

Relative Values for Physicians

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

SAMPLE

— 2017 ICD-10

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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
150	S	⊙ 10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	3.7 (I)	3	XXX

(1) UPD	This column indicates the date the procedure was updated for <i>Relative Values for Physicians</i> . For the year 2016 the update stamp will read 160; for 2015, 150; etc. Mid-year updates are posted to the web site during the preceding year. The update stamp 151 would indicate a value that was changed mid-year 2015. 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.
▲	The triangle indicates a change in the code description.	⊙	Indicates the procedure includes moderate sedation as an inherent part of the service. Because these services include moderate sedation, the provider performing the diagnostic or therapeutic service that the sedation supports should not report moderate sedation codes 99143–99145 in addition to the basic procedure code. In rare instances a second provider other than the provider performing the diagnostic or therapeutic
●	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		

UPD		Code	Description	Units	Anes	Global
		36833	with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	9.5	6	090
		36835	Insertion of Thomas shunt (separate procedure)	15.6	6	090
		36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	11.6 (I)	6	090
140		36860	External cannula declotting (separate procedure); without balloon catheter	1.0	6	000
		36861	with balloon catheter	2.0	6	000
	S	⊙ 36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	7.0	6	090
		37140	Venous anastomosis, open; portocaval	31.0	15	090
		37145	renoportal	30.0	15	090
		37160	caval-mesenteric	31.0	15	090
		37180	splenorenal, proximal	31.0	15	090
		37181	splenorenal, distal (selective decompression of esophagogastric varices, any technique)	40.0	15	090
		37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	13.1 (I)	7	000
	S	⊙ 37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	6.2 (I)	7	000
160	S	▲ ⊙ 37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	9.1	6	000
160	S	▲ ⊙+ 37185	second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	3.3 (I)	0	ZZZ
160	S	▲ ⊙+ 37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	5.0 (I)	0	ZZZ
	S	⊙ 37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	8.5	6	000
	S	⊙ 37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	6.1	6	000

○ Reinstated Code ▲ 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

UPD	Code	Description	Units	Global
160	● # 80081	00 Obstetric panel (includes HIV testing)	RNE	XXX
		26	RNE	
		TC	RNE	
	80150	00 Amikacin	3.7	XXX
		26	1.2	
		TC	2.5	
140	80155	00 Caffeine	3.2 (I)	XXX
		26	1.1 (I)	
		TC	2.1 (I)	
	80156	00 Carbamazepine; total	3.2	XXX
		26	1.0	
		TC	2.2	
	80157	00 free	2.0	XXX
		26	0.7	
		TC	1.3	
	80158	00 Cyclosporine	3.2	XXX
		26	1.1	
		TC	2.1	
140	80159	00 Clozapine	3.2 (I)	XXX
		26	1.1 (I)	
		TC	2.1 (I)	
150	80162	00 Digoxin; total	3.0	XXX
		26	0.9	
		TC	2.1	
150	80163	00 free	RNE	XXX
		26	RNE	
		TC	RNE	
150	# 80164	00 Valproic acid (dipropylacetic acid); total	4.0	XXX
		26	1.3	
		TC	2.7	
150	# 80165	00 Valproic acid (dipropylacetic acid); free	RNE	XXX
		26	RNE	
		TC	RNE	
	80168	00 Ethosuximide	4.0	XXX
		26	1.6	
		TC	2.4	
140	80169	00 Everolimus	3.2 (I)	XXX
		26	1.1 (I)	
		TC	2.1 (I)	
	80170	00 Gentamicin	4.1	XXX
		26	1.4	
		TC	2.7	
150	# 80171	00 Gabapentin, whole blood, serum, or plasma	3.2 (I)	XXX
		26	1.1 (I)	
		TC	2.1 (I)	
	80173	00 Haloperidol	3.0	XXX
		26	1.0	
		TC	2.0	

Path/Lab