

**FROM SUE A. WEINGARTNER, EXECUTIVE DIRECTOR  
JANUARY 15, 2008**

## **UPDATED PHYSICIAN PAYMENTS**

Last week we sent you an excel file with updated payment rates for the 2008 physician fee schedule. The payment calculations took into account the 2008 adjustment of the work RVUs for budget neutrality and the new conversion factor (CF) due to the Medicare, Medicaid and SCHIP Extension Act of 2007 (a six-month, 0.5 percent increase over 2007). Also included were the 2008 payments for imaging codes that are hit by the DRA cap.

We are sending you a replacement file because CMS subsequently issued a revised RVU file that includes some corrections as well RVUs “for OPSS payment.” These RVUs “for OPSS payment” have been a source of confusion and when used to calculate payments they result in payments that do not precisely match the payments we provided in the file we previously sent you. The reason for the discrepancy is as follows. To determine whether the payment for the technical component of an imaging service subject to the DRA cap was greater than the payment for that same service under the OPSS, we compared the calculated payment under the physician fee schedule to the 2008 OPSS payment listed in Addendum B of the 2008 OPSS final rule. If the OPSS payment was less than the technical component payment, we substituted the OPSS payment for the calculated PFS payment and showed this as the payment that physicians would receive in 2008. CMS takes a different approach because of the DRA requirements. Specifically, CMS must first determine whether payments will be reduced to the OPSS payment without applying the any geographic adjustment factors to the RVUs. If the OPSS payment is less than this unadjusted PFS payment then the service is subject to a payment reduction. However, consistent with the DRA requirements, the actual payments that a physician will receive must be determined by applying geographic adjustments. Because those adjustments can only be applied to RVUs, CMS must convert the OPSS payment into PE and MP RVUs. These RVUs are used by carriers to calculate locality specific payment rates. These RVUs “for OPSS payment” are listed in file titled "PFALL08A [ZIP, 6.48MB] - Updated 1/03/08" on CMS website at <http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=2&sortOrder=ascending&itemID=CMS1205658&intNumPerPage=10> . We used these RVUs “for OPSS payment” to re-calculate payments for codes that are affected by the DRA cap. The differences in payment for these codes between our previous file and the attached file do not exceed \$0.36.

Please note that the CMS file includes OPSS RVUs for 4 codes that are bundled according to Addendum B of the 2008 OPSS final rule. Since they are bundled, there are no separate payments and the DRA caps would not apply. The codes are 71555, 72198, 73725 and 74185. For these codes, we calculated payments based on the PFS Addendum B RVUs, not the RVUs “for OPSS payment.” CMS has been informed of this apparent error.

Also please note the attached file includes some hidden columns. The definitions of all the columns are included in the separate “Readme” spreadsheet.

RVUs & Pay - January 14, 2008

HPCPCMOD	HPCPCS	MOD	PFS Status Indicator	Description	2008 Work RVUs	2008 Work after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Non-Facility NA Indicator	2008 Facility PE RVUs	2008 Facility NA Indicator	2008 MP RVUs	2008 Global	Not Used for Medicare Payment	2008 Conv Factor	2008 Non-Facility Pay based on PFS RVUs (before application of DRA)	2008 Facility Pay based on PFS RVUs (before application of DRA)	Imaging Code Subject to DRA?	2008 APC	2008 APC Title	OPPS Status Indicator	2008 OPPS Payment in OPPS Final Rule	2008 Non-facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 Facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 MP RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 Non-facility Pay if Affected by DRA imaging cap	2008 Facility Pay if Affected by DRA imaging cap	2008 Non-Facility Pay (includes pay for codes affected by DRA imaging cap)	2008 Facility Pay (includes pay for codes affected by DRA imaging cap)
92002	92002		A	Eye exam, new patient	0.88	0.77	0.95		0.30		0.02	XXX		38.0870	\$66.27	\$41.51		0605	Level 2 Hospital Clinic Visits	V	\$63.46	0.00	0.00	0.00			\$66.27	\$41.51
92004	92004		A	Eye exam, new patient	1.82	1.60	1.63		0.62		0.04	XXX		38.0870	\$124.54	\$86.08		0606	Level 3 Hospital Clinic Visits	V	\$84.24	0.00	0.00	0.00			\$124.54	\$86.08
92012	92012		A	Eye exam established pat	0.92	0.81	1.01		0.30		0.02	XXX		38.0870	\$70.08	\$43.04		0604	Level 1 Hospital Clinic Visits	V	\$53.43	0.00	0.00	0.00			\$70.08	\$43.04
92014	92014		A	Eye exam & treatment	1.42	1.25	1.39		0.46		0.03	XXX		38.0870	\$101.69	\$66.27		0605	Level 2 Hospital Clinic Visits	V	\$63.46	0.00	0.00	0.00			\$101.69	\$66.27
92015	92015		N	Refraction	0.38	0.33	0.79		0.12		0.01	XXX	+	38.0870	\$43.04	\$17.52				E		0.00	0.00	0.00			\$43.04	\$17.52
92018	92018		A	New eye exam & treatment	2.50	2.20	0.96	NA	0.96		0.07	XXX		38.0870	\$123.02	\$123.02		0699	Level IV Eye Tests & Treatments	T	\$875.49	0.00	0.00	0.00			\$123.02	\$123.02
92019	92019		A	Eye exam & treatment	1.31	1.15	0.46	NA	0.46		0.03	XXX		38.0870	\$62.46	\$62.46		0699	Level IV Eye Tests & Treatments	T	\$875.49	0.00	0.00	0.00			\$62.46	\$62.46
92020	92020		A	Special eye evaluation	0.37	0.33	0.29		0.14		0.01	XXX		38.0870	\$23.99	\$18.28		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$23.99	\$18.28
9202526	92025	26	A	Corneal topography	0.35	0.31	0.12		0.12		0.01	XXX		38.0870	\$16.76	\$16.76						0.00	0.00	0.00			\$16.76	\$16.76
92025	92025		A	Corneal topography	0.35	0.31	0.49		0.49	NA	0.02	XXX		38.0870	\$31.23	\$31.23		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$31.23	\$31.23
92025TC	92025	TC	A	Corneal topography	0.00	0.00	0.37		0.37	NA	0.01	XXX		38.0870	\$14.47	\$14.47						0.00	0.00	0.00			\$14.47	\$14.47
9206026	92060	26	A	Special eye evaluation	0.69	0.61	0.26		0.26		0.02	XXX		38.0870	\$33.90	\$33.90						0.00	0.00	0.00			\$33.90	\$33.90
92060	92060		A	Special eye evaluation	0.69	0.61	0.75		0.75	NA	0.03	XXX		38.0870	\$52.94	\$52.94		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$52.94	\$52.94
92060TC	92060	TC	A	Special eye evaluation	0.00	0.00	0.49		0.49	NA	0.01	XXX		38.0870	\$19.04	\$19.04						0.00	0.00	0.00			\$19.04	\$19.04
9206526	92065	26	A	Orthoptic/pleoptic training	0.37	0.33	0.12		0.12		0.01	XXX		38.0870	\$17.52	\$17.52						0.00	0.00	0.00			\$17.52	\$17.52
92065	92065		A	Orthoptic/pleoptic training	0.37	0.33	0.69		0.69	NA	0.02	XXX		38.0870	\$39.61	\$39.61		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$39.61	\$39.61
92065TC	92065	TC	A	Orthoptic/pleoptic training	0.00	0.00	0.57		0.57	NA	0.01	XXX		38.0870	\$22.09	\$22.09						0.00	0.00	0.00			\$22.09	\$22.09
92070	92070		A	Fitting of contact lens	0.70	0.62	0.99		0.27		0.02	XXX		38.0870	\$62.08	\$34.66				N		0.00	0.00	0.00			\$62.08	\$34.66
9208126	92081	26	A	Visual field examination(s)	0.36	0.32	0.13		0.13		0.01	XXX		38.0870	\$17.52	\$17.52						0.00	0.00	0.00			\$17.52	\$17.52
92081	92081		A	Visual field examination(s)	0.36	0.32	0.95		0.95	NA	0.02	XXX		38.0870	\$49.13	\$49.13		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$49.13	\$49.13
92081TC	92081	TC	A	Visual field examination(s)	0.00	0.00	0.82		0.82	NA	0.01	XXX		38.0870	\$31.61	\$31.61						0.00	0.00	0.00			\$31.61	\$31.61
9208226	92082	26	A	Visual field examination(s)	0.44	0.39	0.16		0.16		0.01	XXX		38.0870	\$21.33	\$21.33						0.00	0.00	0.00			\$21.33	\$21.33
92082	92082		A	Visual field examination(s)	0.44	0.39	1.27		1.27	NA	0.02	XXX		38.0870	\$63.99	\$63.99		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$63.99	\$63.99
92082TC	92082	TC	A	Visual field examination(s)	0.00	0.00	1.11		1.11	NA	0.01	XXX		38.0870	\$42.66	\$42.66						0.00	0.00	0.00			\$42.66	\$42.66
9208326	92083	26	A	Visual field examination(s)	0.50	0.44	0.19		0.19		0.01	XXX		38.0870	\$24.38	\$24.38						0.00	0.00	0.00			\$24.38	\$24.38
92083	92083		A	Visual field examination(s)	0.50	0.44	1.47		1.47	NA	0.02	XXX		38.0870	\$73.51	\$73.51		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$73.51	\$73.51
92083TC	92083	TC	A	Visual field examination(s)	0.00	0.00	1.28		1.28	NA	0.01	XXX		38.0870	\$49.13	\$49.13						0.00	0.00	0.00			\$49.13	\$49.13
92100	92100		A	Serial tonometry exam(s)	0.92	0.81	1.29		0.32		0.02	XXX		38.0870	\$80.74	\$43.80				N		0.00	0.00	0.00			\$80.74	\$43.80
92120	92120		A	Tonography & eye evaluation	0.81	0.71	1.02		0.28		0.02	XXX		38.0870	\$66.65	\$38.47		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$66.65	\$38.47
92130	92130		A	Water provocation tonography	0.81	0.71	1.23		0.32		0.02	XXX		38.0870	\$74.65	\$39.99		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$74.65	\$39.99
9213526	92135	26	A	Ophth dx imaging post seg	0.35	0.31	0.13		0.13		0.01	XXX		38.0870	\$17.14	\$17.14						0.00	0.00	0.00			\$17.14	\$17.14
92135	92135		A	Ophth dx imaging post seg	0.35	0.31	0.79		0.79	NA	0.02	XXX		38.0870	\$42.66	\$42.66	Y	0230	Level I Eye Tests & Treatments	S	\$37.60	1.10	1.10	0.02	\$54.46	\$54.46	\$42.66	\$42.66
92135TC	92135	TC	A	Ophth dx imaging post seg	0.00	0.00	0.66		0.66	NA	0.01	XXX		38.0870	\$25.52	\$25.52	Y	0230	Level I Eye Tests & Treatments	S	\$37.60	0.97	0.97	0.01	\$37.33	\$37.33	\$25.52	\$25.52
9213626	92136	26	A	Ophthalmic biometry	0.54	0.48	0.22		0.22		0.01	XXX		38.0870	\$27.04	\$27.04						0.00	0.00	0.00			\$27.04	\$27.04
92136	92136		A	Ophthalmic biometry	0.54	0.48	1.54		1.54	NA	0.08	XXX		38.0870	\$79.98	\$79.98		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$79.98	\$79.98
92136TC	92136	TC	A	Ophthalmic biometry	0.00	0.00	1.32		1.32	NA	0.07	XXX		38.0870	\$52.94	\$52.94						0.00	0.00	0.00			\$52.94	\$52.94
92140	92140		A	Glaucoma provocative tests	0.50	0.44	0.94		0.18		0.01	XXX		38.0870	\$52.94	\$23.99		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$52.94	\$23.99
92225	92225		A	Special eye exam, initial	0.38	0.33	0.23		0.14		0.01	XXX		38.0870	\$21.71	\$18.28		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$21.71	\$18.28
92226	92226		A	Special eye exam, subsequent	0.33	0.29	0.22		0.13		0.01	XXX		38.0870	\$19.81	\$16.38		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$19.81	\$16.38
92230	92230		A	Eye exam with photos	0.60	0.53	1.10		0.19		0.02	XXX		38.0870	\$62.84	\$28.18		0231	Level III Eye Tests & Treatments	S	\$138.79	0.00	0.00	0.00			\$62.84	\$28.18
9223526	92235	26	A	Eye exam with photos	0.81	0.71	0.33		0.33		0.02	XXX		38.0870	\$40.37	\$40.37						0.00	0.00	0.00			\$40.37	\$40.37
92235	92235		A	Eye exam with photos	0.81	0.71	2.44		2.44	NA	0.08	XXX		38.0870	\$123.02	\$123.02	Y	0231	Level III Eye Tests & Treatments	S	\$138.79	3.87	3.87	0.12	\$179.01	\$179.01	\$123.02	\$123.02
92235TC	92235	TC	A	Eye exam with photos	0.00	0.00	2.11		2.11	NA	0.06	XXX		38.0870	\$82.65	\$82.65	Y	0231	Level III Eye Tests & Treatments	S	\$138.79	3.54	3.54	0.10	\$138.64	\$138.64	\$82.65	\$82.65
9224026	92240	26	A	Icg angiography	1.10	0.97	0.45		0.45		0.03	XXX		38.0870	\$55.23	\$55.23						0.00	0.00	0.00			\$55.23	\$55.23
92240	92240		A	Icg angiography	1.10	0.97	5.25		5.25	NA	0.09	XXX		38.0870	\$240.33	\$240.33	Y	0231	Level III Eye Tests & Treatments	S	\$138.79	4.05	4.05	0.07	\$193.86	\$193.86	\$193.86	\$193.86
92240																												

RVUs & Pay - January 14, 2008

HPCPCMOD	HPCPCS	MOD	PFS Status Indicator	Description	2008 Work RVUs	2008 Work after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Non-Facility NA Indicator	2008 Facility PE RVUs	2008 Facility NA Indicator	2008 MP RVUs	2008 Global	Not Used for Medicare Payment	2008 Conv Factor	2008 Non-Facility Pay based on PFS RVUs (before application of DRA)	2008 Facility Pay based on PFS RVUs (before application of DRA)	Imaging Code Subject to DRA?	2008 APC	2008 APC Title	OPPS Status Indicator	2008 OPPS Payment in OPPS Final Rule	2008 Non-facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 Facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 MP RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 Non-facility Pay if Affected by DRA imaging cap	2008 Facility Pay if Affected by DRA imaging cap	2008 Non-Facility Pay (includes pay for codes affected by DRA imaging cap)	2008 Facility Pay (includes pay for codes affected by DRA imaging cap)
92285	92285		A	Eye photography	0.20	0.18	0.89		0.89	NA	0.02	XXX		38.0870	\$41.51	\$41.51	Y	0698	Level II Eye Tests & Treatments	S	\$55.39	1.52	1.52	0.03	\$65.89	\$65.89	\$41.51	\$41.51
92285TC	92285	TC	A	Eye photography	0.00	0.00	0.81		0.81	NA	0.01	XXX		38.0870	\$31.23	\$31.23	Y	0698	Level II Eye Tests & Treatments	S	\$55.39	1.44	1.44	0.02	\$55.61	\$55.61	\$31.23	\$31.23
9228626	92286	26	A	Internal eye photography	0.66	0.58	0.25		0.25	NA	0.02	XXX		38.0870	\$32.37	\$32.37						0.00	0.00	0.00			\$32.37	\$32.37
92286	92286		A	Internal eye photography	0.66	0.58	2.56		2.56	NA	0.04	XXX		38.0870	\$121.12	\$121.12	Y	0231	Level III Eye Tests & Treatments	S	\$138.79	3.86	3.86	0.05	\$171.01	\$171.01	\$121.12	\$121.12
92286TC	92286	TC	A	Internal eye photography	0.00	0.00	2.31		2.31	NA	0.02	XXX		38.0870	\$88.74	\$88.74	Y	0231	Level III Eye Tests & Treatments	S	\$138.79	3.61	3.61	0.03	\$138.64	\$138.64	\$88.74	\$88.74
92287	92287		A	Internal eye photography	0.81	0.71	2.14		0.29		0.02	XXX		38.0870	\$109.31	\$38.85		0231	Level III Eye Tests & Treatments	S	\$138.79	0.00	0.00	0.00			\$109.31	\$38.85
92310	92310		N	Contact lens fitting	1.17	1.03	1.09		0.36		0.04	XXX	+	38.0870	\$82.27	\$54.46				E		0.00	0.00	0.00			\$82.27	\$54.46
92311	92311		A	Contact lens fitting	1.08	0.95	1.18		0.33		0.03	XXX		38.0870	\$82.27	\$49.89		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$82.27	\$49.89
92312	92312		A	Contact lens fitting	1.26	1.11	1.27		0.42		0.03	XXX		38.0870	\$91.79	\$59.42		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$91.79	\$59.42
92313	92313		A	Contact lens fitting	0.92	0.81	1.24		0.30		0.02	XXX		38.0870	\$78.84	\$43.04		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$78.84	\$43.04
92314	92314		N	Prescription of contact lens	0.69	0.61	1.04		0.21		0.01	XXX	+	38.0870	\$63.22	\$31.61				E		0.00	0.00	0.00			\$63.22	\$31.61
92315	92315		A	Prescription of contact lens	0.45	0.40	1.08		0.14		0.01	XXX		38.0870	\$56.75	\$20.95		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$56.75	\$20.95
92316	92316		A	Prescription of contact lens	0.68	0.60	1.27		0.26		0.02	XXX		38.0870	\$71.98	\$33.52		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$71.98	\$33.52
92317	92317		A	Prescription of contact lens	0.45	0.40	1.12		0.13		0.01	XXX		38.0870	\$58.27	\$20.57		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$58.27	\$20.57
92325	92325		A	Modification of contact lens	0.00	0.00	0.62		0.62	NA	0.01	XXX		38.0870	\$23.99	\$23.99		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$23.99	\$23.99
92326	92326		A	Replacement of contact lens	0.00	0.00	1.18		1.18	NA	0.06	XXX		38.0870	\$47.23	\$47.23		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$47.23	\$47.23
92340	92340		N	Fitting of spectacles	0.37	0.33	0.57		0.11		0.01	XXX	+	38.0870	\$34.66	\$17.14				E		0.00	0.00	0.00			\$34.66	\$17.14
92341	92341		N	Fitting of spectacles	0.47	0.41	0.60		0.14		0.01	XXX	+	38.0870	\$38.85	\$21.33				E		0.00	0.00	0.00			\$38.85	\$21.33
92342	92342		N	Fitting of spectacles	0.53	0.47	0.62		0.17		0.01	XXX	+	38.0870	\$41.90	\$24.76				E		0.00	0.00	0.00			\$41.90	\$24.76
92352	92352		B	Special spectacles fitting	0.37	0.33	0.62		0.11		0.01	XXX	+	38.0870	\$36.56	\$17.14		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$36.56	\$17.14
92353	92353		B	Special spectacles fitting	0.50	0.44	0.66		0.15		0.02	XXX	+	38.0870	\$42.66	\$23.23		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$42.66	\$23.23
92354	92354		B	Special spectacles fitting	0.00	0.00	4.58		4.58	NA	0.10	XXX	+	38.0870	\$178.25	\$178.25		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$178.25	\$178.25
92355	92355		B	Special spectacles fitting	0.00	0.00	2.39		2.39	NA	0.01	XXX	+	38.0870	\$91.41	\$91.41		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$91.41	\$91.41
92358	92358		B	Eye prosthesis service	0.00	0.00	0.60		0.60	NA	0.05	XXX	+	38.0870	\$24.76	\$24.76		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$24.76	\$24.76
92370	92370		N	Repair & adjust spectacles	0.32	0.28	0.47		0.10		0.02	XXX	+	38.0870	\$29.33	\$15.23				E		0.00	0.00	0.00			\$29.33	\$15.23
92371	92371		B	Repair & adjust spectacles	0.00	0.00	0.43		0.43	NA	0.02	XXX	+	38.0870	\$17.14	\$17.14		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$17.14	\$17.14
9249926	92499	26	C	Eye service or procedure	0.00	0.00	0.00		0.00	NA	0.00	XXX		38.0870	\$0.00	\$0.00						0.00	0.00	0.00			\$0.00	\$0.00
92499	92499		C	Eye service or procedure	0.00	0.00	0.00		0.00	NA	0.00	XXX		38.0870	\$0.00	\$0.00		0230	Level I Eye Tests & Treatments	S	\$37.60	0.00	0.00	0.00			\$0.00	\$0.00
92499TC	92499	TC	C	Eye service or procedure	0.00	0.00	0.00		0.00	NA	0.00	XXX		38.0870	\$0.00	\$0.00						0.00	0.00	0.00			\$0.00	\$0.00
99172	99172		N	Ocular function screen	0.00	0.00	0.00		0.00	NA	0.00	XXX		38.0870	\$0.00	\$0.00				E		0.00	0.00	0.00			\$0.00	\$0.00
99173	99173		N	Visual acuity screen	0.00	0.00	0.06		0.06	NA	0.01	XXX	+	38.0870	\$2.67	\$2.67				E		0.00	0.00	0.00			\$2.67	\$2.67
99174	99174		N	Ocular photoscreening	0.00	0.00	0.00		0.00	NA	0.00	XXX		38.0870	\$0.00	\$0.00				E		0.00	0.00	0.00			\$0.00	\$0.00
99201	99201		A	Office/outpatient visit, new	0.45	0.40	0.52		0.15		0.03	XXX		38.0870	\$36.18	\$22.09		0604	Level 1 Hospital Clinic Visits	V	\$53.43	0.00	0.00	0.00			\$36.18	\$22.09
99202	99202		A	Office/outpatient visit, new	0.88	0.77	0.81		0.30		0.05	XXX		38.0870	\$62.08	\$42.66		0605	Level 2 Hospital Clinic Visits	V	\$63.46	0.00	0.00	0.00			\$62.08	\$42.66
99203	99203		A	Office/outpatient visit, new	1.34	1.18	1.12		0.45		0.09	XXX		38.0870	\$91.03	\$65.51		0606	Level 3 Hospital Clinic Visits	V	\$84.24	0.00	0.00	0.00			\$91.03	\$65.51
99204	99204		A	Office/outpatient visit, new	2.30	2.03	1.49		0.71		0.12	XXX		38.0870	\$138.64	\$108.93		0607	Level 4 Hospital Clinic Visits	V	\$105.76	0.00	0.00	0.00			\$138.64	\$108.93
99205	99205		A	Office/outpatient visit, new	3.00	2.64	1.78		0.93		0.15	XXX		38.0870	\$174.06	\$141.68		0608	Level 5 Hospital Clinic Visits	Q	\$138.47	0.00	0.00	0.00			\$174.06	\$141.68
99211	99211		A	Office/outpatient visit, est	0.17	0.15	0.36		0.06		0.01	XXX		38.0870	\$19.81	\$8.38		0604	Level 1 Hospital Clinic Visits	V	\$53.43	0.00	0.00	0.00			\$19.81	\$8.38
99212	99212		A	Office/outpatient visit, est	0.45	0.40	0.55		0.15		0.03	XXX		38.0870	\$37.33	\$22.09		0605	Level 2 Hospital Clinic Visits	V	\$63.46	0.00	0.00	0.00			\$37.33	\$22.09
99213	99213		A	Office/outpatient visit, est	0.92	0.81	0.73		0.26		0.03	XXX		38.0870	\$59.80	\$41.90		0605	Level 2 Hospital Clinic Visits	V	\$63.46	0.00	0.00	0.00			\$59.80	\$41.90
99214	99214		A	Office/outpatient visit, est	1.42	1.25	1.06		0.42		0.05	XXX		38.0870	\$89.89	\$65.51		0606	Level 3 Hospital Clinic Visits	V	\$84.24	0.00	0.00	0.00			\$89.89	\$65.51
99215	99215		A	Office/outpatient visit, est	2.00	1.76	1.35		0.63		0.08	XXX		38.0870	\$121.50	\$94.07		0607	Level 4 Hospital Clinic Visits	Q	\$105.76	0.00	0.00	0.00			\$121.50	\$94.07
99307	99307		A	Nursing fac care, subseq	0.76	0.67	0.29		0.29		0.03	XXX		38.0870	\$37.71	\$37.71				B		0.00	0.00	0.00			\$37.71	\$37.71
99308	99308		A	Nursing fac care, subseq	1.16	1.02	0.46		0.46		0.04	XXX		38.0870	\$57.89	\$57.89				B		0.00	0.00	0.00			\$57.89	\$57.89
99309	99309		A	Nursing fac care, subseq	1.55	1.36	0.61		0.61		0.06	XXX		38.0870	\$77.32	\$77.32				B		0.00	0.00	0.00			\$77.32	\$77.32

RVUs & Pay - January 14, 2008

HPCPCMOD	HPCPCS	MOD	PFS Status Indicator	Description	2008 Work RVUs	2008 Work after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Non-Facility NA Indicator	2008 Facility PE RVUs	2008 Facility NA Indicator	2008 MP RVUs	2008 Global	Not Used for Medicare Payment	2008 Conv Factor	2008 Non-Facility Pay based on PFS RVUs (before application of DRA)	2008 Facility Pay based on PFS RVUs (before application of DRA)	Imaging Code Subject to DRA?	2008 APC	2008 APC Title	OPPS Status Indicator	2008 OPPS Payment in OPPS Final Rule	2008 Non-facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 Facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 MP RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 Non-facility Pay if Affected by DRA imaging cap	2008 Facility Pay if Affected by DRA imaging cap	2008 Non-Facility Pay (includes pay for codes affected by DRA imaging cap)	2008 Facility Pay (includes pay for codes affected by DRA imaging cap)
66605	66605		A	Removal of iris	13.99	12.32	9.74	NA	9.74		0.77	90		38.0870	\$869.53	\$869.53		0234	Level III Anterior Segment Eye Procedures	T	\$1,476.16	0.00	0.00	0.00			\$869.53	\$869.53
66625	66625		A	Removal of iris	5.19	4.57	4.47	NA	4.47		0.26	90		38.0870	\$354.21	\$354.21		0232	Level I Anterior Segment Eye Procedures	T	\$325.92	0.00	0.00	0.00			\$354.21	\$354.21
66630	66630		A	Removal of iris	7.10	6.25	5.53	NA	5.53		0.31	90		38.0870	\$460.47	\$460.47		0234	Level III Anterior Segment Eye Procedures	T	\$1,476.16	0.00	0.00	0.00			\$460.47	\$460.47
66635	66635		A	Removal of iris	7.19	6.33	5.56	NA	5.56		0.31	90		38.0870	\$464.66	\$464.66		0234	Level III Anterior Segment Eye Procedures	T	\$1,476.16	0.00	0.00	0.00			\$464.66	\$464.66
66680	66680		A	Repair iris & ciliary body	6.24	5.49	5.17	NA	5.17		0.27	90		38.0870	\$416.29	\$416.29		0234	Level III Anterior Segment Eye Procedures	T	\$1,476.16	0.00	0.00	0.00			\$416.29	\$416.29
66682	66682		A	Repair iris & ciliary body	7.15	6.30	6.66	NA	6.66		0.31	90		38.0870	\$505.41	\$505.41		0234	Level III Anterior Segment Eye Procedures	T	\$1,476.16	0.00	0.00	0.00			\$505.41	\$505.41
66700	66700		A	Destruction, ciliary body	5.06	4.46	5.01		3.76		0.24	90		38.0870	\$369.82	\$322.22		0233	Level II Anterior Segment Eye Procedures	T	\$1,030.00	0.00	0.00	0.00			\$369.82	\$322.22
66710	66710		A	Ciliary transleral therapy	5.06	4.46	4.88		3.72		0.23	90		38.0870	\$364.49	\$320.31		0233	Level II Anterior Segment Eye Procedures	T	\$1,030.00	0.00	0.00	0.00			\$364.49	\$320.31
66711	66711		A	Ciliary endoscopic ablation	7.70	6.78	6.38	NA	6.38		0.30	90		38.0870	\$512.65	\$512.65		0233	Level II Anterior Segment Eye Procedures	T	\$1,030.00	0.00	0.00	0.00			\$512.65	\$512.65
66720	66720		A	Destruction, ciliary body	4.86	4.28	5.58		4.52		0.26	90		38.0870	\$385.44	\$345.07		0233	Level II Anterior Segment Eye Procedures	T	\$1,030.00	0.00	0.00	0.00			\$385.44	\$345.07
66740	66740		A	Destruction, ciliary body	5.06	4.46	4.81		3.79		0.23	90		38.0870	\$361.83	\$322.98		0234	Level III Anterior Segment Eye Procedures	T	\$1,476.16	0.00	0.00	0.00			\$361.83	\$322.98
66761	66761		A	Revision of iris	4.87	4.29	5.31		4.25		0.20	90		38.0870	\$373.25	\$332.88		0247	Laser Eye Procedures	T	\$331.22	0.00	0.00	0.00			\$373.25	\$332.88
66762	66762		A	Revision of iris	5.25	4.62	5.38		4.18		0.23	90		38.0870	\$389.63	\$343.93		0247	Laser Eye Procedures	T	\$331.22	0.00	0.00	0.00			\$389.63	\$343.93
66770	66770		A	Removal of inner eye lesion	5.98	5.27	5.81		4.69		0.26	90		38.0870	\$431.91	\$389.25		0247	Laser Eye Procedures	T	\$331.22	0.00	0.00	0.00			\$431.91	\$389.25
66820	66820		A	Incision, secondary cataract	3.93	3.46	5.22	NA	5.22		0.19	90		38.0870	\$337.83	\$337.83		0232	Level I Anterior Segment Eye Procedures	T	\$325.92	0.00	0.00	0.00			\$337.83	\$337.83
66821	66821		A	After cataract laser surgery	3.32	2.92	3.96		3.52		0.11	90		38.0870	\$266.23	\$249.47		0247	Laser Eye Procedures	T	\$331.22	0.00	0.00	0.00			\$266.23	\$249.47
66825	66825		A	Reposition intraocular lens	8.82	7.77	8.42	NA	8.42		0.40	90		38.0870	\$631.86	\$631.86		0234	Level III Anterior Segment Eye Procedures	T	\$1,476.16	0.00	0.00	0.00			\$631.86	\$631.86
66830	66830		A	Removal of lens lesion	9.27	8.16	6.66	NA	6.66		0.36	90		38.0870	\$578.16	\$578.16		0232	Level I Anterior Segment Eye Procedures	T	\$325.92	0.00	0.00	0.00			\$578.16	\$578.16
66840	66840		A	Removal of lens material	8.98	7.91	6.58	NA	6.58		0.39	90		38.0870	\$566.73	\$566.73		0245	Level I Cataract Procedures without IOL Insert	T	\$950.13	0.00	0.00	0.00			\$566.73	\$566.73
66850	66850		A	Removal of lens material	10.32	9.09	7.35	NA	7.35		0.45	90		38.0870	\$643.29	\$643.29		0249	Level II Cataract Procedures without IOL Insert	T	\$1,828.24	0.00	0.00	0.00			\$643.29	\$643.29
66852	66852		A	Removal of lens material	11.18	9.85	7.74	NA	7.74		0.49	90		38.0870	\$688.61	\$688.61		0249	Level II Cataract Procedures without IOL Insert	T	\$1,828.24	0.00	0.00	0.00			\$688.61	\$688.61
66920	66920		A	Extraction of lens	9.93	8.74	6.97	NA	6.97		0.44	90		38.0870	\$615.11	\$615.11		0249	Level II Cataract Procedures without IOL Insert	T	\$1,828.24	0.00	0.00	0.00			\$615.11	\$615.11
66930	66930		A	Extraction of lens	11.38	10.02	7.80	NA	7.80		0.49	90		38.0870	\$697.37	\$697.37		0249	Level II Cataract Procedures without IOL Insert	T	\$1,828.24	0.00	0.00	0.00			\$697.37	\$697.37
66940	66940		A	Extraction of lens	10.14	8.93	7.30	NA	7.30		0.43	90		38.0870	\$634.53	\$634.53		0245	Level I Cataract Procedures without IOL Insert	T	\$950.13	0.00	0.00	0.00			\$634.53	\$634.53
66982	66982		A	Cataract surgery, complex	14.83	13.06	9.41	NA	9.41		0.63	90		38.0870	\$879.81	\$879.81		0246	Cataract Procedures with IOL Insert	T	\$1,520.05	0.00	0.00	0.00			\$879.81	\$879.81
66983	66983		A	Cataract surg w/iol, 1 stage	10.20	8.98	6.31	NA	6.31		0.14	90		38.0870	\$587.68	\$587.68		0246	Cataract Procedures with IOL Insert	T	\$1,520.05	0.00	0.00	0.00			\$587.68	\$587.68
66984	66984		A	Cataract surg w/iol, 1 stage	10.36	9.12	6.93	NA	6.93		0.39	90		38.0870	\$626.15	\$626.15		0246	Cataract Procedures with IOL Insert	T	\$1,520.05	0.00	0.00	0.00			\$626.15	\$626.15
66985	66985		A	Insert lens prosthesis	9.73	8.57	7.29	NA	7.29		0.36	90		38.0870	\$617.77	\$617.77		0246	Cataract Procedures with IOL Insert	T	\$1,520.05	0.00	0.00	0.00			\$617.77	\$617.77
66986	66986		A	Exchange lens prosthesis	12.26	10.80	8.62	NA	8.62		0.60	90		38.0870	\$762.50	\$762.50		0246	Cataract Procedures with IOL Insert	T	\$1,520.05	0.00	0.00	0.00			\$762.50	\$762.50
66990	66990		A	Ophthalmic endoscope add-on	1.51	1.33	0.61	NA	0.61		0.07	ZZZ		38.0870	\$76.55	\$76.55				N		0.00	0.00	0.00			\$76.55	\$76.55
66999	66999		C	Eye surgery procedure	0.00	0.00	0.00		0.00		0.00	YYY		38.0870	\$0.00	\$0.00		0232	Level I Anterior Segment Eye Procedures	T	\$325.92	0.00	0.00	0.00			\$0.00	\$0.00
67005	67005		A	Partial removal of eye fluid	5.77	5.08	4.72	NA	4.72		0.28	90		38.0870	\$383.92	\$383.92		0237	Level III Posterior Segment Eye Procedures	T	\$1,773.56	0.00	0.00	0.00			\$383.92	\$383.92
67010	67010		A	Partial removal of eye fluid	6.94	6.11	5.21	NA	5.21		0.34	90		38.0870	\$444.09	\$444.09		0237	Level III Posterior Segment Eye Procedures	T	\$1,773.56	0.00	0.00	0.00			\$444.09	\$444.09
67015	67015		A	Release of eye fluid	7.00	6.16	6.08	NA	6.08		0.34	90		38.0870	\$479.13	\$479.13		0237	Level III Posterior Segment Eye Procedures	T	\$1,773.56	0.00	0.00	0.00			\$479.13	\$479.13
67025	67025		A	Replace eye fluid	7.91	6.97	8.54		6.07		0.34	90		38.0870	\$603.68	\$509.60		0237	Level III Posterior Segment Eye Procedures	T	\$1,773.56	0.00	0.00	0.00			\$603.68	\$509.60
67027	67027		A	Implant eye drug system	11.43	10.07	7.68	NA	7.68		0.54	90		38.0870	\$696.61	\$696.61		0672	Level IV Posterior Segment Eye Procedures	T	\$2,369.91	0.00	0.00	0.00			\$696.61	\$696.61
67028	67028		A	Injection eye drug	2.52	2.22	2.43		1.35		0.12	0		38.0870	\$181.68	\$140.54		0231	Level III Eye Tests & Treatments	S	\$138.79	0.00	0.00	0.00			\$181.68	\$140.54
67030	67030		A	Incise inner eye strands	5.91	5.20	5.73	NA	5.73		0.24	90		38.0870	\$425.43	\$425.43		0236	Level II Posterior Segment Eye Procedures	T	\$1,161.46	0.00	0.00	0.00			\$425.43	\$425.43
67031	67031		A	Laser surgery, eye strands	4.34	3.82	4.35		3.53		0.18	90		38.0870	\$318.03	\$286.80		0247	Laser Eye Procedures	T	\$331.22	0.00	0.00	0.00			\$318.03	\$286.80
67036	67036		A	Removal of inner eye fluid	13.09	11.53	8.59	NA	8.59		0.58	90		38.0870	\$788.40	\$788.40		0672	Level IV Posterior Segment Eye Procedures	T	\$2,369.91	0.00	0.00	0.00			\$788.40	\$788.40
67039	67039		A	Laser treatment of retina	16.39	14.43	11.44	NA	11.44		0.71	90		38.0870	\$1,012.35	\$1,012.35		0672	Level IV Posterior Segment Eye Procedures	T	\$2,369.91	0.00	0.00	0.00			\$1,012.35	\$1,012.35
67040	67040		A	Laser treatment of retina	19.23	16.93	12.84	NA	12.84		0.85	90		38.0870	\$1,166.22	\$1,166.22		0672	Level IV Posterior Segment Eye Procedures	T	\$2,369.91	0.00	0.00	0.00			\$1,166.22	\$1,166.22
67041	67041		A	Vit for macular pucker	19.00	16.73	10.37	NA	10.37		0.86	90		38.0870	\$1,064.91	\$1,064.91		0672	Level IV Posterior Segment Eye Procedures	T	\$2,369.91	0.00	0.00	0.00			\$1,064.91	\$1,064.91

RVUs & Pay - January 14, 2008

HPCPCMOD	HPCPCS	MOD	PFS Status Indicator	Description	2008 Work RVUs	2008 Work after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Non-Facility NA Indicator	2008 Facility PE RVUs	2008 Facility NA Indicator	2008 MP RVUs	2008 Global	Not Used for Medicare Payment	2008 Conv Factor	2008 Non-Facility Pay based on PFS RVUs (before application of DRA)	2008 Facility Pay based on PFS RVUs (before application of DRA)	Imaging Code Subject to DRA?	2008 APC	2008 APC Title	OPPS Status Indicator	2008 OPPS Payment in OPPS Final Rule	2008 Non-facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 Facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 MP RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 Non-facility Pay if Affected by DRA imaging cap	2008 Facility Pay if Affected by DRA imaging cap	2008 Non-Facility Pay (includes pay for codes affected by DRA imaging cap)	2008 Facility Pay (includes pay for codes affected by DRA imaging cap)
67250	67250		A	Reinforce eye wall	9.46	8.33	8.42	NA	8.42		0.47	90		38.0870	\$655.86	\$655.86		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$655.86	\$655.86
67255	67255		A	Reinforce/graft eye wall	9.97	8.78	9.16	NA	9.16		0.44	90		38.0870	\$700.04	\$700.04		0237	Level III Posterior Segment Eye Procedures	T	\$1,773.56	0.00	0.00	0.00			\$700.04	\$700.04
67299	67299		C	Eye surgery procedure	0.00	0.00	0.00		0.00		0.00	YYY		38.0870	\$0.00	\$0.00		0235	Level I Posterior Segment Eye Procedures	T	\$263.25	0.00	0.00	0.00			\$0.00	\$0.00
67311	67311		A	Revise eye muscle	7.59	6.68	5.76	NA	5.76		0.37	90		38.0870	\$487.89	\$487.89		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$487.89	\$487.89
67312	67312		A	Revise two eye muscles	9.48	8.35	6.47	NA	6.47		0.43	90		38.0870	\$580.83	\$580.83		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$580.83	\$580.83
67314	67314		A	Revise eye muscle	8.59	7.56	6.35	NA	6.35		0.39	90		38.0870	\$544.64	\$544.64		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$544.64	\$544.64
67316	67316		A	Revise two eye muscles	10.73	9.45	7.21	NA	7.21		0.49	90		38.0870	\$653.19	\$653.19		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$653.19	\$653.19
67318	67318		A	Revise eye muscle(s)	8.92	7.85	6.72	NA	6.72		0.41	90		38.0870	\$570.54	\$570.54		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$570.54	\$570.54
67320	67320		A	Revise eye muscle(s) add-on	5.40	4.76	1.94	NA	1.94		0.22	ZZZ		38.0870	\$263.56	\$263.56		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$263.56	\$263.56
67331	67331		A	Eye surgery follow-up add-on	5.13	4.52	1.82	NA	1.82		0.21	ZZZ		38.0870	\$249.47	\$249.47		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$249.47	\$249.47
67332	67332		A	Rerevise eye muscles add-on	5.56	4.90	2.00	NA	2.00		0.23	ZZZ		38.0870	\$271.56	\$271.56		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$271.56	\$271.56
67334	67334		A	Revise eye muscle w/suture	5.05	4.45	1.80	NA	1.80		0.20	ZZZ		38.0870	\$245.66	\$245.66		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$245.66	\$245.66
67335	67335		A	Eye suture during surgery	2.49	2.19	1.00	NA	1.00		0.13	ZZZ		38.0870	\$126.45	\$126.45		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$126.45	\$126.45
67340	67340		A	Revise eye muscle add-on	6.00	5.28	2.17	NA	2.17		0.25	ZZZ		38.0870	\$293.27	\$293.27		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$293.27	\$293.27
67343	67343		A	Release eye tissue	8.29	7.30	6.29	NA	6.29		0.37	90		38.0870	\$531.69	\$531.69		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$531.69	\$531.69
67345	67345		A	Destroy nerve of eye muscle	2.98	2.62	2.38		1.85		0.17	10		38.0870	\$196.91	\$176.72		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$196.91	\$176.72
67346	67346		A	Biopsy, eye muscle	2.87	2.53	1.75	NA	1.75		0.15	0		38.0870	\$168.73	\$168.73		0699	Level IV Eye Tests & Treatments	T	\$875.49	0.00	0.00	0.00			\$168.73	\$168.73
67399	67399		C	Eye muscle surgery procedure	0.00	0.00	0.00		0.00		0.00	YYY		38.0870	\$0.00	\$0.00		0243	Strabismus/Muscle Procedures	T	\$1,536.88	0.00	0.00	0.00			\$0.00	\$0.00
67400	67400		A	Explore/biopsy eye socket	10.97	9.66	10.34	NA	10.34		0.56	90		38.0870	\$783.07	\$783.07		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$783.07	\$783.07
67405	67405		A	Explore/drain eye socket	9.00	7.93	9.06	NA	9.06		0.44	90		38.0870	\$663.86	\$663.86		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$663.86	\$663.86
67412	67412		A	Explore/treat eye socket	10.17	8.96	9.73	NA	9.73		0.48	90		38.0870	\$730.13	\$730.13		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$730.13	\$730.13
67413	67413		A	Explore/treat eye socket	10.09	8.89	9.74	NA	9.74		0.50	90		38.0870	\$728.60	\$728.60		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$728.60	\$728.60
67414	67414		A	Explr/decompress eye socket	17.78	15.66	11.84	NA	11.84		0.65	90		38.0870	\$1,072.15	\$1,072.15		0242	Level V Repair and Plastic Eye Procedures	T	\$2,402.81	0.00	0.00	0.00			\$1,072.15	\$1,072.15
67415	67415		A	Aspiration, orbital contents	1.76	1.55	0.69	NA	0.69		0.09	0		38.0870	\$88.74	\$88.74		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$88.74	\$88.74
67420	67420		A	Explore/treat eye socket	21.62	19.04	15.82	NA	15.82		1.15	90		38.0870	\$1,371.51	\$1,371.51		0242	Level V Repair and Plastic Eye Procedures	T	\$2,402.81	0.00	0.00	0.00			\$1,371.51	\$1,371.51
67430	67430		A	Explore/treat eye socket	14.99	13.20	13.38	NA	13.38		0.86	90		38.0870	\$1,045.11	\$1,045.11		0242	Level V Repair and Plastic Eye Procedures	T	\$2,402.81	0.00	0.00	0.00			\$1,045.11	\$1,045.11
67440	67440		A	Explore/drain eye socket	14.56	12.82	13.07	NA	13.07		0.70	90		38.0870	\$1,012.73	\$1,012.73		0242	Level V Repair and Plastic Eye Procedures	T	\$2,402.81	0.00	0.00	0.00			\$1,012.73	\$1,012.73
67445	67445		A	Explr/decompress eye socket	18.96	16.70	13.03	NA	13.03		0.90	90		38.0870	\$1,166.60	\$1,166.60		0242	Level V Repair and Plastic Eye Procedures	T	\$2,402.81	0.00	0.00	0.00			\$1,166.60	\$1,166.60
67450	67450		A	Explore/biopsy eye socket	15.11	13.31	13.50	NA	13.50		0.68	90		38.0870	\$1,047.01	\$1,047.01		0242	Level V Repair and Plastic Eye Procedures	T	\$2,402.81	0.00	0.00	0.00			\$1,047.01	\$1,047.01
67500	67500		A	Inject/treat eye socket	1.44	1.27	0.62		0.37		0.05	0		38.0870	\$73.89	\$64.37		0231	Level III Eye Tests & Treatments	S	\$138.79	0.00	0.00	0.00			\$73.89	\$64.37
67505	67505		A	Inject/treat eye socket	1.27	1.12	0.67		0.41		0.05	0		38.0870	\$70.08	\$60.18		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$70.08	\$60.18
67515	67515		A	Inject/treat eye socket	1.40	1.23	0.68		0.50		0.03	0		38.0870	\$73.89	\$67.03		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$73.89	\$67.03
67550	67550		A	Insert eye socket implant	11.52	10.14	10.57	NA	10.57		0.72	90		38.0870	\$816.20	\$816.20		0242	Level V Repair and Plastic Eye Procedures	T	\$2,402.81	0.00	0.00	0.00			\$816.20	\$816.20
67560	67560		A	Revise eye socket implant	11.93	10.51	10.58	NA	10.58		0.60	90		38.0870	\$826.11	\$826.11		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$826.11	\$826.11
67570	67570		A	Decompress optic nerve	14.21	12.51	12.30	NA	12.30		0.68	90		38.0870	\$970.84	\$970.84		0242	Level V Repair and Plastic Eye Procedures	T	\$2,402.81	0.00	0.00	0.00			\$970.84	\$970.84
67599	67599		C	Orbit surgery procedure	0.00	0.00	0.00		0.00		0.00	YYY		38.0870	\$0.00	\$0.00		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$0.00	\$0.00
67700	67700		A	Drainage of eyelid abscess	1.37	1.21	5.17		1.22		0.07	10		38.0870	\$245.66	\$95.22		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$245.66	\$95.22
67710	67710		A	Incision of eyelid	1.04	0.92	4.54		1.14		0.05	10		38.0870	\$209.86	\$80.36		0239	Level II Repair and Plastic Eye Procedures	T	\$463.99	0.00	0.00	0.00			\$209.86	\$80.36
67715	67715		A	Incision of eyelid fold	1.24	1.09	4.61		1.22		0.06	10		38.0870	\$219.38	\$90.27		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$219.38	\$90.27
67800	67800		A	Remove eyelid lesion	1.39	1.22	1.50		0.97		0.07	10		38.0870	\$106.26	\$86.08		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$106.26	\$86.08
67801	67801		A	Remove eyelid lesions	1.89	1.66	1.82		1.17		0.09	10		38.0870	\$135.97	\$111.21		0239	Level II Repair and Plastic Eye Procedures	T	\$463.99	0.00	0.00	0.00			\$135.97	\$111.21
67805	67805		A	Remove eyelid lesions	2.24	1.97	2.35		1.53		0.11	10		38.0870	\$168.73	\$137.49		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$168.73	\$137.49
67808	67808		A	Remove eyelid lesion(s)	4.47	3.94	3.69	NA	3.69		0.19	90		38.0870	\$297.84	\$297.84		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00					

RVUs & Pay - January 14, 2008

HPCPCMOD	HPCPCS	MOD	PFS Status Indicator	Description	2008 Work RVUs	2008 Work after BN adjuster of 0.8806	2008 Non-Facility PE RVUs	2008 Non-Facility NA Indicator	2008 Facility PE RVUs	2008 Facility NA Indicator	2008 MP RVUs	2008 Global	Not Used for Medicare Payment	2008 Conv Factor	2008 Non-Facility Pay based on PFS RVUs (before application of DRA)	2008 Facility Pay based on PFS RVUs (before application of DRA)	Imaging Code Subject to DRA?	2008 APC	2008 APC Title	OPPS Status Indicator	2008 OPPS Payment in OPPS Final Rule	2008 Non-facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 Facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 MP RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	2008 Non-facility Pay if Affected by DRA imaging cap	2008 Facility Pay if Affected by DRA imaging cap	2008 Non-Facility Pay (includes pay for codes affected by DRA imaging cap)	2008 Facility Pay (includes pay for codes affected by DRA imaging cap)
67917	67917		A	Repair eyelid defect	6.08	5.35	7.59		4.74		0.36	90		38.0870	\$506.56	\$398.01		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$506.56	\$398.01
67921	67921		A	Repair eyelid defect	3.42	3.01	5.41		2.73		0.17	90		38.0870	\$327.17	\$225.09		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$327.17	\$225.09
67922	67922		A	Repair eyelid defect	3.09	2.72	5.04		2.54		0.15	90		38.0870	\$301.27	\$206.05		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$301.27	\$206.05
67923	67923		A	Repair eyelid defect	5.94	5.23	7.28		4.65		0.30	90		38.0870	\$487.89	\$387.73		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$487.89	\$387.73
67924	67924		A	Repair eyelid defect	5.84	5.14	7.92		4.37		0.30	90		38.0870	\$508.84	\$373.63		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$508.84	\$373.63
67930	67930		A	Repair eyelid wound	3.62	3.19	5.04		1.98		0.19	90		38.0870	\$320.69	\$204.15		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$320.69	\$204.15
67935	67935		A	Repair eyelid wound	6.27	5.52	7.64		4.00		0.39	90		38.0870	\$516.08	\$377.44		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$516.08	\$377.44
67938	67938		A	Remove eyelid foreign body	1.35	1.19	4.61		1.24		0.06	10		38.0870	\$223.19	\$94.84		0231	Level III Eye Tests & Treatments	S	\$138.79	0.00	0.00	0.00			\$223.19	\$94.84
67950	67950		A	Revision of eyelid	5.88	5.18	7.65		4.80		0.36	90		38.0870	\$502.37	\$393.82		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$502.37	\$393.82
67961	67961		A	Revision of eyelid	5.75	5.06	7.75		4.67		0.33	90		38.0870	\$500.46	\$383.16		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$500.46	\$383.16
67966	67966		A	Revision of eyelid	8.83	7.78	8.59		5.66		0.37	90		38.0870	\$637.58	\$525.98		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$637.58	\$525.98
67971	67971		A	Reconstruction of eyelid	9.87	8.69	6.73	NA	6.73		0.53	90		38.0870	\$607.49	\$607.49		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$607.49	\$607.49
67973	67973		A	Reconstruction of eyelid	12.96	11.41	8.52	NA	8.52		0.75	90		38.0870	\$787.64	\$787.64		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$787.64	\$787.64
67974	67974		A	Reconstruction of eyelid	12.93	11.39	8.46	NA	8.46		0.75	90		38.0870	\$784.59	\$784.59		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$784.59	\$784.59
67975	67975		A	Reconstruction of eyelid	9.21	8.11	6.45	NA	6.45		0.50	90		38.0870	\$573.59	\$573.59		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$573.59	\$573.59
67999	67999		C	Revision of eyelid	0.00	0.00	0.00		0.00		0.00	YYY		38.0870	\$0.00	\$0.00		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$0.00	\$0.00
68020	68020		A	Incise/drain eyelid lining	1.39	1.22	1.32		1.13		0.06	10		38.0870	\$99.03	\$91.79		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$99.03	\$91.79
68040	68040		A	Treatment of eyelid lesions	0.85	0.75	0.66		0.39		0.04	0		38.0870	\$55.23	\$44.94		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$55.23	\$44.94
68100	68100		A	Biopsy of eyelid lining	1.35	1.19	2.81		0.90		0.07	0		38.0870	\$155.01	\$82.27		0232	Level I Anterior Segment Eye Procedures	T	\$325.92	0.00	0.00	0.00			\$155.01	\$82.27
68110	68110		A	Remove eyelid lining lesion	1.79	1.58	3.59		1.56		0.09	10		38.0870	\$200.34	\$123.02		0699	Level IV Eye Tests & Treatments	T	\$875.49	0.00	0.00	0.00			\$200.34	\$123.02
68115	68115		A	Remove eyelid lining lesion	2.38	2.10	5.15		1.80		0.12	10		38.0870	\$280.70	\$153.11		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$280.70	\$153.11
68130	68130		A	Remove eyelid lining lesion	4.99	4.39	7.68		4.31		0.24	90		38.0870	\$468.85	\$340.50		0233	Level II Anterior Segment Eye Procedures	T	\$1,030.00	0.00	0.00	0.00			\$468.85	\$340.50
68135	68135		A	Remove eyelid lining lesion	1.86	1.64	1.70		1.56		0.09	10		38.0870	\$130.64	\$125.31		0239	Level II Repair and Plastic Eye Procedures	T	\$463.99	0.00	0.00	0.00			\$130.64	\$125.31
68200	68200		A	Treat eyelid by injection	0.49	0.43	0.49		0.31		0.02	0		38.0870	\$35.80	\$28.95		0698	Level II Eye Tests & Treatments	S	\$55.39	0.00	0.00	0.00			\$35.80	\$28.95
68320	68320		A	Revise/graft eyelid lining	6.44	5.67	10.22		5.42		0.27	90		38.0870	\$615.49	\$432.67		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$615.49	\$432.67
68325	68325		A	Revise/graft eyelid lining	8.43	7.42	6.32	NA	6.32		0.44	90		38.0870	\$540.07	\$540.07		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$540.07	\$540.07
68326	68326		A	Revise/graft eyelid lining	8.22	7.24	6.17	NA	6.17		0.35	90		38.0870	\$524.08	\$524.08		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$524.08	\$524.08
68328	68328		A	Revise/graft eyelid lining	9.25	8.15	6.84	NA	6.84		0.54	90		38.0870	\$591.49	\$591.49		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$591.49	\$591.49
68330	68330		A	Revise eyelid lining	5.63	4.96	8.42		4.58		0.24	90		38.0870	\$518.74	\$372.49		0234	Level III Anterior Segment Eye Procedures	T	\$1,476.16	0.00	0.00	0.00			\$518.74	\$372.49
68335	68335		A	Revise/graft eyelid lining	8.26	7.27	6.15	NA	6.15		0.36	90		38.0870	\$524.84	\$524.84		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$524.84	\$524.84
68340	68340		A	Separate eyelid adhesions	4.84	4.26	7.88		3.98		0.21	90		38.0870	\$470.37	\$321.84		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$470.37	\$321.84
68360	68360		A	Revise eyelid lining	5.04	4.44	7.24		4.07		0.22	90		38.0870	\$453.24	\$332.50		0234	Level III Anterior Segment Eye Procedures	T	\$1,476.16	0.00	0.00	0.00			\$453.24	\$332.50
68362	68362		A	Revise eyelid lining	8.41	7.41	6.19	NA	6.19		0.36	90		38.0870	\$531.69	\$531.69		0234	Level III Anterior Segment Eye Procedures	T	\$1,476.16	0.00	0.00	0.00			\$531.69	\$531.69
68371	68371		A	Harvest eye tissue, alograft	4.97	4.38	4.39	NA	4.39		0.44	10		38.0870	\$350.78	\$350.78		0233	Level II Anterior Segment Eye Procedures	T	\$1,030.00	0.00	0.00	0.00			\$350.78	\$350.78
68399	68399		C	Eyelid lining surgery	0.00	0.00	0.00		0.00		0.00	YYY		38.0870	\$0.00	\$0.00		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$0.00	\$0.00
68400	68400		A	Incise/drain tear gland	1.71	1.51	5.16		1.52		0.08	10		38.0870	\$257.09	\$118.45		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$257.09	\$118.45
68420	68420		A	Incise/drain tear sac	2.32	2.04	5.39		1.76		0.11	10		38.0870	\$287.18	\$148.92		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$287.18	\$148.92
68440	68440		A	Incise tear duct opening	0.96	0.85	1.67		1.23		0.05	10		38.0870	\$97.88	\$81.13		0238	Level I Repair and Plastic Eye Procedures	T	\$184.85	0.00	0.00	0.00			\$97.88	\$81.13
68500	68500		A	Removal of tear gland	12.49	11.00	9.63	NA	9.63		0.55	90		38.0870	\$806.68	\$806.68		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$806.68	\$806.68
68505	68505		A	Partial removal, tear gland	12.41	10.93	9.79	NA	9.79		0.55	90		38.0870	\$810.11	\$810.11		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$810.11	\$810.11
68510	68510		A	Biopsy of tear gland	4.60	4.05	6.27		2.06		0.23	0		38.0870	\$401.82	\$241.47		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$401.82	\$241.47
68520	68520		A	Removal of tear sac	8.58	7.56	6.96	NA	6.96		0.37	90		38.0870	\$567.12	\$567.12		0241	Level IV Repair and Plastic Eye Procedures	T	\$1,548.25	0.00	0.00	0.00			\$567.12	\$567.12
68525	68525		A	Biopsy of tear sac	4.42	3.89	1.80	NA	1.80		0.22	0		38.0870	\$225.09	\$225.09		0240	Level III Repair and Plastic Eye Procedures	T	\$1,193.03	0.00	0.00	0.00			\$225.09	\$225.09
68530	68530		A	Clearance of tear duct																								

## Read Me File

Column	Column Heading	Definition/Comments
A	HCPCSMOD	Combination of CPT or HCPCS code and modifier
B	HCPCS	CPT or HCPCS
C	MOD	Modifiers: 26 = professional component only; TC = technical component only
D	PFS Status Indicator	See separate worksheet for definitions
E	Description	Short description of the code
F	2008 Work RVUs	As published in Addendum B 2008 revised 12-4-08. Downloaded from <a href="http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/itemdetail.asp?filterType=none&amp;filterByDID=99&amp;sortByDID=4&amp;sortOrder=ascending&amp;itemID=CMS1204957&amp;intNumPerPage=10">http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/itemdetail.asp?filterType=none&amp;filterByDID=99&amp;sortByDID=4&amp;sortOrder=ascending&amp;itemID=CMS1204957&amp;intNumPerPage=10</a>
G	2008 Work RVUs after BN adjuster of 0.8806	This is the work RVU used in the calculation of payments. The adjuster is from the 2008 Final Rule
H	2008 Non-Facility PE RVUs	Addendum B shows "NA" in some fields. This file shows the PE RVUs from another file on the CMS website (PPRRVU08) that lists "NA" in a separate column.
I	2008 Non-Facility NA Indicator	As defined by CMS, an "NA" in this field indicates that this procedure is rarely or never performed in the non-facility setting
J	2008 Facility PE RVUs	Addendum B shows "NA" in some fields. This file shows the PE RVUs from another file on the CMS website (PPRRVU08) that lists "NA" in a separate column.
K	2008 Facility NA Indicator	As defined by CMS, an "NA" in this field indicates that this procedure is rarely or never performed in the facility setting.
L	2008 MP RVUs	Malpractice (professional liability insurance) RVUs
M	2008 Global	The global period assigned to the code: typically 0, 10, or 90 days or xxx if global concept does not apply.
N	Not Used for Medicare Payment	A "+" indicates that Medicare payment is not made, even if RVUs are listed. The codes are typically non-covered or bundled.
O	2008 Conv Factor	Revised Conversion Factor (CF) due to Medicare, Medicaid and SCHIP Extension Act of 2007 (a six-month, 0.5 percent increase over 2007)
P	2008 Non-Facility Pay based on PFS RVUs (before application of DRA imaging cap)	[Work RVU * Budget Neutrality Adjustor (0.8806)] (round product to two decimal places) + Non-Facility PE RVU + MP RVU]* CF. For codes affected by the DRA imaging cut, the listed payment is the payment that would be made if the DRA caps were repealed
Q	2008 Facility Pay	[Work RVU * Budget Neutrality Adjustor (0.8806)] (round product to two decimal places) + Facility PE RVU + MP RVU]* CF. For codes affected by the DRA imaging cut, the listed payment is the payment that would be made if the DRA caps were repealed
R	Imaging Code Subject to DRA?	A "Y" in this column indicates the code is subject to the DRA cap. The 659 codes listed are from Addendum F of the 2008 final rule. Note that if the code is not subject to the cap (i.e., the PFS TC payment is higher than the OPPS payment) then no payment is listed in the column titled "2008 Non-Facility Pay if Imaging Code Affected by DRA"
S	2008 APC	The APC number
T	2008 APC Title	The APC title
U	OPPS Status Indicator	See separate worksheet for definitions
V	2008 OPPS Payment	As published in Addendum B of the 2008 OPPS final rule
W	2008 Non-facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	RVUs listed in file titled "PFALL08A [ZIP, 6.48MB] - Updated 1/03/08" on CMS website at <a href="http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/itemdetail.asp?filterType=none&amp;filterByDID=99&amp;sortByDID=2&amp;sortOrder=ascending&amp;itemID=CMS1205658&amp;intNumPerPage=10">http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/itemdetail.asp?filterType=none&amp;filterByDID=99&amp;sortByDID=2&amp;sortOrder=ascending&amp;itemID=CMS1205658&amp;intNumPerPage=10</a> . These RVUs are used by the carriers to calculate locality specific payment rates that take into account GPCIs.
X	2008 Facility PE RVUs used by CMS to calculate the 2008 OPPS payment (for codes subject to DRA imaging cap only)	RVUs listed in file titled "PFALL08A [ZIP, 6.48MB] - Updated 1/03/08" on CMS website at <a href="http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/itemdetail.asp?filterType=none&amp;filterByDID=99&amp;sortByDID=2&amp;sortOrder=ascending&amp;itemID=CMS1205658&amp;intNumPerPage=10">http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/itemdetail.asp?filterType=none&amp;filterByDID=99&amp;sortByDID=2&amp;sortOrder=ascending&amp;itemID=CMS1205658&amp;intNumPerPage=10</a> . These RVUs are used by the carriers to calculate locality specific payment rates that take into account GPCIs.

## Read Me File

Column	Column Heading	Definition/Comments
Y	2008 MP RVUs used by CMS to calculate the 2008 OPPI payment (for codes subject to DRA imaging cap only)	RVUs listed in file titled "PFALL08A [ZIP, 6.48MB] - Updated 1/03/08" on CMS website at <a href="http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/itemdetail.asp?filterType=none&amp;filterByDID=99&amp;sortByDID=2&amp;sortOrder=ascending&amp;itemID=CMS1205658&amp;intNumPerPage=10">http://www.cms.hhs.gov/PhysicianFeeSched/PFSNPAF/itemdetail.asp?filterType=none&amp;filterByDID=99&amp;sortByDID=2&amp;sortOrder=ascending&amp;itemID=CMS1205658&amp;intNumPerPage=10</a> . These RVUs are used by the carriers to calculate locality specific payment rates that take into account GPCIs.
Z	2008 Non-facility Pay if Affected by DRA imaging cap	For selected imaging services, the Deficit Reduction Act requires payment at the lesser of the OPPI payment rate or the technical component (TC) under the fee schedule. A payment amount in this column indicates the payment to the physician will be reduced as a result of the DRA cap. For TC codes, the listed payment = (Column X + Column Z)*Column O. For the corresponding global service, the listed payment = (Column G + Column X + Column Z)*Column O.
AA	2008 Facility Pay if Affected by DRA imaging cap	For selected imaging services, the Deficit Reduction Act requires payment at the lesser of the OPPI payment rate or the technical component (TC) under the fee schedule. A payment amount in this column indicates the payment to the physician will be reduced as a result of the DRA cap. For TC codes, the listed payment = (Column Y + Column Z)*Column O. For the corresponding global service, the listed payment = (Column G + Column Y + Column Z)*Column O.
AB	2008 Non-Facility Pay (includes pay for codes affected by DRA imaging cap)	This is a complete listing of all non-facility payments, including the reduced payment for imaging services subject to the DRA cap
AC	2008 Facility Pay (includes pay for codes affected by DRA imaging cap)	This is a complete listing of all facility payments, including the reduced payment for imaging services subject to the DRA cap

## PFS Status Indicators

Status Code	Short Description	Definition
A	Active Code	These codes are paid separately under the physician fee schedule, if covered. There will be RVUs for codes with this status. The presence of an "A" indicator does not mean that Medicare has made a national coverage determination regarding the service; carriers remain responsible for coverage decisions in the absence of a national Medicare policy.
B	Bundled Code	Payment for covered services are always bundled into payment for other services not specified. If RVUs are shown, they are not used for Medicare payment. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident. (An example is a telephone call from a hospital nurse regarding care of a patient).
C	Carriers price the code	Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation such as an operative report.
D	Deleted Codes	These codes are deleted effective with the beginning of the applicable year. These codes will not appear on the 2006 file as the grace period for deleted codes is no longer applicable.
E	Excluded from Physician Fee Schedule by regulation	These codes are for items and/or services that CMS chose to exclude from the fee schedule payment by regulation. No RVUs are shown, and no payment may be made under the fee schedule for these codes. Payment for them, when covered, generally continues under reasonable charge procedures.
F	Deleted/Discontinued Codes(Code not subject to a 90 day grace period)	These codes will not appear on the 2006 file as the grace period for deleted codes is no longer applicable.
G	Not valid for Medicare purposes	Medicare uses another code for reporting of, and payment for, these services. (Code subject to a 90 day grace period.) These codes will not appear on the 2006 file as the grace period for deleted codes is no longer applicable.
H	Deleted Modifier	This code had an associated TC and/or 26 modifier in the previous year. For the current year, the TC or 26 component shown for the code has been deleted, and the deleted component is shown with a status code of "H". These codes will not appear on the 2006 file as the grace period for deleted codes is no longer applicable.
I	Not valid for Medicare purposes	Medicare uses another code for reporting of, and payment for, these services. (Code NOT subject to a 90 day grace period.)
J	Anesthesia Services	There are no RVUs and no payment amounts for these codes. The intent of this value is to facilitate the identification of anesthesia services.
M	Measurement codes	Used for reporting purposes only.
N	Non-covered Services	These services are not covered by Medicare.
P	Bundled/Excluded Codes	There are no RVUs and no payment amounts for these services. No separate payment should be made for them under the fee schedule.--If the item or service is covered as incident to a physician service and is provided on the same day as a physician service, payment for it is bundled into the payment for the physician service to which it is incident. (An example is an elastic bandage furnished by a physician incident to physician service.)--If the item or service is covered as other than incident to a physician service, it is excluded from the fee schedule (i.e., colostomy supplies) and should be paid under the other payment provision of the Act.
R	Restricted Coverage	Special coverage instructions apply. If covered, the service is carrier priced. (NOTE: The majority of codes to which this indicator will be assigned are the alpha-numeric dental codes, which begin with "D". We are assigning the indicator to a limited number of CPT codes which represent services that are covered only in unusual circumstances.)
T	Injections	There are RVUS and payment amounts for these services, but they are only paid if there are no other services payable under the physician fee schedule billed on the same date by the same provider. If any other services payable under the physician fee schedule are billed on the same date by the same provider, these services are bundled into the physician services for which payment is made. (NOTE: This is a change from the previous definition, which states that injection services are bundled into any other services billed on the same date.)
X	Statutory Exclusion	These codes represent an item or service that is not in the statutory definition of "physician services" for fee schedule payment purposes. No RVUS or payment amounts are shown for these codes, and no payment may be made under the physician fee schedule. (Examples are ambulance services and clinical diagnostic laboratory services.)

## OPPS Status Indicators

Indicator	Item/Code/Service	OPPS Payment Status
A	Services furnished to a hospital outpatient that are paid under a fee schedule or payment system other than OPPS, for	Not paid under OPPS. Paid by fiscal intermediaries/MACs under a fee schedule or payment system other than OPPS.
	•Ambulance Services	
	•Clinical Diagnostic Laboratory Services	Not subject to deductible or coinsurance.
	•Non-Implantable Prosthetic and Orthotic Devices	
	•EPO for ESRD Patients	
	•Physical, Occupational, and Speech Therapy	
	•Routine Dialysis Services for ESRD Patients Provided in a Certified Dialysis Unit of a Hospital	
	•Diagnostic Mammography	
B	•Screening Mammography	Not subject to deductible.
	Codes that are not recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x).	Not paid under OPPS. •May be paid by fiscal intermediaries/MACs when submitted on a different bill type, for example, 75x (CORF), but not paid under OPPS. •An alternate code that is recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 1 3x) may be available.
C	Inpatient Procedures	Not paid under OPPS. Admit patient. Bill as inpatient.
D	Discontinued Codes	Not paid under OPPS or any other Medicare payment system.
E	Items, Codes, and Services:	Not paid under OPPS or any other Medicare payment system.
	• That are not covered by Medicare based on statutory exclusion.	
	• That are not covered by Medicare for reasons other than statutory exclusion.	
	• That are not recognized by Medicare but for which an alternate code for the same item or service may be available.	
	• For which separate payment is not provided by Medicare.	
F	Corneal Tissue Acquisition; Certain CRNA Services and Hepatitis B Vaccines	Not paid under OPPS. Paid at reasonable cost.
G	Pass-Through Drugs and Biologicals	Paid under OPPS; separate APC payment includes pass-through
H	Pass-Through Device Categories	Separate cost-based pass-through payment; not subject to copayment.
K	(1) Nonpass-Through Drugs and Biologicals	(1) Paid under OPPS; separate APC payment.
	(2) Therapeutic Radiopharmaceuticals	(2) Paid under OPPS; separate APC payment.
	(3) Brachytherapy Sources	(3) Paid under OPPS; separate APC payment.
	(4) Blood and Blood Products	(4) Paid under OPPS; separate APC payment.
L	Influenza Vaccine; Pneumococcal Pneumonia Vaccine	Not paid under OPPS. Paid at reasonable cost; not subject to deductible or coinsurance.
M	Items and Services Not Billable to the Fiscal Intermediary/MAC	Not paid under OPPS.
N	Items and Services Packaged into APC Rates	Paid under OPPS; payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment.
P	Partial Hospitalization	Paid under OPPS; per diem APC payment.
Q	Packaged Services Subject to Separate Payment under OPPS Payment Criteria.	Paid under OPPS; Addendum B displays APC assignments when services are separately payable. (1)Separate APC payment based on OPPS payment criteria. (2)If criteria are not met, payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC
S	Significant Procedure, Not Discounted when Multiple	Paid under OPPS; separate APC payment.
T	Significant Procedure, Multiple Reduction Applies	Paid under OPPS; separate APC payment.
V	Clinic or Emergency Department Visit	Paid under OPPS; separate APC payment.
X	Ancillary Services	Paid under OPPS; separate APC payment.
Y	Non-Implantable Durable Medical Equipment	Not paid under OPPS. All institutional providers other than home health agencies bill to DMERC.