



### Extremity Imaging Global and Physician Professional Payment

CPT <sup>®</sup> Code <sup>1</sup>	Description	Site of Service Component		2017 National Average Medicare Rate <sup>3</sup>
	Fluoroscopy			
	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time, other than 71023 or 71034	Office/Freestanding (Global)	1.34	\$48.09
76000		Facility (Professional)	0.25	\$8.97
	(e.g., cardiac fluoroscopy)	Facility (Technical)	1.09	\$39.12
	Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (e.g., nephrostolithomtomy, ERCP, bronchoscopy, transbronchial biopsy)	Office/Freestanding (Global)	NA	Determined by Contractors
76001		Facility (Professional)	1.04	\$37.32
		Facility (Technical)	NA	Determined by Contractors
	Fluoroscopic Guidanc	e		
	Fluoroscopic guidance for all types of needle placement (eg, biopsy, aspiration, injection, or localization device)	Office/Freestanding (Global)	2.63	\$94.39
77002		Facility (Professional)	0.80	\$28.71
		Facility (Technical)	1.83	\$65.68
	Radiologic Examinatio	n		
	Radiologic examination, shoulder, minimum of 2 views	Office/Freestanding (Global)	0.82	\$29.43
73030		Facility (Professional)	0.27	\$9.67
		Facility (Technical)	0.55	\$19.74
	Radiologic examination, wrist; 2 views	Office/Freestanding (Global)	0.82	\$29.43
73100		Facility (Professional)	0.24	\$8.61
		Facility (Technical)	0.58	\$20.82
	Radiologic examination, wrist, complete, minimum of 3 views	Office/Freestanding (Global)	1.00	\$35.89
73110		Facility (Professional)	0.25	\$8.97
		Facility (Technical)	0.75	\$26.92
	Radiologic examination, hand, 2 views	Office/Freestanding (Global)	0.74	\$26.56
73120		Facility (Professional)	0.24	\$8.61
		Facility (Technical)	0.50	\$17.94
		Office/Freestanding (Global)	0.87	\$31.22
73130	Radiologic examination, hand, minimum of 3 views	Facility (Professional)	0.25	\$8.61
		Facility (Technical)	0.62	\$22.25

Additional Information:

1. Fluoroscopy reported as CPT Codes 76000 or 76001 is integral to many procedures including, but not limited, to most spinal, endoscopic, and injection procedures and should not be reported separately. For some of these procedures, there are separate fluoroscopic guidance codes which may be reported separately.

2. Fluoroscopic guidance reported as CPT 77002 is considered "bundled" with certain arthrography supervision and interpretation services (i.e., CPT Codes 73085, 73115, 73580 and 73615).

NCCI Procedure-to-Procedure (PTP) edits can be found on the CMS website: https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html.

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2. The 2017 physician relative value units (RVUs) are from the 2016 RVU file available on the CMS website at <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html?DLSort=0&DLEntries=10&DLPage=1&DLSortDir=descendings-as of April 19, 2017.

3. The national average 2016 Medicare rates to physicians shown are based on the 2017 conversion factor of \$35.8887 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2017 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at http://www.cms.gov/apps/physician-fee-schedule/overview. aspx. Any payment rates listed may be subject to change without notice. Actual payment to a physician will vary based on geographic location and may also differ based on policies and fee schedules outlined as terms in your health plan and/or payer contracts.

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CPT <sup>®</sup> Code <sup>1</sup>	Description Site of Service Component		<b>RVU</b> <sup>2</sup>	2017 National Average Medicare Rate <sup>3</sup>		
	Radiologic Examinatio	n				
	Radiologic examination, finger or fingers, minimum of 2 views	Office/Freestanding (Global)	0.89	\$31.94		
73140		Facility (Professional)	0.20	\$7.18		
		Facility (Technical)	0.69	\$24.76		
	Radiologic examination, knee, 1 or 2 views	Office/Freestanding (Global)	0.87	\$31.22		
73560		Facility (Professional)	0.24	\$8.61		
		Facility (Technical)	0.63	\$22.61		
	Radiologic examination, ankle, 2 views	Office/Freestanding (Global)	0.84	\$30.15		
73600		Facility (Professional)	0.24	\$8.61		
		Facility (Technical)	0.60	\$21.53		
	Radiologic examination, ankle, complete, minimum of 3 views	Office/Freestanding (Global)	0.89	\$31.94		
73610		Facility (Professional)	0.25	\$8.97		
		Facility (Technical)	0.64	\$22.97		
	Bone / Joint Studies					
	Manual application of stress performed by physician or other health care professional for joint radiography, including contralateral joint if indicated	Office/Freestanding (Global)	1.37	\$49.17		
77071		Facility (Professional)	NA	NA		
		Facility (Technical)	NA	NA		
	Joint survey, single view, 2 or more joints (specify)	Office/Freestanding (Global)	1.05	\$37.68		
77077		Facility (Professional)	0.46	\$16.51		
		Facility (Technical)	0.59	\$21.17		

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# Extremity Imaging

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73140 Radiologic examination, finger or fingers, minimum of 2 views	73130		ASC	NA	N1	Packaged	
	70140	Radiologic examination, finger or fingers, minimum of 2 views	Hospital	5521	Q1	\$59.86	
	73140		ASC	NA	N1	Packaged	

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## Extremity Imaging

CPT <sup>®</sup> Code <sup>1</sup>	Description	Site of Service Component	APC <sup>2</sup>	Status Indicator (SI) <sup>2</sup>	2017 National Average Medicare Rate <sup>2</sup>
	Radiologic Examina	tion			
73560	Radiologic examination, knee, 1 or 2 views	Hospital	5521	Q1	\$59.86
73300	naulologic examination, knee, 1 or 2 views	ASC	NA	N1	Packaged
70000	Radiologic examination, ankle, 2 views	Hospital	5521	Q1	\$59.86
73600		ASC	NA	N1	Packaged
70010	Radiologic examination, ankle, complete, minimum of 3 views	Hospital	5521	Q1	\$59.86
73610		ASC	NA	N1	Packaged
	Bone / Joint Studi	es			
77071	Manual application of stress performed by physician or other	Hospital	5521	Q1	\$59.86
77071	health care professional for joint radiography, including contralateral joint if indicated	ASC	NA	N1	Packaged
77077	Joint survey, single view, 2 or more joints (specify)	Hospital	5522	Q1	\$112.73
77077		ASC	NA	N1	Packaged

#### Status Indicator Information<sup>2</sup>

Status Indicator (SI)	Explanation
Q1	Payment is packaged if billed on the same date of service as a HCPCS code assigned status indicator "S", "T", or "V"; otherwise payment is made through a separate APC payment
S	Significant procedure not subject to multiple procedure discount
Ν	Payment is packaged into payment for other services. Therefore, there is no separate APC payment
Payment Indicator (PI)	Explanation
N1	Service is packaged into payment for other services; no separate ASC payment
Z3	Radiology or diagnostic service paid separately when provided integral to a surgical procedure on ASC list; payment based on MPFS non-facility Practice Expense RVUsDE

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