	1.000	0.922	0.485
IOWA	1.000	0.913	0.457
KANSAS	1.000	0.906	0.440
KENTUCKY	1.000	0.877	0.913
NEW ORLEANS	1.000	0.935	1.156
REST OF LOUISIANA	1.000	0.881	0.982
SOUTHERN MAINE	1.000	1.012	0.656
REST OF MAINE	1.000	0.913	0.650
BALTIMORE/SURR. CNTYS	1.020	1.078	1.309
REST OF MARYLAND	1.012	1.016	0.973
METROPOLITAN BOSTON	1.042	1.197	0.894
REST OF MASSACHUSETTS	1.017	1.061	0.796
DETROIT	1.003	0.986	1.718
REST OF MICHIGAN	1.000	0.911	1.173
MINNESOTA	1.000	1.025	0.300
MISSISSIPPI	1.000	0.852	0.768
METROPOLITAN KANSAS CITY	1.000	0.948	0.992
METROPOLITAN ST. LOUIS	1.000	0.952	0.994
REST OF MISSOURI	1.000	0.859	0.974
MONTANA**	1.000	1.000	0.978
NEBRASKA	1.000	0.917	0.304
NEVADA**	1.000	1.000	0.844
NEW HAMPSHIRE	1.000	1.034	0.898
NORTHERN NJ	1.064	1.172	1.032
REST OF NEW JERSEY	1.042	1.106	1.069
NEW MEXICO	1.000	0.908	1.172
MANHATTAN	1.065	1.166	1.656
NYC SUBURBS/LONG ISLAND	1.065	1.200	1.911
POUGHKPSIE/N NYC SUBURBS	1.046	1.106	1.269
QUEENS	1.065	1.195	1.462
REST OF NEW YORK	1.000	0.949	0.732

NORTH CAROLINA	1.000	0.926	0.665
NORTH DAKOTA**	1.000	1.000	0.517
OHIO	1.000	0.911	1.033
OKLAHOMA	1.000	0.891	0.813
PORTLAND	1.013	1.103	0.688
REST OF OREGON	1.000	0.986	0.643
METROPOLITAN PHILADELPHIA	1.024	1.053	1.177
REST OF PENNSYLVANIA	1.000	0.927	0.925
PUERTO RICO	1.000	1.007	0.982
RHODE ISLAND	1.025	1.039	0.849
SOUTH CAROLINA	1.000	0.9138	0.817
SOUTH DAKOTA**	1.000	1.000	0.382
TENNESSEE	1.000	0.896	0.544
AUSTIN	1.000	1.046	0.914
BEAUMONT	1.000	0.903	0.947
BRAZORIA	1.014	1.006	0.795
DALLAS	1.011	1.007	0.877
FORT WORTH	1.011	0.998	0.902
GALVESTON	1.014	1.000	0.855
HOUSTON	1.014	1.003	1.409
REST OF TEXAS	1.000	0.945	0.934
UTAH	1.000	0.933	0.930
VERMONT	1.000	0.993	0.518
VIRGINIA	1.002	0.984	0.755
VIRGIN ISLANDS	1.000	1.007	0.982
SEATTLE (KING CNTY)	1.043	1.220	0.853
REST OF WASHINGTON	1.007	1.040	0.803
WEST VIRGINIA	1.000	0.862	1.333
WISCONSIN	1.000	0.957	0.331
WYOMING**	1.000	1.000	0.739

*Work GPCI reflects a 1.5 floor in Alaska established by the MIPPA.

**PE GPCI reflects a 1.0 floor for frontier states established by the ACA.

Note: The 1.0 Work GPCI floor required by Section 101 of the Consolidated Appropriations Act 2021 [December 27, 2020] extended the Work GPCI floor through December 31, 2023.

Medicare Conversion Factor (CF)

The Medicare conversion factor (CF) is a national value that converts the total RVUs into payment amounts for the purpose of paying physicians/QHPs for services provided under the Medicare program. Since January 1, 1998, there has been one Medicare conversion factor, as specified by the Balanced Budget Act of 1997. Anesthesia has a separate conversion factor but is paid using a different formula.

History of Medicare Conversion Factors

Year	Conversion Factor	Primary Care Conversion Factor	% Change	Surgical Conversion Factor	% Change	Other Nonsurgical Conversion Factor	% Change
1992	\$31.0010	N/A		N/A		N/A	
1993	N/A			\$31.9620		\$31.2490	
1994	N/A	\$33.7180		\$35.1580	10.0	\$32.9050	5.3
1995	N/A	\$36.3820	7.9	\$39.4470	12.2	\$34.6160	5.2
1996	N/A	\$35.4173	-2.7	\$40.7986	3.4	\$34.6293	0.0
1997	N/A	\$35.7671	1.0	\$40.9603	0.4	\$33.8454	-2.3
1998	\$36.6873						
1999	\$34.7315						
2000	\$36.6137						
2001	\$38.2581						
2002	\$36.1992						
2003	\$36.7856						
2004	\$37.3374						
2005	\$37.8975						
2006	\$37.8975						
2007	\$37.8975						
2008	\$38.0870						
2009	\$36.0666						
1/1/10-5/31/10	\$36.0791						
6/1/10-12/31/10	\$36.8729						
2011	\$33.9764						
2012	\$34.0376						
2013	\$34.0230						
2014	\$35.8228						
1/1/15-6/30/15	\$35.7547						
7/1/15-12/31/15	\$35.9335						
2016	\$35.8043						
2017	\$35.8887						
2018	\$35.9996						
2019	\$36.0391						
2020	\$36.0896						
2021	\$34.8931						
2022	\$34.6062						
2023	\$33.8872						
2024 01/01/24-03/09/24	\$32.7442						
2024 03/09/24-12/31/24	\$33.2875						

Initially, the Medicare Physician Fee Schedule (MPFS) included distinct conversion factors for various categories of services. In 1998, a single conversion factor was offset by elimination of the work adjustor and increases in the practice expense and PLI RVUs.

* The Centers for Medicare & Medicaid Services (CMS) has updated its website to reflect the new Medicare Physician Payment Schedule conversion factor. This is a result of the Consolidated Appropriation Act, 2024, which starting March 9 included an additional 1.68 percent update to the 2024 conversion factor that offset a portion of the 3.37 percent cut that went into effect on January 1, 2024. The 2024 conversion factor for dates of service January 1 through March 8, 2024, was \$32.74. CMS has now established the new conversion factor of \$33.2875 for dates of service March 9 through December 31. CMS is also releasing updated payment files, including the MPFS and associated abstract files, the Ambulatory Surgical Center (ASC) FS, and Anesthesia file.

HOW TO USE THE RBRVS

CMS publishes RVUs for CPT codes in the [Federal Register](#). To calculate the Medicare physician/QHP payment for a service, the RVUs for each of the three components of the MPFS are multiplied by their corresponding GPCIs to account for geographic differences in resource costs. The sum of these calculations is then multiplied by a dollar conversion factor. When determining payment, it is important to take into consideration all the mechanisms within the MPFS incorporated into the final payment for physician/QHP services. Please note that third-party payers other than Medicare may not use all of the elements of the MPFS to determine physician/QHP payment. For example, they may use their own conversion factor or not factor in the GPCIs.

Example: Level 3 office visit for the evaluation and management of an established patient in Corrales, New Mexico ('New Mexico' Medicare locality).

The following RVUs, GPCIs, and Medicare conversion factor are based on the information published by CMS.

CPT Code 99213		Location: Corrales, New Mexico (‘New Mexico’ Medicare Locality)	
Work RVUs	1.30	Work GPCI	1.000
Non-Facility Practice Expense RVUs	1.33	Practice Expense GPCI	0.908
Professional Liability Insurance RVUs	0.10	Professional Liability Insurance GPCI	1.172

METHOD 1 (NON-GEOGRAPHICALLY ADJUSTED & USING NON-MEDICARE CONVERSION FACTOR)

This is an example of a physician/QHP payment mechanism in a non-facility setting that takes into consideration the total RVUs from the MPFS but excludes all other components of the MPFS. Often the total RVUs are multiplied by a payer-specific conversion factor that is not associated with the Medicare conversion factor.

STEP 1

Add together the physician/QHP work, non-facility practice expense, and professional liability insurance RVUs to obtain the total non-facility RVUs for the office visit.

$$\begin{aligned}\text{Total non-facility RVUs for CPT code 99213} &= \\ \text{Work RVUs} + \text{Non-Facility Practice Expense RVUs} + \text{Professional Liability Insurance RVUs} \\ (1.30) + (1.33) + (0.10) &= 2.73 \\ 1.000 \quad 0.908 \quad 1.172\end{aligned}$$

STEP 2

Multiply the total Medicare RVUs for CPT code 99213 by a non-Medicare, payer-specific primary care conversion factor (which may or may not be different than the 2024 Medicare conversion factor of \$33.2875).

For example: Payer-specific primary care conversion factor = \$35.00

$$\begin{aligned}\text{Total physician/QHP payment for the provision of CPT code 99213 by this third-party payer} \\ = (\text{Total Medicare RVUs}) \times (\text{Payer CF}) \\ (2.73) \times (35.00) &= \$95.55\end{aligned}$$

Note: In some cases, payers will not use the Medicare total RVUs for a service in the calculation of physician/QHP payment. Instead, they may apply their own relative value adjustments.

METHOD 2 (GEOGRAPHICALLY ADJUSTED & USING MEDICARE CONVERSION FACTOR)

This is an example of the MPFS payment in a non-facility setting for CPT code 99213 in Corrales, New Mexico. The following example assumes that a physician/QHP has accepted assignment and is practicing in an area of the country that does not have a shortage of medical professionals.

STEP 1

Multiply the physician/QHP work, non-facility practice expense, and professional liability insurance RVUs by the appropriate GPCIs; add the figures thus obtained to get the total geographically adjusted RVUs for the office visit.

$$\begin{aligned} &\text{Total non-facility RVUs for CPT code 99213 (geographically adjusted)} = \\ &(\text{Work RVUs} \times \text{Work GPCI}) + (\text{Non-Facility Practice Expense RVUs} \times \text{Practice Expense GPCI}) + (\text{PLI RVUs} \times \text{PLI GPCI}) \\ &(1.30 \times 1.000) + (1.33 \times 0.91) + (0.10 \times 1.17) \\ &(1.30) + (1.21) + (0.12) = 2.63 \end{aligned}$$

STEP 2

Multiply the total geographically adjusted RVUs by the Medicare conversion factor to obtain the physician/QHP payment for the office visit.

2024 Medicare conversion factor (CF) = \$33.2875 (Updated from 03/01/2024)

$$\begin{aligned} &\text{Total Medicare payment for the provision of CPT code 99213 in Corrales, New Mexico} = \\ &\text{Total geographically adjusted RVUs for CPT code 99213} \times \text{2023 Medicare conversion factor} \\ &(2.63 \times \$33.29 = \$81.12) \end{aligned}$$

In this example, a physician/QHP practicing in Corrales, New Mexico will receive \$81.12 for providing the level 3 established patient office visit for a Medicare beneficiary.

To apply Method 2 using your own GPCIs, please access the accompanying RBRVS Conversion Spreadsheet.

A table that provides RVUs for a series of CPT codes commonly reported by pediatricians has been included at the end of this document. Please refer to this table to determine Medicare RVUs for other pediatric services and procedures.

CONCLUDING REMARKS

In our rapidly changing health care environment, it is crucial to understand the Medicare RBRVS Physician Fee Schedule. Many third-party payers, including Medicaid programs, private carriers, and managed care organizations are utilizing variations of the MPFS to determine physician/QHP payment rates. In order for a physician/QHP to succeed in the changing marketplace, measurements of the costs involved in providing services will need to be ascertained; these costs include physician/QHP income and benefits, practice expenses, professional liability insurance premiums, as well as the frequency of services provided. Once this information is determined and the appropriate RVUs for each service are obtained, a physician/QHP will be able to calculate the costs involved in the provision of each service, as well as the average cost per service provided and per member per month estimates.

For further information, please contact the [AAP Coding Hotline](#).

Developed by the AAP Committee on Coding and Nomenclature.

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CPT Code	Work RVUs (wRVUs)	Non-Facility (NF) Practice Expense (PE) RVUs	Facility (F) Practice Expense (PE) RVUs	PLI RVUs	Total NF RVUs	Total F RVUs	100% Medicare (NF)	100% Medicare (F)
Office Or Other Outpatient Services, New Patient								
99202	0.93	1.16	0.40	0.08	2.17	1.41	\$72.24	\$46.94
99203	1.60	1.59	0.68	0.16	3.35	2.44	\$111.52	\$81.23
99204	2.60	2.18	1.13	0.24	5.02	3.97	\$167.12	\$132.16
99205	3.50	2.79	1.57	0.33	6.62	5.40	\$220.36	\$179.75
Office Or Other Outpatient Services, Established Patient								
99211	0.18	0.51	0.07	0.01	0.70	0.26	\$23.30	\$8.66
99212	0.70	0.94	0.29	0.06	1.70	1.05	\$56.59	\$34.95
99213	1.30	1.33	0.56	0.10	2.73	1.96	\$90.88	\$65.25
99214	1.92	1.79	0.83	0.14	3.85	2.89	\$128.17	\$96.21
99215	2.80	2.40	1.27	0.22	5.42	4.29	\$180.43	\$142.81
Prolonged Service With or Without Direct Patient Contact on the Date of an Office Visit								
99417 ^I	0.61	0.27	0.24	0.04	0.92	0.89	\$30.63	\$29.63
G2212	0.61	0.30	0.27	0.05	0.97	0.93	\$32.29	\$30.96
99418 ^I	0.81	0.31	0.31	0.05	1.17	1.17	\$38.95	\$38.95
Office Or Other Outpatient Consultations*								
99242 ^I	1.08	1.10	0.51	0.07	2.25	1.66	\$74.90	\$55.26
99243 ^I	1.80	1.46	0.71	0.11	3.37	2.62	\$112.19	\$87.22
99244 ^I	2.69	1.96	1.14	0.16	4.81	3.99	\$160.12	\$132.83
99245 ^I	3.75	2.30	1.38	0.23	6.28	5.36	\$209.06	\$178.43
Preventive Medicine Services, New Patient								
99381 ^N	1.50	1.68	0.58	0.09	3.27	2.17	\$108.86	\$72.24
99382 ^N	1.60	1.72	0.62	0.10	3.42	2.32	\$113.85	\$77.23
99383 ^N	1.70	1.75	0.66	0.10	3.55	2.46	\$118.18	\$81.89
99384 ^N	2.00	1.86	0.78	0.12	3.98	2.90	\$132.49	\$96.54
99385 ^N	1.92	1.83	0.74	0.12	3.87	2.78	\$128.83	\$92.55
Preventive Medicine Services, Established Patient								
99391 ^N	1.37	1.49	0.53	0.08	2.94	1.98	\$97.87	\$65.91
99392 ^N	1.50	1.54	0.58	0.09	3.13	2.17	\$104.20	\$72.24
99393 ^N	1.50	1.53	0.58	0.09	3.12	2.17	\$103.86	\$72.24
99394 ^N	1.70	1.61	0.66	0.10	3.41	2.46	\$113.52	\$81.89
99395 ^N	1.75	1.63	0.68	0.11	3.49	2.54	\$116.18	\$84.56
Immunization Administration Through Age 18 With Counseling								
90460	0.24	0.41	NA	0.02	0.67	NA	\$22.30	NA
90461	0.18	0.11	NA	0.01	0.30	NA	\$9.99	NA
Immunization Administration								
90471	0.17	0.42	NA	0.01	0.60	NA	\$19.97	NA
90472	0.15	0.27	NA	0.01	0.48	NA	\$15.98	NA
90473 ^R	0.17	0.31	NA	0.01	0.49	NA	\$16.31	NA
90474 ^R	0.15	0.19	NA	0.01	0.35	NA	\$11.65	NA

COVID Immunization Administration								
90480*	0.24	0.41	NA	0.02	0.67	NA	\$22.30	NA
Hydration, Therapeutic, Prophylactic, & Diagnostic Injections & Infusions, & Chemotherapy & Other Highly Complex Drug Or Highly Complex Biologic Agent Administration								
96360	0.17	0.79	0.79	0.01	0.97	0.97	\$32.29	\$32.29
96361	0.09	0.27	0.27	0.01	0.37	0.37	\$12.32	\$12.32
96365	0.21	1.63	1.63	0.04	1.88	1.88	\$65.56	\$65.56
96366	0.18	0.42	0.42	0.01	0.61	0.61	\$20.30	\$20.30
96372	0.17	0.25	0.25	0.01	0.43	0.43	\$14.31	\$14.31
96374	0.18	0.90	0.90	0.02	1.10	1.10	\$36.62	\$36.62
Vision & Hearing Screening								
99173 ^N	0.00	0.09	0.09	0.01	0.10	0.10	\$3.33	\$3.33
99174 ^N	0.00	0.18	0.18	0.01	0.19	0.19	\$6.33	\$6.33
99177 ^N	0.00	0.14	0.14	0.01	0.15	0.15	\$4.99	\$4.99
92551 ^N	0.00	0.37	0.37	0.01	0.38	0.38	\$12.65	\$12.65
92552	0.00	1.13	1.13	0.01	1.14	1.14	\$37.95	\$37.95
Developmental Screening & Testing								
96110 ^N	0.00	0.34	0.34	0.01	0.35	0.35	\$11.65	\$11.65
96112	2.56	1.01	0.98	0.15	3.72	3.69	\$123.84	\$122.84
96113	1.16	0.57	0.46	0.07	1.80	1.69	\$59.92	\$56.26
Emotional/Behavioral Assessment								
96127	0.00	0.13	NA	0.01	0.13	0.13	\$4.33	\$4.33
Health Risk Assessment								
96160	0.00	0.08	NA	0.00	0.08	NA	\$2.66	NA
96161	0.00	0.08	NA	0.00	0.08	NA	\$2.66	NA
Topical Application of Fluoride Varnish								
99188 ^N	0.20	0.14	0.08	0.01	0.35	0.29	\$11.65	\$9.65
Principal Care Management								
99424	1.45	0.92	0.65	0.11	2.48	2.21	\$82.55	\$73.57
99425	1.00	0.73	0.45	0.07	1.80	1.52	\$59.92	\$50.60
99426	1.00	0.78	0.39	0.08	1.86	1.47	\$61.92	\$48.93
99427	0.71	0.66	0.27	0.05	1.42	1.03	\$47.27	\$34.28
Behavioral/Psychiatric Collaborative Care Management								
99484	0.93	0.66	0.32	0.06	1.65	1.31	\$54.93	\$43.61
99492	1.88	2.60	0.79	0.12	4.60	2.79	\$153.13	\$92.88
99493	2.05	2.01	0.86	0.14	4.20	3.05	\$139.82	\$101.53
99494	0.82	0.91	0.35	0.05	1.78	1.22	\$59.26	\$40.61
Chronic Care Management								
99487	1.81	2.10	0.75	0.12	4.03	2.68	\$143.15	\$89.22
99489	1.00	1.10	0.42	0.07	2.17	1.49	\$72.24	\$49.60
99490	1.00	0.81	0.42	0.07	1.88	1.49	\$62.59	\$49.60
99491	1.50	0.94	0.64	0.10	2.54	2.24	\$84.56	\$74.57
99437	1.00	0.72	0.43	0.07	1.79	1.50	\$59.59	\$49.94
99439	0.70	0.69	0.29	0.05	1.44	1.04	\$47.94	\$34.62
Transitional Care Management								
99495	2.78	3.25	1.20	0.18	6.21	4.16	\$206.73	\$138.49
99496	3.79	4.37	1.62	0.24	8.40	5.65	\$279.64	\$188.09
Remote Therapeutic Monitoring								
98975	0.00	0.58	0.58	0.02	0.60	0.60	\$19.97	\$19.97
98976	0.00	1.41	1.41	0.01	1.42	1.42	\$47.27	\$47.27
98977	0.00	1.41	1.41	0.01	1.42	1.42	\$47.27	\$47.27

Physician Telephone/Interprofessional Internet Consultation/Online E/M Services								
99421	0.25	0.18	0.11	0.02	0.45	0.38	\$14.98	\$ 12.65
99422	0.50	0.34	0.21	0.04	0.88	0.75	\$29.30	\$24.97
99423	0.80	0.54	0.34	0.06	1.40	1.20	\$46.61	\$ 39.95
99441N	0.70	0.94	0.29	0.05	1.69	1.04	\$56.26	\$34.62
99442N	1.30	1.33	0.56	0.09	2.72	1.95	\$90.55	\$64.92
99443N	1.92	1.79	0.83	0.14	3.85	2.89		\$96.21
							\$128.17	
99446	0.35	0.15	0.15	0.03	0.53	0.53	\$17.64	\$17.64
99447	0.70	0.31	0.31	0.07	1.08	1.08	\$35.95	\$35.95
99448	1.05	0.46	0.46	0.09	1.60	1.60	\$53.26	\$53.26
99449	1.40	0.62	0.62	0.11	2.13	2.13	\$70.91	\$70.91
99451	0.70	0.29	0.29	0.05	1.04	1.04	\$ 34.62	\$34.62
99452	0.70	0.24	0.24	0.04	0.98	0.98	\$ 32.62	\$32.62
Medicare Virtual Communication Technology-Based Services								
G2010	0.18	0.16	0.08	0.01	0.35	0.27	\$11.65	\$8.99
G2012	0.25	0.15	0.10	0.02	0.42	0.37	\$13.98	\$12.32
Prolonged Service Before/After Direct Patient Care								
99358	1.80	0.74	0.70	0.11	2.65	2.61	\$88.22	\$86.89
99359	0.75	0.33	0.29	0.05	1.13	1.19	\$43.28	\$39.62
Physician Medical Team Conference								
99367 ^B	1.10	0.43	0.43	0.07	1.60	1.60	\$53.26	\$53.26
Newborn Care Services								
99460	1.92	0.70	0.70	0.13	2.75	2.75	\$91.55	\$91.55
99461	1.26	1.40	0.46	0.09	2.75	1.81	\$91.55	\$60.25
99462	0.84	0.31	0.31	0.06	1.21	1.21	\$40.28	\$40.28
99463	2.13	0.93	0.93	0.15	3.21	3.21	\$106.86	\$106.86
99464	1.50	0.55	0.55	0.10	2.15	2.15	\$71.57	\$71.57
99465	2.93	1.08	1.08	0.20	4.21	4.21	\$140.15	\$140.15
Initial Hospital Inpatient and Observation Care								
99221	1.63	0.65	0.65	0.18	2.46	2.46	\$81.89	\$81.89
99222	2.60	1.05	1.05	0.23	3.88	3.88	\$129.17	\$129.17
99223	3.50	1.38	1.38	0.26	5.14	5.14	\$171.11	\$171.11
Subsequent Hospital Inpatient and Observation Care								
99231	1.00	0.38	0.38	0.09	1.47	1.47	\$48.94	\$48.94
99232	1.59	0.63	0.63	0.12	2.34	2.34	\$77.90	\$77.90
99233	2.40	0.94	0.94	0.18	3.52	3.52	\$117.18	\$117.18
Discharge Day Management								
99238	1.50	0.80	0.80	0.11	2.41	2.41	\$80.23	\$80.23
99239	2.15	1.10	1.10	0.15	3.40	3.40	\$113.19	\$113.19
Emergency Department Services								
99281	0.25	0.06	0.06	0.03	0.34	0.34	NA	\$11.32
99282	0.93	0.21	0.21	0.10	1.24	1.24	NA	\$41.28
99283	1.60	0.34	0.34	0.17	2.11	2.11	NA	\$70.24
99284	2.74	0.56	0.57	0.27	NA	3.58	NA	\$119.18
99285	4.00	0.78	0.78	0.42	5.20	5.20	NA	\$173.11

99421	0.25	0.18	0.11	0.02	0.45	0.38	\$14.98	\$ 12.65
99422	0.50	0.34	0.21	0.04	0.88	0.75	\$29.30	\$24.97
99423	0.80	0.54	0.34	0.06	1.40	1.20	\$46.61	\$ 39.95
99441 ^N	0.70	0.94	0.29	0.05	1.69	1.04	\$56.26	\$34.62
99442 ^N	1.30	1.33	0.56	0.09	2.72	1.95	\$90.55	\$64.92
99443 ^N	1.92	1.79	0.83	0.14	3.85	2.89	\$128.17	\$96.21
99446	0.35	0.15	0.15	0.03	0.53	0.53	\$17.64	\$17.64
99447	0.70	0.31	0.31	0.07	1.08	1.08	\$35.95	\$35.95
99448	1.05	0.46	0.46	0.09	1.60	1.60	\$53.26	\$53.26
99449	1.40	0.62	0.62	0.11	2.13	2.13	\$70.91	\$70.91
99451	0.70	0.29	0.29	0.05	1.04	1.04	\$ 34.62	\$34.62
99452	0.70	0.24	0.24	0.04	0.98	0.98	\$ 32.62	\$32.62
Medicare Virtual Communication Technology-Based Services								
G2010	0.18	0.16	0.08	0.01	0.35	0.27	\$11.65	\$8.99
G2012	0.25	0.15	0.10	0.02	0.42	0.37	\$13.98	\$12.32
Prolonged Service Before/After Direct Patient Care								
99358	1.80	0.74	0.70	0.11	2.65	2.61	\$88.22	\$86.89
99359	0.75	0.33	0.29	0.05	1.13	1.19	\$43.28	\$39.62
Physician Medical Team Conference								
99367 ^B	1.10	0.43	0.43	0.07	1.60	1.60	\$53.26	\$53.26
Newborn Care Services								
99460	1.92	0.70	0.70	0.13	2.75	2.75	\$91.55	\$91.55
99461	1.26	1.40	0.46	0.09	2.75	1.81	\$91.55	\$60.25
99462	0.84	0.31	0.31	0.06	1.21	1.21	\$40.28	\$40.28
99463	2.13	0.93	0.93	0.15	3.21	3.21	\$106.86	\$106.86
99464	1.50	0.55	0.55	0.10	2.15	2.15	\$71.57	\$71.57
99465	2.93	1.08	1.08	0.20	4.21	4.21	\$140.15	\$140.15
Initial Hospital Inpatient and Observation Care								
99221	1.63	0.65	0.65	0.18	2.46	2.46	\$81.89	\$81.89
99222	2.60	1.05	1.05	0.23	3.88	3.88	\$129.17	\$129.17
99223	3.50	1.38	1.38	0.26	5.14	5.14	\$171.11	\$171.11
Subsequent Hospital Inpatient and Observation Care								
99231	1.00	0.38	0.38	0.09	1.47	1.47	\$48.94	\$48.94
99232	1.59	0.63	0.63	0.12	2.34	2.34	\$77.90	\$77.90
99233	2.40	0.94	0.94	0.18	3.52	3.52	\$117.18	\$117.18
Discharge Day Management								
99238	1.50	0.80	0.80	0.11	2.41	2.41	\$80.23	\$80.23
99239	2.15	1.10	1.10	0.15	3.40	3.40	\$113.19	\$113.19
Emergency Department Services								
99281	0.25	0.06	0.06	0.03	0.34	0.34	NA	\$11.32
99282	0.93	0.21	0.21	0.10	1.24	1.24	NA	\$41.28
99283	1.60	0.34	0.34	0.17	2.11	2.11	NA	\$70.24
99284	2.74	0.56	0.57	0.27	NA	3.58	NA	\$119.18
99285	4.00	0.78	0.78	0.42	5.20	5.20	NA	\$173.11

Physician Standby Services								
99360 ^x	1.20	0.47	0.47	0.07	1.74	1.74	\$57.92	\$57.92
Critical Care Services								
99291	4.50	3.26	1.39	0.42	8.18	6.31	\$272.31	\$210.06
99292	2.25	1.10	0.70	0.23	3.58	3.18	\$119.18	\$105.86
Pediatric Critical Care Patient Transport								
99466	4.79	1.75	1.75	0.33	6.87	6.87	\$228.70	\$228.70
99467	2.40	0.88	0.88	0.17	3.45	3.45	\$114.85	\$114.85
99485 ^B	1.50	0.58	0.58	0.09	2.17	2.17	\$72.24	\$72.24
99486 ^B	1.30	0.50	0.50	0.08	1.88	1.88	\$62.59	\$62.59
Inpatient Pediatric & Neonatal Critical Care								
99468	18.46	6.76	6.76	1.26	26.48	26.48	\$881.52	\$881.52
99469	7.99	2.92	2.92	0.54	11.45	11.45	\$381.17	\$381.17
99471	15.98	5.85	5.85	1.11	22.94	22.94	\$763.67	\$763.67
99472	7.99	3.12	3.12	0.64	11.75	11.75	\$391.16	\$391.16
99475	11.25	4.34	4.34	0.94	16.53	16.53	\$550.28	\$550.28
99476	6.75	2.64	2.64	0.56	9.95	9.95	\$331.4	\$331.24
Initial & Continuing Intensive Care Services								
99477	7.00	2.56	2.56	0.47	10.03	10.03	\$333.90	\$333.90
99478	2.75	1.01	1.01	0.19	3.95	3.95	\$131.50	\$131.50
99479	2.50	0.92	0.92	0.18	3.59	3.59	\$119.51	\$119.51
99480	2.40	NA	0.88	0.17	3.59	3.59	\$119.51	\$119.51
Neonatal & Pediatric Transfusion								
36440	1.03	0.38	0.38	0.07	1.48	1.48	\$49.27	\$49.27
36450	3.50	1.29	1.29	0.24	5.03	5.03	\$164.68	\$164.68
36455	2.43	0.67	0.67	0.59	3.69	3.69	\$122.84	\$122.84
36456	2.00	0.73	0.73	0.14	2.87	2.87	\$95.54	\$94.54
Initiation of Neonatal Hypothermia								
99184	4.50	1.53	1.53	0.31	6.34	6.34	\$211.06	\$211.06
Moderate Sedation Provided By The Same Physician Performing The Diagnostic Or Therapeutic Service								
99151	0.50	1.29	0.18	0.03	1.82	0.71	\$60.59	\$23.64
99152	0.25	1.23	0.08	0.03	1.51	0.36	\$50.27	\$11.98
99153	0.00	0.33	0.33	0.02	0.35	0.35	\$11.65	\$11.65
Moderate Sedation Provided By A Physician Other Than The Provider Performing The Diagnostic Or Therapeutic Service								
99155	1.90	0.34	0.34	0.21	2.45	2.45	\$81.56	\$81.56
99156	1.65	0.40	0.40	0.17	2.22	2.22	\$73.90	\$73.90
99157	1.25	0.40	0.40	0.11	1.76	1.76	\$58.59	\$58.59
Allergen Immunotherapy								
95115	0.00	0.30	0.30	0.01	0.31	0.31	\$10.32	\$10.32
95117	0.00	0.36	0.36	0.01	0.37	0.37	\$12.32	\$12.32
Orthopedic Procedures								
23500	2.21	4.37	4.53	0.44	7.02	7.18	\$233.70	\$233.70
24640	1.25	1.82	1.08	0.09	3.16	2.42	\$105.20	\$105.20
25600	2.78	7.32	6.86	0.54	10.64	10.18	\$354.21	\$354.21
Otolaryngologic Procedures								
69200	0.77	1.54	0.54	0.11	2.42	1.42	\$80.56	\$47.27
69209	0.00	0.47	0.47	0.01	0.48	0.48	\$15.98	\$15.98
69210	0.61	0.75	0.28	0.08	1.44	0.97	\$47.93	\$32.29

Pulmonary Procedures								
94640	0.00	0.23	0.23	0.01	0.24	0.24	\$7.99	\$7.99
94664	0.00	0.52	0.52	0.02	0.54	0.54	\$17.98	\$17.98
94780	0.48	1.02	0.18	0.04	1.54	0.70	\$51.27	\$23.30
94781	0.17	0.46	0.06	0.01	0.64	0.24	\$21.30	\$7.99
Radiologic Procedures								
76885	0.74	3.27	3.27	0.06	4.07	4.07	\$135.49	\$135.49
76886	0.62	2.33	2.33	0.04	2.99	2.99	\$99.54	\$99.54
Urologic Procedures								
51701	0.50	0.76	0.18	0.07	1.33	0.75	\$44.28	\$24.97
54150	1.90	2.32	0.71	0.24	4.46	2.85	\$148.47	\$94.88
54160	2.53	3.82	1.51	0.31	6.66	4.36	\$221.71	\$145.14
54161	3.32	2.20	2.20	0.40	5.92	5.92		\$197.08
54162	3.32	4.02	2.30	0.40	7.72	6.02	\$197.08 \$257.00	\$200.41
Dermatologic Procedures								
10060	1.22	2.48	1.87	0.13	3.83	3.22	\$127.50	\$107.19
10120	1.22	3.22	1.82	0.15	4.59	3.19	\$152.80	\$106.20
17110	0.70	2.66	1.30	0.07	3.43	2.07	\$114.18	\$68.91
17111	0.97	2.94	1.44	0.10	4.01	2.51	\$133.49	\$83.56
17250	0.50	2.04	0.55	0.08	2.62	1.13	\$87.22	\$4.33
Health & Behavior Assessment/Intervention								
96156	2.20	0.70	0.36	0.07	2.97	2.63	\$96.54	\$87.55
96158	1.52	0.45	0.20	0.04	2.01	1.76	\$66.91	\$58.59
96159	0.52	0.15	0.06	0.01	0.68	0.59	\$22.64	\$19.64
96164	0.22	0.08	0.05	0.01	0.31	0.28	\$10.32	\$9.32
96165	0.10	0.04	0.02	0.00	0.14	0.12	\$4.66	\$3.99
96167	1.62	0.46	0.20	0.04	2.12	1.86	\$70.57	\$61.92
96168	0.58	0.17	0.07	0.01	0.76	0.66	\$25.30	\$21.97
96170 ^N	1.50	0.73	0.58	0.09	2.32	2.17	\$77.23	\$72.24
96171 ^N	0.54	0.26	0.21	0.03	0.83	0.78	\$27.63	\$25.97
Medical Nutrition Therapy								
97802	0.53	0.55	0.41	0.01	1.09	0.95	\$36.29	\$31.63
97803	0.45	0.49	0.35	0.01	0.95	0.81	\$31.63	\$26.96
97804	0.25	0.24	0.20	0.01	0.50	0.46	\$16.65	\$15.31
Education & Training For Patient Self-Management								
98960 ^B	0.00	0.90	0.90	0.02	0.92	0.92	\$30.63	\$30.63
98961 ^B	0.00	0.43	0.43	0.01	0.44	0.44	\$14.65	\$14.65
98962 ^B	0.00	0.32	0.32	0.01	0.33	0.33	\$10.99	\$10.99
Counseling Risk Factor Reduction & Behavior Change Intervention								
99401 ^N	0.48	0.64	0.19	0.03	1.15	0.70	\$38.28	\$23.30
99402 ^N	0.98	0.83	0.38	0.06	1.87	1.42	\$62.25	\$47.27
99403 ^N	1.46	1.02	0.57	0.09	2.57	2.12	\$85.56	\$73.57
99404 ^N	1.95	1.21	0.76	0.12	3.28	2.83	\$109.19	\$94.21
99406	0.24	0.18	0.09	0.02	0.44	0.35	\$14.65	\$11.65
99407	0.50	0.28	0.20	0.04	0.82	0.74	\$27.30	\$24.63
99408 ^N	0.65	0.33	0.25	0.04	1.02	0.94	\$33.96	\$31.29
99409 ^N	1.30	0.59	0.50	0.08	1.97	1.88	\$65.58	\$62.59

Sleep Medicine Testing								
95782	2.60	26.44	26.44	0.34	29.38	29.38	\$978.06	\$978.06
95783	2.83	27.94	27.94	0.38	31.15	31.15	\$1036.98	\$1036.98

*While payment for consultations (including CPT codes 99241-99245) was eliminated in the Medicare program effective January 1, 2010, please note:

Consultation codes have not been deleted from CPT nomenclature

Consultation codes remain on the MPFS with their established values

It is a *Medicare payment policy* and may not be adopted by other payers. However, if non-Medicare payers *do* choose to adopt this policy, it is imperative that they also make the budgetary accommodations as have been done in the Medicare program. The Medicare funds saved in not paying for consultations were used to increase the MPFS relative value units for other evaluation and management (E/M) codes, including the new and established office visit codes (99202-99215) and the initial hospital care codes (99221-99223). Non-Medicare payers that follow the Medicare consultation policy must also utilize the higher RVUs for these non-consultation E/M codes.

The Academy advocates with non-Medicare payers to discourage adoption of the Medicare consultation policy.

Key:

Work RVUs = Physician/Qualified Healthcare Professional (QHP) work RVUs

Non-facility practice expense RVUs = Practice expense RVUs for services provided in a non-facility setting (eg, physician's office)

Facility practice expense RVUs = Practice expense RVUs for services provided in a facility (eg, hospital) setting

PLI RVUs = Professional liability insurance RVUs

Total non-facility RVUs = Sum of the work, non-facility practice expense, and PLI RVUs

Total facility RVUs = Sum of the work, facility practice expense, and PLI RVUs

100% Medicare = Non-geographically adjusted Medicare payment (either non-facility (NF) or facility (F))

^B = Bundled Medicare service; if RVUs are shown, they are not used for Medicare payment

^C = Medicare carrier-priced service; individual payer payment policies apply

^I = Not valid for Medicare purposes; Medicare uses another code for the reporting of these services

^N = Non-covered Medicare service; if RVUs are shown, they are not used for Medicare payment

^R = Restricted coverage; special coverage instructions apply; if the service is covered and no RVUs are shown, it is carrier-priced

^X = Medicare statutory exclusion; if RVUs are shown, they are not used for Medicare payment

*=Code 90480 was cross walked to 90460 and will be surveyed April 2024.

Note: AAP works through the RUC and CMS to have values assigned and published for *all* CPT codes

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