

# Extremity Imaging

## Global and Physician Professional Payment

CPT® Code <sup>1</sup>	Description	Place-of-Service	RVU <sup>2</sup>	2023 National Average Medicare Rate <sup>3</sup>
<b>Fluoroscopy</b>				
76000 <sup>i</sup>	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	Global (Office/Freestanding)	1.30	\$44.05
		Professional (Facility/Non-Facility)	0.46	\$15.59
		Technical (Non-Facility)	0.84	\$28.47
<b>Fluoroscopic Guidance</b>				
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	Global (Office/Freestanding)	3.50	\$118.61
		Professional (Facility/Non-Facility)	0.80	\$27.11
		Technical (Non-Facility)	2.70	\$91.50
<b>Radiologic Examination</b>				
73030	Radiologic examination, shoulder; complete, minimum of 2 views	Global (Office/Freestanding)	1.04	\$35.24
		Professional (Facility/Non-Facility)	0.27	\$9.15
		Technical (Non-Facility)	0.77	\$26.09
73100	Radiologic examination, wrist; 2 views	Global (Office/Freestanding)	1.02	\$34.56
		Professional (Facility/Non-Facility)	0.24	\$8.13
		Technical (Non-Facility)	0.78	\$26.43
73110	Radiologic examination, wrist, complete, minimum of 3 views	Global (Office/Freestanding)	1.23	\$41.68
		Professional (Facility/Non-Facility)	0.25	\$8.47
		Technical (Non-Facility)	0.98	\$33.21
73120	Radiologic examination, hand, 2 views	Global (Office/Freestanding)	0.94	\$31.85
		Professional (Facility/Non-Facility)	0.24	\$8.13
		Technical (Non-Facility)	0.70	\$23.72
73130	Radiologic examination, hand, minimum of 3 views	Global (Office/Freestanding)	1.11	\$37.61
		Professional (Facility/Non-Facility)	0.25	\$8.47
		Technical (Non-Facility)	0.86	\$29.14

**Additional Information:**

i Fluoroscopy reported as CPT Codes 76000 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.

ii 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>.

- American Medical Association (AMA), 2023 Current Procedural Terminology (CPT), Professional Edition. CPT copyright 2022 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.
- The 2023 physician relative value units (RVUs) are from the 2023 Physician Fee Schedule (PFS) Relative Value Files, file RVU23A available from the CMS website at <https://www.cms.gov/files/zip/cy-2023-pfs-final-rule-addenda.zip>.
- The national average 2023 Medicare rates to physicians shown are based on the 2023 conversion factor of \$33.8872 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2023 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at <https://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® Code	Description	Place-of-Service	RVU¹	2023 National Average Medicare Rate²
<b>Radiologic Examination</b>				
73140	Radiologic examination, finger or fingers, minimum of 2 views	Global (Office/Freestanding)	1.14	\$38.63
		Professional (Facility/Non-Facility)	0.20	\$6.78
		Technical (Non-Facility)	0.94	\$31.85
73560	Radiologic examination, knee, 1 or 2 views	Global (Office/Freestanding)	1.03	\$34.90
		Professional (Facility/Non-Facility)	0.24	\$8.13
		Technical (Non-Facility)	0.79	\$26.77
73600	Radiologic examination, ankle, 2 views	Global (Office/Freestanding)	0.98	\$33.21
		Professional (Facility/Non-Facility)	0.24	\$8.13
		Technical (Non-Facility)	0.74	\$25.08
73610	Radiologic examination, ankle, complete, minimum of 3 views	Global (Office/Freestanding)	1.11	\$37.61
		Professional (Facility/Non-Facility)	0.25	\$8.47
		Technical (Non-Facility)	0.86	\$29.14
<b>Bone / Joint Studies</b>				
77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	Global (Office/Freestanding)	1.64	\$55.58
		Professional (Facility)	1.64	\$55.58
		Technical (Non-Facility)	NA	NA
77077	Joint survey, single view, 2 or more joints (specify)	Global (Office/Freestanding)	1.41	\$47.78
		Professional (Facility/Non-Facility)	0.49	\$16.60
		Technical (Non-Facility)	0.92	\$31.18

1. The 2023 physician relative value units (RVUs) are from the 2023 Physician Fee Schedule (PFS) Relative Value Files, file RVU23A available from the CMS website at <https://www.cms.gov/files/zip/cy-2023-pfs-final-rule-addenda.zip>.

2. The national average 2023 Medicare rates to physicians shown are based on the 2023 conversion factor of \$33.8872 and do not reflect payment cuts due to sequestration. Medicare payment for a given procedure in a given locality in 2023 should be available in the Medicare Physician Fee Schedule Look-up file accessible through the CMS website at <https://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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# Extremity Imaging

## Facility Payment

CPT® Code	Description	Place-of-Service	APC <sup>1</sup>	Status Indicator (SI) <sup>1</sup>	2023 National Average Medicare Rate <sup>1</sup>
<b>Fluoroscopy</b>					
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	Hospital	5523	S	\$233.52
		ASC	NA	Z3	\$27.44
<b>Fluoroscopic Guidance</b>					
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	Hospital	NA	N	Packaged
		ASC	NA	N1	Packaged
<b>Radiologic Examination</b>					
73030	Radiologic examination, shoulder; complete, minimum of 2 views	Hospital	5521	Q1	\$86.88
		ASC	NA	N1	Packaged
73100	Radiologic examination, wrist; 2 views	Hospital	5521	Q1	\$86.88
		ASC	NA	N1	Packaged
73110	Radiologic examination, wrist, complete, minimum of 3 views	Hospital	5521	Q1	\$86.88
		ASC	NA	N1	Packaged
73120	Radiologic examination, hand, 2 views	Hospital	5522	Q1	\$106.88
		ASC	NA	N1	Packaged
73130	Radiologic examination, hand, minimum of 3 views	Hospital	5521	Q1	\$86.88
		ASC	NA	N1	Packaged
73140	Radiologic examination, finger or fingers, minimum of 2 views	Hospital	5521	Q1	\$86.88
		ASC	NA	N1	Packaged

1. The national average 2023 Medicare hospital outpatient rates and status indicators are from the 2023 Hospital Outpatient Prospective Payment System (OPPS) release, Addenda B, and D1 accessible at <https://www.cms.gov/license/ama?file=/files/zip/2023-nfrm-opps-addenda.zip>. The national average 2023 Medicare ambulatory surgical center rates and payment indicators are from the 2023 Ambulatory Surgical Center (ASC) Payment release, Addenda AA, BB, and DD1, accessible at <https://www.cms.gov/license/ama?file=/files/zip/2023-nfrm-addendum-aa-bb-dd1-dd2-ee-and-ff.zip>. Any payment rates listed are Medicare national averages that may be subject to change without notice and do not reflect payment cuts due to sequestration. Actual payment to a hospital or ambulatory surgical center 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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## Facility Payment

CPT® Code	Description	Place-of-Service	APC¹	Status Indicator (SI)¹	2023 National Average Medicare Rate¹
<b>Radiologic Examination</b>					
73560	Radiologic examination, knee, 1 or 2 views	Hospital	5521	Q1	\$86.88
		ASC	NA	N1	Packaged
73600	Radiologic examination, ankle, 2 views	Hospital	5521	Q1	\$86.88
		ASC	NA	N1	Packaged
73610	Radiologic examination, ankle, complete, minimum of 3 views	Hospital	5521	Q1	\$86.88
		ASC	NA	N1	Packaged
<b>Bone / Joint Studies</b>					
77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	Hospital	5521	Q1	\$86.88
		ASC	NA	N1	Packaged
77077	Joint survey, single view, 2 or more joints (specify)	Hospital	5522	Q1	\$106.88
		ASC	NA	N1	Packaged

### Status Indicator Information²

Status Indicator (SI)	Explanation
<b>OPPS Status Indicator</b>	
Q1	Payment is packaged if billed on the same claim 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
N	Payment is packaged into payment for other services. Therefore, there is no separate APC payment
<b>Payment Indicator (PI)</b>	
<b>ASC Payment Indicator</b>	
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 RVUs

1. The national average 2023 Medicare hospital outpatient rates are from the 2023 Hospital Outpatient Prospective Payment System (OPPS) release, Addenda B, and D1 accessible at <https://www.cms.gov/license/ama?file=/files/zip/2023-nfrm-opps-addenda.zip>. The national average 2023 Medicare ambulatory surgical center rates and payment indicators are from the 2023 Ambulatory Surgical Center (ASC) Payment release, Addenda AA, BB, and DD1, accessible at <https://www.cms.gov/license/ama?file=/files/zip/2023-nfrm-addendum-aa-bb-dd1-dd2-ee-and-ff.zip>. Any payment rates listed are Medicare national averages that may be subject to change without notice and do not reflect payment cuts due to sequestration. Actual payment to a hospital or ambulatory surgical center 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.

2. The OPPS Payment Status Indicators for CY 2023 are from the 2023 Hospital Outpatient Prospective Payment System (OPPS) Final Rule, Addendum D1, accessible at <https://www.cms.gov/license/ama?file=/files/zip/2023-nfrm-opps-addenda.zip>. The ASC Payment Indicators for CY 2023 are from the 2023 Ambulatory Surgical Center Payment Final Rule, Addenda DD1, accessible at <https://www.cms.gov/license/ama?file=/files/zip/2023-nfrm-addendum-aa-bb-dd1-dd2-ee-and-ff.zip>.

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