



CY 2024 Medicare Physician Fee Schedule Final Rule Summary of Provisions Impacting Epilepsy Centers

On November 2, the Centers for Medicare and Medicaid Services (CMS) released the calendar year (CY) 2024 Medicare Physician Fee Schedule (MPFS) [final rule](#). The final proposals in the rule of interest to epilepsy centers are described in detail below. The provisions of the rule are effective on January 1, 2024.

Conversion Factor

The final rule includes a 3.37% reduction in the 2024 Medicare conversion factor, lowering it from \$33.8872 to \$32.7442. These cuts result from a -1.25% reduction in the temporary update to the conversion factor under current law and a negative budget neutrality adjustment stemming in large part from the adoption of an office visit add-on code, G2211.

Impact of Proposed Rule on Epilepsy Center Services

Attached to this summary are charts (attachment) created by NAEC showing the relative values and payment rates for neurology, epilepsy surgery and E/M services for CY 2024, along with a comparison to the payment rates published in the final MPFS for CY 2023. Payment for the professional component of neurology services and most E/M services are proposed to decrease at a rate comparable to the reduction in the conversion factor. Practice expense values and malpractice values are fluctuating based on updates on labor and malpractice insurance costs being recognized by CMS. While the impact of the changes made by the rule will vary depending on an individual physician's practice, CMS anticipates that payment for neurology services will remain close to 2023 levels.

The CPT Editorial Panel approved three new codes for a skull-mounted cranial neurostimulator (e.g., NeuroPace's RNS neurostimulator), which go into effect on January 1, 2024. There is one code for the initial implantation of the neurostimulator (61889), one for the replacement/revision (61891) and one for the removal (61892). CMS has proposed relative values for the new codes, which are included in attachment 2.

Evaluation and Management (E/M) Services

In 2021, CMS adopted major changes to the office and outpatient E/M visits, which allowed physicians to select the E/M visit level to bill based on either total time spent on the date of a patient encounter or the medical decision making utilized in the provision of the visit. In 2023, increases in the remaining families of E/M services, including hospital visits, were increased. In the final rule, CMS is implementing G2211, a new code for the care of a single serious or chronic

complex condition (G2211 - *Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition*). G2211 is considered an add-on code reported with office or outpatient visits for new or established patients. CMS clarifies that it will not allow payment for G2211 when reported on the same date as an E/M visit reported with modifier -25. The proposed national average payment for G2211 in 2024 is \$16.

Split/Shared Services

A split (or shared) visit refers to an E/M service performed by both a physician and a non-physician practitioner (NPP) in the same group practice. The longstanding CMS policy has been that the physician can bill for the split/shared service if he/she performs a “substantive portion” of the encounter. Medicare reimbursement for split/shared services is at 100 percent of the PFS rate, when the physician bills for the service, while reimbursement is at 85 percent of the PFS rate when NPPs bill for the service.

In the final rule, CMS revised its definition of “substantive portion” of a split (or shared) visit to reflect the revisions to the Current Procedural Terminology (CPT) E/M guidelines. Specifically, for 2024, for purposes of Medicare billing for split (or shared) services, the definition of “substantive portion” means more than half of the total time spent by the physician and qualified health professional (QHP) performing the split (or shared) visit, or a substantive part of the medical decision making as defined by CPT.

Telehealth Services

CMS finalized its proposal to implement the telehealth related proposals mandated by Congress in legislation in 2022, including coverage for audio-only telephone visits and the flexibility of allowing patients to be at any site in the US to receive a telehealth service, including the patient's home. CMS is also proposing to continue to pay for telehealth services at the non-facility/office visit rate and allow for direct supervision to be provided virtually. These proposals and coverage and payment for telehealth services on the Medicare Telehealth Services list are extended through December 31, 2024.

CMS also finalized its proposal to simplify its classification system under the Medicare telehealth list by deeming services as either permanent or provisional. Currently, telehealth services under Medicare are assigned to one of three categories. Category 1 includes services that are similar to professional consultations and office visits and Category 2 are non-E/M services; services in these categories are considered a covered service via telehealth. Category 3, which was newly created in 2021 due to the COVID-19 pandemic, includes services added to the Medicare Telehealth Services List on a temporary basis.

CMS finalized a proposal to simply classify and consider additions to the Medicare Telehealth Services List as either permanent, or provisional. After a code receives the “provisional” status,

as evidence generation builds, CMS may assign “permanent” status in a future year or may remove the service from the list in the interest of patient safety based on findings from ongoing monitoring of telehealth services within CMS and informed by publicly available information. As a part of this change, CMS will redesignate any services that are currently on the Medicare Telehealth Services List on a Category 1 or 2 basis and would be on the list for CY 2024 to the proposed new “permanent” category while any services currently added on a “temporary Category 2” or Category 3 basis would be assigned to the “provisional” category.

Services Addressing Health-Related Social Needs: Community Health Integration Services, Social Determinants of Health Risk Assessment, and Principal Illness Navigation Services

CMS is proposing new coding to describe and separately value three types of services: community health integration services, social determinants of health (SDOH) risk assessment, and principal illness navigation. This is an effort to continue to recognize significant changes in health care practice and identify gaps in appropriate coding and payment for care management/coordination and primary care services under the MPFS.

Community Health Integration (CHI) Services

In the CY 2023 proposed rule, CMS issued a request for information related to Medicare Part B Payment for services involving Community Health Workers (CHWs). For CY 2024, CMS finalized two new G codes describing community health integration (CHI) services performed by certified or trained auxiliary personnel, which may include a CHW, incident to the professional services and under the general supervision of the billing practitioner.

HCPCS codes G0019 and G0022 describe and account for integrated services supported by certified or trained auxiliary personnel, including community health workers (CHWs), who will assist the practitioner in connecting the patient with helpful resources – CMS is calling this community health integration (CHI). CHI services should be tailored to address the individual patient’s specific needs and are meant to resolve those specific concerns related to social determinants of health (SDOH) needs that are interfering with the billing clinician’s diagnosis and treatment of the patient and to facilitate the patient’s medical care, which would distinguish CHI from other social services and programs that may be available through Medicaid State plans or other State or community programs.

Specifically, CMS is proposing that CHI services could be furnished monthly, as medically necessary, following an initiating evaluation and management (E/M) visit (CHI initiating visit) in which the practitioner identifies the presence of SDOH need(s) that significantly limit the practitioner’s ability to diagnose or treat the problem(s) addressed in the visit.

For the purposes of CHI services (and PIN services discussed later), CMS is proposing that SDOH means economic and social condition(s) that influence the health of people and communities (e.g., food insecurity, transportation insecurity, housing insecurity, and unreliable access to

public utilities when they significantly limit the practitioner's ability to diagnose or treat the problem(s) addressed in the CHI initiating visit).

Social Determinants of Health (SDOH) –Stand-alone G code finalized

CMS finalized the new code (HCPCS code G0136), "Social Determinants of Health" (SDOH) risk assessment, in order to better identify and value the work involved in the utilization of SDOH risk assessment as part of a comprehensive social history when medically reasonable and necessary in relation to an E/M visit.

Principal Illness Navigation (PIN) Services

CMS finalized new Principal Illness Navigation (PIN) services. In addition to the two codes that were originally proposed (now finalized as HCPCS codes G0023, G0024), CMS finalized two additional Principal Illness Navigation codes (HCPCS codes G0140, and G0146), specifically to recognize the work provided by peer support specialists. The goal of these codes is to recognize the work of auxiliary personnel (such as patient navigators or peer specialists) under the direction of a billing practitioner, in carrying out the patient's treatment plan. The codes can be used for patients with a serious, high-risk disease expected to last at least 3 months, that places the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/decompensation, functional decline, or death.

2024 Final Physician Fee Schedule

Payment Rates for Medicare Physician Services - Neurology

CPT Code	Mod	Descriptor	2024		2023		% payment change 2023 to 2024
			Work RVUs	Total RVUs	Payment CF=\$32,7442	Payment CF=\$33,8872	
95700		Eeg cont rec w/vid eeg tech	0.00	0.00	\$0.00	\$0.00	NA
95705		Eeg w/o vid 2-12 hr unmntr	0.00	0.00	\$0.00	\$0.00	NA
95706		Eeg wo vid 2-12hr intmt mntr	0.00	0.00	\$0.00	\$0.00	NA
95707		Eeg w/o vid 2-12hr cont mntr	0.00	0.00	\$0.00	\$0.00	NA
95708		Eeg wo vid ea 12-26hr unmntr	0.00	0.00	\$0.00	\$0.00	NA
95709		Eeg w/o vid ea 12-26hr intmt	0.00	0.00	\$0.00	\$0.00	NA
95710		Eeg w/o vid ea 12-26hr cont	0.00	0.00	\$0.00	\$0.00	NA
95711		Veeg 2-12 hr unmonitored	0.00	0.00	\$0.00	\$0.00	NA
95712		Veeg 2-12 hr intmt mntr	0.00	0.00	\$0.00	\$0.00	NA
95713		Veeg 2-12 hr cont mntr	0.00	0.00	\$0.00	\$0.00	NA
95714		Veeg ea 12-26 hr unmntr	0.00	0.00	\$0.00	\$0.00	NA
95715		Veeg ea 12-26hr intmt mntr	0.00	0.00	\$0.00	\$0.00	NA
95716		Veeg ea 12-26hr cont mntr	0.00	0.00	\$0.00	\$0.00	NA
95717	Hospital	Eeg phys/ghp 2-12 hr w/o vid	2.00	3.13	\$102.49	\$100.98	1.5%
95717	Office	Eeg phys/ghp 2-12 hr w/o vid	2.00	3.18	\$104.13	\$102.00	2.1%
95718	Hospital	Eeg phys/ghp 2-12 hr w/veeg	2.50	3.97	\$129.99	\$133.18	-2.4%
95718	Office	Eeg phys/ghp 2-12 hr w/veeg	2.50	4.04	\$132.29	\$135.55	-2.4%
95719	Hospital	Eeg phys/ghp ea incr w/o vid	3.00	4.74	\$155.21	\$156.22	-0.6%
95719	Office	Eeg phys/ghp ea incr w/o vid	3.00	4.82	\$157.83	\$158.25	-0.3%
95720	Hospital	Eeg phy/ghp ea incr w/veeg	3.86	6.11	\$200.07	\$205.02	-2.4%
95720	Office	Eeg phy/ghp ea incr w/veeg	3.86	6.22	\$203.67	\$208.41	-2.3%
95721	Hospital	Eeg phy/ghp>36<60 hr w/o vid	3.86	6.10	\$199.74	\$204.34	-2.3%
95721	Office	Eeg phy/ghp>36<60 hr w/o vid	3.86	6.22	\$203.67	\$208.07	-2.1%
95722	Hospital	Eeg phy/ghp>36<60 hr w/veeg	4.70	7.40	\$242.31	\$248.73	-2.6%
95722	Office	Eeg phy/ghp>36<60 hr w/veeg	4.70	7.54	\$246.89	\$253.48	-2.6%
95723	Hospital	Eeg phy/ghp>60<84 hr w/o vid	4.75	7.40	\$242.31	\$249.41	-2.8%
95723	Office	Eeg phy/ghp>60<84 hr w/o vid	4.75	7.54	\$246.89	\$254.49	-3.0%
95724	Hospital	Eeg phy/ghp>60<84 hr w/veeg	6.00	9.31	\$304.85	\$314.81	-3.2%
95724	Office	Eeg phy/ghp>60<84 hr w/veeg	6.00	9.48	\$310.42	\$320.57	-3.2%
95725	Hospital	Eeg phy/ghp>84 hr w/o vid	5.40	8.54	\$279.64	\$285.33	-2.0%
95725	Office	Eeg phy/ghp>84 hr w/o vid	5.40	8.75	\$286.51	\$291.43	-1.7%
95726	Hospital	Eeg phy/ghp>84 hr w/veeg	7.58	11.93	\$390.64	\$399.53	-2.2%
95726	Office	Eeg phy/ghp>84 hr w/veeg	7.58	12.17	\$398.50	\$406.99	-2.1%
95812		Eeg 41-60 minutes	1.08	10.52	\$344.47	\$351.41	-2.0%
95812	TC	Eeg 41-60 minutes	0.00	8.85	\$289.79	\$296.51	-2.3%
95812	26	Eeg 41-60 minutes	1.08	1.67	\$54.68	\$54.90	-0.4%
95813		Eeg over 1 hour	1.63	13.30	\$435.50	\$435.45	0.0%
95813	TC	Eeg over 1 hour	0.00	10.78	\$352.98	\$352.43	0.2%
95813	26	Eeg over 1 hour	1.63	2.52	\$82.52	\$83.02	-0.6%
95816		Eeg awake and drowsy	1.08	11.85	\$388.02	\$389.36	-0.3%
95816	TC	Eeg awake and drowsy	0.00	10.18	\$333.34	\$334.47	-0.3%
95816	26	Eeg awake and drowsy	1.08	1.67	\$54.68	\$54.90	-0.4%
95819		Eeg awake and asleep	1.08	13.65	\$446.96	\$453.07	-1.3%
95819	TC	Eeg awake and asleep	0.00	11.98	\$392.28	\$397.84	-1.4%
95819	26	Eeg awake and asleep	1.08	1.67	\$54.68	\$55.24	-1.0%
95822		Eeg coma or sleep only	1.08	12.40	\$406.03	\$423.25	-4.1%
95822	TC	Eeg coma or sleep only	0.00	10.73	\$351.35	\$368.01	-4.5%
95822	26	Eeg coma or sleep only	1.08	1.67	\$54.68	\$55.24	-1.0%
95824	26	Eeg cerebral death only	0.74	1.14	\$37.33	\$37.61	-0.8%
95829		Surgery electrocorticogram	6.20	53.09	\$1,738.39	\$1,791.28	-3.0%
95829	TC	Surgery electrocorticogram	0.00	43.42	\$1,421.75	\$1,473.75	-3.5%
95829	26	Surgery electrocorticogram	6.20	9.67	\$316.64	\$317.52	-0.3%
95830	Hospital	Insert electrodes for EEG	1.70	2.71	\$88.74	\$90.82	-2.3%
95830	Office	Insert electrodes for EEG	1.70	20.62	\$675.19	\$704.18	-4.1%
95836		Eeg impltd brn npgt <30 d	1.98	3.13	\$102.49	\$105.39	-2.8%
95954		Eeg monitoring/giving drugs	2.45	11.81	\$386.71	\$410.04	-5.7%
95954	TC	Eeg monitoring/giving drugs	0.00	8.51	\$278.65	\$305.66	-8.8%
95954	26	Eeg monitoring/giving drugs	2.45	3.30	\$108.06	\$104.37	3.5%
95955		Eeg during surgery	1.01	5.71	\$186.97	\$193.83	-3.5%
95955	TC	Eeg during surgery	0.00	4.15	\$135.89	\$142.33	-4.5%
95955	26	Eeg during surgery	1.01	1.56	\$51.08	\$51.51	-0.8%
95957		Eeg digital analysis	1.98	8.80	\$288.15	\$277.88	3.7%
95957	TC	Eeg digital analysis	0.00	5.81	\$190.24	\$179.94	5.7%
95957	26	Eeg digital analysis	1.98	2.99	\$97.91	\$97.93	0.0%
95958		Eeg monitoring/function test	4.24	21.01	\$687.96	\$629.62	9.3%
95958	TC	Eeg monitoring/function test	0.00	14.43	\$472.50	\$411.73	14.8%
95958	26	Eeg monitoring/function test	4.24	6.58	\$215.46	\$217.89	-1.1%
95961		Electrode stimulation brain	2.97	9.85	\$322.53	\$311.42	3.6%
95961	TC	Electrode stimulation brain	0.00	5.09	\$166.67	\$156.90	6.2%
95961	26	Electrode stimulation brain	2.97	4.76	\$155.86	\$154.53	0.9%
95962		Electrode stim brain add-on	3.21	8.35	\$273.41	\$269.06	1.6%
95962	TC	Electrode stim brain add-on	0.00	3.28	\$107.40	\$103.69	3.6%
95962	26	Electrode stim brain add-on	3.21	5.07	\$166.01	\$165.37	0.4%
95965	26	Meg spontaneous	7.99	12.07	\$395.22	\$397.84	-0.7%
95966	26	Meg evoked single	3.99	5.82	\$190.57	\$202.98	-6.1%
95967	26	Meg evoked each addl	3.49	5.05	\$165.36	\$177.23	-6.7%
95970	Hospital	Alys npgt w/o prgrmg	0.35	0.54	\$17.68	\$17.96	-1.5%
95970	Office	Alys npgt w/o prgrmg	0.35	0.56	\$18.34	\$18.30	0.2%
95971	Hospital	Alys smpl sp/pn npgt w/prgrm	0.78	1.15	\$37.66	\$39.65	-5.0%
95971	Office	Alys smpl sp/pn npgt w/prgrm	0.78	1.44	\$47.15	\$48.80	-3.4%
95972	Hospital	Alys cplx sp/pn npgt w/prgrm	0.80	1.19	\$38.97	\$40.33	-3.4%
95972	Office	Alys cplx sp/pn npgt w/prgrm	0.80	1.70	\$55.67	\$56.93	-2.2%
95976	Hospital	Alys smpl cn npgt prgrmg	0.73	1.15	\$37.66	\$39.31	-4.2%
95976	Office	Alys smpl cn npgt prgrmg	0.73	1.17	\$38.31	\$39.99	-4.2%
95977	Hospital	Alys cplx cn npgt prgrmg	0.97	1.53	\$50.10	\$52.19	-4.0%
95977	Office	Alys cplx cn npgt prgrmg	0.97	1.56	\$51.08	\$53.20	-4.0%
95983	Hospital	Alys brn npgt prgrmg 15 min	0.91	1.46	\$47.81	\$49.48	-3.4%
95983	Office	Alys brn npgt prgrmg 15 min	0.91	1.49	\$48.79	\$50.49	-3.4%
95984	Hospital	Alys brn npgt prgrmg addl 15	0.80	1.28	\$41.91	\$43.38	-3.4%
95984	Office	Alys brn npgt prgrmg addl 15	0.80	1.30	\$42.57	\$44.05	-3.4%

2024 Final Physician Fee Schedule

Payment Rates for Medicare Physician Services - Epilepsy Surgery

CPT Code	Mod	Descriptor	2024			2023	% payment change 2023 to 2024
			Work RVUs	Total RVUs	Payment CF=\$32.7442	Payment CF=\$33.8872	
61531		Implant brain electrodes	16.41	37.55	\$1,229.54	\$1,277.55	-3.8%
61534		Removal of brain lesion	23.01	50.42	\$1,650.96	\$1,718.42	-3.9%
61536		Removal of brain lesion	37.72	78.32	\$2,564.53	\$2,674.38	-4.1%
61537		Removal of brain tissue	36.45	74.61	\$2,443.04	\$2,548.32	-4.1%
61538		Removal of brain tissue	39.45	80.76	\$2,644.42	\$2,758.42	-4.1%
61539		Removal of brain tissue	34.28	71.78	\$2,350.38	\$2,451.06	-4.1%
61540		Removal of brain tissue	31.43	66.25	\$2,169.30	\$2,260.62	-4.0%
61541		Incision of brain tissue	30.94	65.46	\$2,143.44	\$2,234.18	-4.1%
61543		Removal of brain tissue	31.31	66.17	\$2,166.68	\$2,257.57	-4.0%
61566		Removal of brain tissue	32.45	68.17	\$2,232.17	\$2,326.02	-4.0%
61567		Incision of brain tissue	37.00	77.64	\$2,542.26	\$2,649.64	-4.1%
61720		Incise skull/brain surgery	17.62	38.89	\$1,273.42	\$1,324.99	-3.9%
61735		Incise skull/brain surgery	22.35	48.73	\$1,595.62	\$1,661.15	-3.9%
61750		Incise skull/brain biopsy	19.83	42.96	\$1,406.69	\$1,464.27	-3.9%
61751		Brain biopsy w/ct/mr guide	18.79	42.44	\$1,389.66	\$1,444.61	-3.8%
61760		Implant brain electrodes	22.39	48.10	\$1,575.00	\$1,650.98	-4.6%
61770		Incise skull for treatment	23.19	49.46	\$1,619.53	\$1,686.90	-4.0%
61790		Treat trigeminal nerve	11.60	27.01	\$884.42	\$921.73	-4.0%
61791		Treat trigeminal tract	15.41	34.49	\$1,129.35	\$1,175.55	-3.9%
61796		Srs, cranial lesion simple	13.93	31.15	\$1,019.98	\$1,060.33	-3.8%
61797		Srs, cran les simple, addl	3.48	6.60	\$216.11	\$226.03	-4.4%
61798		Srs, cranial lesion complex	19.85	42.10	\$1,378.53	\$1,434.11	-3.9%
61799		Srs, cran les complex, addl	4.81	7.14	\$233.79	\$311.42	-24.9%
61736		Litt icr 1 traj 1 smpl les	19.06	36.47	\$1,194.18	\$901.40	32.5%
61737		Litt icr mlt trj mlt/cplx ls	22.67	43.94	\$1,438.78	\$1,077.27	33.6%
61800		Apply srs headframe add-on	2.25	4.54	\$148.66	\$155.54	-4.4%
61867		Implant neuroelectrode	33.03	69.39	\$2,272.12	\$2,368.04	-4.1%
61868		Implant neuroelectrde, add'l	7.91	15.00	\$491.16	\$514.07	-4.5%
61880		Revise/remove neuroelectrode	6.95	18.04	\$590.71	\$612.00	-3.5%
61885		Insrt/redo neurostim 1 array	6.05	16.20	\$530.46	\$547.96	-3.2%
61886		Implant neurostim arrays	9.93	27.03	\$885.08	\$913.94	-3.2%
61888		Revise/remove neuroreceiver	5.23	12.17	\$398.50	\$415.12	-4.0%
63620		Srs, spinal lesion	15.60	34.42	\$1,127.06	\$1,171.82	-3.8%
63621		Srs, spinal lesion, addl	4.00	7.58	\$248.20	\$260.25	-4.6%
61889		Ins sk-mnt crnl nstm pg/rcvr (RNS)	25.75	37.92	\$1,241.66	NA	NA
61891		Rev/rplcmt sk-mnt crnl nstm (RNS)	11.25	17.99	\$589.07	NA	NA
61892		Rmv sk-mnt crnl nstm pg/rcvr (RNS)	15	24.82	\$812.71	NA	NA

2024 Final Physician Fee Schedule

Payment Rates for Medicare Physician Services - Evaluation and Management

CPT Code	Descriptor	NON-FACILITY (OFFICE)									FACILITY (HOSPITAL)			
		2024		2024		2023		% payment change 2023 to 2024	2024		2023		% payment change 2023 to 2024	
		Work RVUs	Total RVUs	Payment CF=\$32.7442	Payment CF=\$33.8872	Payment CF=\$32.7442	Payment CF=\$33.8872		Total RVUs	Payment CF=\$32.7442	Payment CF=\$33.8872			
99202	Office o/p new sf 15-29 min	0.93	2.17	\$71.05	\$73.20	-2.9%	1.41	\$46.17	\$48.46	-4.7%				
99203	Office o/p new low 30-44 min	1.60	3.35	\$109.69	\$112.51	-2.5%	2.44	\$79.90	\$82.68	-3.4%				
99204	Office o/p new mod 45-59 min	2.60	5.02	\$164.38	\$168.42	-2.4%	3.97	\$129.99	\$134.19	-3.1%				
99205	Office o/p new hi 60-74 min	3.50	6.62	\$216.77	\$221.62	-2.2%	5.40	\$176.82	\$182.65	-3.2%				
99211	Office o/p est minimal prob	0.18	0.70	\$22.92	\$23.38	-2.0%	0.26	\$8.51	\$8.81	-3.4%				
99212	Office o/p est sf 10-19 min	0.70	1.70	\$55.67	\$56.25	-1.0%	1.05	\$34.38	\$35.24	-2.4%				
99213	Office o/p est low 20-29 min	1.30	2.73	\$89.39	\$90.82	-1.6%	1.96	\$64.18	\$66.08	-2.9%				
99214	Office o/p est mod 30-39 min	1.92	3.85	\$126.07	\$128.77	-2.1%	2.89	\$94.63	\$97.60	-3.0%				
99215	Office o/p est hi 40-54 min	2.80	5.42	\$177.47	\$180.96	-1.9%	4.29	\$140.47	\$144.02	-2.5%				
99221	1st hosp ip/obs sf/low 40	1.63	NA	NA	NA	NA	2.46	\$80.55	\$83.02	-3.0%				
99222	1st hosp ip/obs moderate 55	2.60	NA	NA	NA	NA	3.88	\$127.05	\$130.80	-2.9%				
99223	1st hosp ip/obs high 75	3.50	NA	NA	NA	NA	5.14	\$168.31	\$175.20	-3.9%				
99231	Sbsq hosp ip/obs sf/low 25	1.00	NA	NA	NA	NA	1.47	\$48.13	\$49.48	-2.7%				
99232	Sbsq hosp ip/obs moderate 35	1.59	NA	NA	NA	NA	2.34	\$76.62	\$79.63	-3.8%				
99233	Sbsq hosp ip/obs high 50	2.40	NA	NA	NA	NA	3.52	\$115.26	\$118.61	-2.8%				
99291	Critical care first hour	4.50	8.18	\$267.85	\$277.54	-3.5%	6.31	\$206.62	\$215.86	-4.3%				
99292	Critical care addl 30 min	2.25	3.58	\$117.22	\$120.98	-3.1%	3.18	\$104.13	\$108.10	-3.7%				
99421	Ol dig e/m svc 5-10 min	0.25	0.45	\$14.73	\$14.91	-1.2%	0.38	\$12.44	\$12.88	-3.4%				
99422	Ol dig e/m svc 11-20 min	0.50	0.88	\$28.81	\$28.80	0.0%	0.75	\$24.56	\$24.74	-0.7%				
99423	Ol dig e/m svc 21+ min	0.80	1.40	\$45.84	\$46.76	-2.0%	1.20	\$39.29	\$39.99	-1.7%				
99446	Ntrprof ph1/ntrnet/ehr 5-10	0.35	0.53	\$17.35	\$17.28	0.4%	0.53	\$17.35	\$17.28	0.4%				
99447	Ntrprof ph1/ntrnet/ehr 11-20	0.70	1.08	\$35.36	\$35.92	-1.5%	1.08	\$35.36	\$35.92	-1.5%				
99448	Ntrprof ph1/ntrnet/ehr 21-30	1.05	1.60	\$52.39	\$53.54	-2.1%	1.60	\$52.39	\$53.54	-2.1%				
99449	Ntrprof ph1/ntrnet/ehr 31/>	1.40	2.13	\$69.75	\$72.52	-3.8%	2.13	\$69.75	\$72.52	-3.8%				
99451	Ntrprof ph1/ntrnet/ehr 5/>	0.70	1.04	\$34.05	\$35.92	-5.2%	1.04	\$34.05	\$35.92	-5.2%				
99452	Ntrprof ph1/ntrnet/ehr rfrl	0.70	1.01	\$33.07	\$32.87	0.6%	1.01	\$33.07	\$32.87	0.6%				
99453	Rem mntr physiol param setup	0.00	0.60	\$19.65	\$19.32	1.7%	NA	NA	NA	NA				
99454	Rem mntr physiol param dev	0.00	1.42	\$46.50	\$50.15	-7.3%	NA	NA	NA	NA				
99457	Rem physiol mntr 20 min mo	0.61	1.47	\$48.13	\$48.46	-0.7%	0.89	\$29.14	\$29.82	-2.3%				
99458	Rem physiol mntr ea addl 20	0.61	1.18	\$38.64	\$39.31	-1.7%	0.89	\$29.14	\$29.82	-2.3%				
99471	Ped critical care initial	15.98	NA	NA	NA	NA	22.94	\$751.15	\$777.71	-3.4%				
99472	Ped critical care subsq	7.99	NA	NA	NA	NA	11.75	\$384.74	\$395.12	-2.6%				
99487	Cmplx chron care w/o pt vsit	1.81	4.03	\$131.96	\$133.52	-1.2%	2.68	\$87.75	\$91.16	-3.7%				
99489	Cmplx chron care addl 30 min	1.00	2.17	\$71.05	\$70.49	0.8%	1.49	\$48.79	\$50.15	-2.7%				
99490	Chron care mgmt svcs 20 min	1.00	1.88	\$61.56	\$62.69	-1.8%	1.49	\$48.79	\$50.49	-3.4%				
99491	Chrc care mgmt svc 30 min	1.50	2.54	\$83.17	\$84.38	-1.4%	2.24	\$73.35	\$75.57	-2.9%				
99495	Trans care mgmt 14 day disch	2.78	6.21	\$203.34	\$205.02	-0.8%	4.16	\$136.22	\$139.62	-2.4%				
99496	Trans care mgmt 7 day disch	3.79	8.40	\$275.05	\$277.88	-1.0%	5.65	\$185.00	\$190.78	-3.0%				
G0396	Alcohol/subs interv 15-30mn	0.65	1.03	\$33.73	\$35.24	-4.3%	0.94	\$30.78	\$31.85	-3.4%				
G0397	Alcohol/subs interv >30 min	1.30	2.00	\$65.49	\$68.45	-4.3%	1.91	\$62.54	\$65.40	-4.4%				
G0506	Comp asses care plan ccm svc	0.87	1.88	\$61.56	\$61.34	0.4%	1.31	\$42.89	\$43.71	-1.9%				
G0316	Prolong hosp inpt each ad 15m	0.61	0.95	\$31.11	\$31.52	-1.29%	0.9	\$29.47	\$30.16	-2.29%				
G2211	Complex e/m visit add on	0.33	0.49	\$16.04	NA	NA	0.49	\$16.04	NA	NA				