Adapting the RBRVS Methodology to the California Workers' Compensation Physician Fee Schedule: Supplemental Report

Prepared for:

California Division of Workers' Compensation

Submitted by:

The Lewin Group, Inc.

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List of Abbreviations

CF	Conversion Factor
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CWCI	California Workers' Compensation Institute
CWCS	California Workers' Compensation System
DWC	Division of Workers' Compensation
E&M	Evaluation and Management
GPCI	Geographic Practice Cost Index
MedPAC	Medicare Payment Advisory Commission
MEI	Medicare Economic Index
MFS	Medicare Fee Schedule
OMFS	Official Medical Fee Schedule
PM	Physical Medicine
RBRVS	Resource Based Relative Value Scale
RBRVU	Resource Based Relative Value Unit
RVU	Relative Value Units
WCIS	Workers' Compensation Information System
WCRI	Workers Compensation Research Institute

Executive Summary

In December 2008, The Lewin Group submitted a report to the California Division of Workers' Compensation that analyzed the impact of adopting elements of the Resource Based Relative Value Scale (RBRVS) methodology used by the Medicare program to establish payments for physician services provided under the California Workers' Compensation System (CWCS). The present report supplements this earlier "main report" by updating our estimates by incorporating 2010 changes in RBRVS data and methodology.

This supplemental report has two major products. First, it presents a budget neutral conversion factor (CF) for the CWCS using the 2010 RBRVS. A conversion factor converts relative values into a fee schedule. We found that this conversion factor is only 11.4 percent above Medicare's conversion factor, which is a smaller difference than the 14.5 percent gap reported in the main report.

Second, this report estimates the extent to which distinct service categories and provider specialties would experience an increase or decrease in total payments under an RBRVS model relative to the current payment methodology. In the "baseline model," the simplest model considered, the largest increase in payment by provider specialty would be experienced by physical medicine (16.0%) and the largest decrease, by surgery (-9.9%) and radiology (-35.4%). The main report found similar impacts for physical medicine (12.0%) and surgery (-12.1%), but a much smaller impact for radiology (-3.5%). The sharp drop in payments to radiologists reflects the impact of the new RBRVS methodology adopted in 2010 regarding practice expense costs. To offer policy options that mitigate these redistributional impacts, this report analyzes several models involving a cascade (i.e., discount) for physical medicine services and separate conversion factors for surgery and radiology services.

Also presented are the impacts of two models that illustrate approaches to adapt and transition to an RBRVS with a single conversion factor. One approach involves using the Medicare Economic Index (MEI) to update payment levels. A second approach involves separate conversion factors that are phased out over four years.

Introduction

This report supplements The Lewin Group's report "Adapting the RBRVS Methodology to the California Workers' Compensation Physician Fee Schedule: *First Report, Revised*" dated December 19, 2008 (henceforth, "the main report"). The purpose of the main report was to estimate the impact of adapting the RBRVS methodology to the California Workers' Compensation physician fee schedule.

This supplemental report supplements the main report by updating our estimates by incorporating 2010 changes in RBRVS data and methodology. There are two key products within this report:

- A conversion factor (or set of conversion factors) that would not change the total payment to physicians under the Official Medical Fee Schedule (OMFS). That is, the conversion factor is budget neutral.
- The impact of the RBRVS adaption on payment by service category and provider specialty.[1]

There are a number of ways in which an RBRVS could be formulated. Components by which to tailor an RBRVS model include the relative units, ground rules and conversion factors (see the 'RBRVS Components' text box). Based on discussions with the Division of Workers' Compensation (DWC), we limit our discussions to models involving these characteristics:

- Number of conversion factors (i.e., single, dual, triple CFs),
- Transition period (e.g., a pair of CFs could transition to a single CF over several years),
- Budget neutrality (e.g., as an alternative to budget neutrality, total payment to physicians under the OMFS could be increased, for instance, by applying the Medicare Economic Index), and
- Cascade for physical medicine (PM) (i.e., applying, or not, a discount to these services).

We term each combination of these characteristics a "model".

Because of the large number of models that could be formulated by changing one characteristic or another, this report necessarily analyzes the impact of only a subset. The impact of many variants of models can be inferred from our reported results.

[1] The necessary analyses for these products require data on the quantity of services paid for under the Workers' Compensation Program for each service (i.e., each CPT code). As described in the main report, we were able to obtain such data from the CWCI.

RBRVS COMPONENTS

The RBRVS methodology has three key components:

- **Resource Based Relative Value Units**
  Each service delivered by a physician (e.g., an office visit or an MRI image) is assigned by the Medicare program its RBRVUs, which reflect the relative resources required for providing a service. The relative resources for physician work, practice expense, and professional liability insurance determine the RBRVU assigned to the service.
- **Ground rules**
  These are rules that modify the RBRVUs in certain situations. For instance, if a physician performs several surgeries on a patient on a certain day, total payment is discounted (surgical cascade).
- **Conversion factor**
  Payment for a service is the product of the RBRVUs (modified by any relevant ground rules) and its conversion factor, which is defined in terms of dollars per RBRVU. A conversion factor may pertain to all physician services or only those of a service category.

I. Changes to Methods in This Supplemental Report

Our estimate of the impact of the RBRVS methodology is the result of changes to the methodology made by the Centers for Medicare and Medicaid Services (CMS) and of certain analytic methods that were applied to the CWCI data. (Chapter III of the main report presents its methodology.) This chapter first discusses changes to the RBRVS methodology and then minor changes to our analytic methods.

A. Changes in RBRVS Data and Methodology

For its 2010 physician fee schedule, CMS modified the RBRVS methods primarily related to the development of practice expense RBRVUs. Two changes impacted the practice expense component. First, CMS obtained more current data on practice expense from surveys conducted by the American Medical Association and The Lewin Group.

Second, CMS altered its assumption regarding the utilization rate of expensive diagnostic equipment (e.g., MRIs and CTs) from 50 to 90 percent. This utilization rate is an important element in the calculation of practice expense RBRVUs. This change implemented The Medicare Payment Advisory Commission's (MedPAC) recommendation that practice expense RBRVUs for radiology services be calculated assuming 45 hours per week of usage, instead of the 25 hours previously used. If one takes the maximum possible utilization to be 50 hours per week, the assumed utilization rate has increased from 50 to 90 percent.[2]

By way of background, payment for and the volume of radiology services has been a major concern among Medicare policymakers in recent years. The Medicare volume of radiology services has grown much faster than the Medicare volume for all physician services, 44.4 percent vs. 23.4 percent, respectively, between 2002 and 2007. MedPAC addressed this issue in

[2] MedPAC, *Report to the Congress: Medicare Payment Policy*, March 2009, p. 110.

a 2009 report: "(H)igher payment rates encourage providers with low expected volume to purchase expensive imaging machines because they can cover the fixed cost of the machines even if they are operated at less than full capacity." Increases in the number of machines are associated with a higher volume of radiology services.[3]

CMS estimated that the changes in data and methodology related to imaging services resulted in a drop of payment of 16 percent for radiologists and 34 percent for independent diagnostic testing facilities.[4]

To temper the impact of its changes in payment rates, CMS has chosen to transition to the new rates over four years.

- In 2010 payment rates will be based on 25 percent of the new (fully implemented) rates and 75 percent of the earlier rates;
- In 2011 the blend will be 50/50;
- In 2012 it will be 75/25; and
- In 2013 the new rates will be fully implemented.[5]

B. Minor Changes to Our Methods

A major task for completing the impact analysis was to determine the most current CPT code or codes (called "replacement codes") that are equivalent to an OMFS code. We have termed this step "crosswalking." This crosswalking takes four forms: one to one (1-1), one OMFS code to multiple CPT codes (1-M), multiple OMFS codes to one CPT code (M-1), and multiple OMFS codes to multiple CPT codes (M-M).

Once such codes have been "crosswalked," RBRVUs are assigned. For most of the OMFS payments, assignment is straight forward, but in some cases an average of the RBRVUs of replacement codes is calculated. For a small number of codes, the payment level was assumed not to change. Examples include codes that lack RBRVUs because they lack an appropriate crosswalk and codes not paid under Medicare but for which payment is made under the OMFS. In this report, the payments for those codes are "passed through."

For the analysis in the main report, we crosswalked the OMFS codes to the 2008 CPT codes, before applying the 2008 RBRVUs or other payment methodology. To update our analysis to the 2010 RBRVS, it was necessary to update the crosswalk because some 2008 CPTs were deleted or modified in 2009 or 2010. When a code was deleted and a replacement code was not recommended by CPT (i.e., no crosswalk is available), the OMFS payments for its code were treated as a pass through.

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[3] MedPAC, *Report to the Congress: Medicare Payment Policy*, March 2009, pp. 106-108.

[4] Federal Register. Nov. 25, 2009, Volume 74, pp. 61755 and 61783-4. Approximately half of the payment to independent diagnostic testing facilities (IDTFs), which are paid under the Medicare physician fee schedule, is for radiology services. IDTFs that deliver radiology services are probably categorized as radiologists in our OMFS data.

[5] Federal Register. Nov. 25, 2009, Volume 74, p. 61751.

With assistance from DWC, we refined our crosswalking and methods for assigning RBRVUs. We made a small number of refinements to the crosswalk in this respect. For instance, some codes that had previously been treated as pass throughs because no crosswalk was established are now included in the crosswalk and vice versa. We also excluded CPT 36415 (venipuncture) from the analysis because it is paid under the clinical laboratory fee schedule, not the physician fee schedule. The effect of these methodological changes is to increase our estimate of the current OMFS payment slightly from $210,402,621 to $210,446,433 (as shown in Table 3-3 below), an increase of two hundredths of one percent.

C. Data Sources and Methodological Details

The 2010 RBRVU data were obtained from the CMS PFS Relative Value files (file name PPRRVU10.xlsx) on the CMS website:
http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/itemdetail.asp?filterType=dual,%20data&filterValue=2010&filterByDID=1&sortByDID=1&sortOrder=ascending&itemID=CMS1230197&intNumPerPage=10

The following columns of the 2010 National Physician Fee Schedule Relative Value File were used in our analyses:

- Column F: work RVUs,
- Column I: fully implemented non-facility practice expense RVUs,
- Column M: fully implemented facility practice expense RVUs, and
- Column O: malpractice RVUs.

Because 2010 RVUs for anesthesia had not been published by CMS when our analysis was performed, we used 2009 RVUs. After the 2010 RVUs were released in January 2010, we compared the base units for 2010 to those for 2009, finding only one change (CPT 01632), which was deleted. As we had already crosswalked this code, we have, in effect, used the 2010 anesthesia RVUs. The fee schedule for anesthesia services changed little between 2008 (when it had 276 CPT codes) and 2010. During this period only two codes were added and one was deleted.

In order to model the effect of the "Physical Medicine Cascade," OMFS codes were obtained from the California Division of Workers' Compensation.[6] The physical medicine cascade is a ground rule in the current OMFS, but was not included in the models in the main report. For the supplemental report we analyzed the effect of applying the cascade to single, dual, and triple CF models. Where the cascade applied as specified in the OMFS ground rules for cases of multiple Physical Medicine procedures, modalities, acupuncture procedures, chiropractic manipulative treatment codes billed, we discounted payments to the second, third, and fourth codes on the visit as follows:

- Major (highest valued allowable procedure, modality or treatment): 100% of maximum value

[6] State of California Workers' Compensation Official Medical Fee Schedule. April 1, 1999. The listing of PM cascade codes is found on p. 502.

- Second (second highest valued allowable procedure, modality or treatment): 75% of maximum value
- Third (third highest valued allowable procedure, modality or treatment): 50% of maximum value
- Fourth (fourth highest valued allowable procedure, modality or treatment): 25% of maximum value

The cascade was applied to these codes: 97010-97039, 97110-97139, 97220, 97240, 97250, 98940-98943, 97500, 97520, 97530, 97540, 97610-97620, and 97800-97999.

This report's Appendix A lists the crosswalk between the 1994/1997 CPT codes and the 2010 CPT codes. Appendix B lists assignments of RBRVUs to California-specific codes, that is, codes that are designated "∞ - *California Code/Revision*" in the OMFS.

II. Results: Impacts of a 2010 RBRVS-Based System

A. Overview

This report's "baseline model" is unchanged from the main report. This model is defined as follows:

- Single CF,
- No transition period,
- Budget neutral, and
- No cascade for PM.

The designation of this simple combination of model characteristics as our baseline model is not meant to construe a recommendation. Rather, it is designed to facilitate discussion by representing Medicare's fully implemented 2010 RBRVS within an uncomplicated framework. Note that Medicare typically transitions (i.e., phases in) any changes in its methodology.

Several options involving conversion factors are analyzed within alternate models. The conversion factor configurations considered are:

- Single CF,
- Dual CF: separate surgery CF,
- Dual CF: separate radiology CF, and
- Triple CF: separate surgical and radiology CFs.

In addition, we consider including and excluding a cascade for PM. Together these options constitute eight possible models, including the baseline model.

We also present two illustrative models involving a four-year transition, which Medicare typically uses, and the MEI update, which is designed to update Medicare payments to physicians.

B. Budget Neutral Conversion Factors

Before any impact analysis can be performed, a conversion factor must be selected to convert relative values into a fee schedule. For all analyses (including those reported in Table 3-2 through Table 3-7), budget neutral conversion factors are used. We estimate budget neutral conversion factors for both physician services excluding anesthesia (labeled as "CF") and anesthesia alone (labeled "Anesthesia CF").

Physician Services (Except for Anesthesia)

Table 3-1 (updated from Table 6-2 in the main report) presents the conversion factors for the eight models. For the baseline model (no cascade, single CF), the CF would be $43.34. (If a cascade is applied to physical medicine services, the CF would increase by 4.2 percent to $45.15.)

With "no cascade" and a separate surgery CF, surgery services would be paid using a CF of $56.52 and other services using a CF of $39.81. With "no cascade" and a separate radiology CF, radiology services would be paid using a CF of $66.15 and other services, using a CF of $41.16. With "no cascade" and three CFs, by design, surgery and radiology services would be paid using the same CFs as under the dual CF models ($56.52 and $66.15, respectively). The CF for other services would fall to $36.54, a drop of 15.7 percent from the single CF model.

Table 3-1: Conversion Factors for Eight Budget Neutral Models (formerly Table 6-2)

Model		Conversion Factor by Service Category		
		Surgery	Radiology	All other services
Single CF	No Cascade	-	-	43.3375050121
	Cascade	-	-	45.1476619412
Dual CF: Separate Surgery	No Cascade	56.5160481032	-	39.8107704037
	Cascade	56.5160481032	-	41.9424454926
Dual CF: Separate Radiology	No Cascade	-	66.1483393980	41.1572804370
	Cascade	-	66.1483393980	43.0482291103
Triple CF: Separate Surgery & Radiology	No Cascade	56.5160481032	66.1483393980	36.5360446647
	Cascade	56.5160481032	66.1483393980	38.7503595239

Source: Lewin analysis of CWCI data.

Note: Cascade refers to Physical Medicine/Manipulative Treatment only; other ground rules are consistent across models. Anesthesia is modeled separately; it has a conversion factor of $33.9815143289.

The Medicare premium (i.e., the percentage by which workers' compensation payment is above Medicare) is commonly reported when comparing workers' compensation fee schedules.[7] To determine this figure, both the workers' compensation CF and the Medicare CF must be calculated.

The published national CF for Medicare in early 2010 is $36.08. Because the Medicare payment is determined, in part, by the geographic practice cost index (GPCI), the published figure needs to be adjusted upward by 7.8 percent to recognize the high Medicare payment in California due to its high GPCIs.[8] The main report also made an adjustment for Medicare's "budget neutrality adjustor" for work RVUs. However, starting in 2009, this adjustor was explicitly incorporated into the Medicare CF,[9] such that the published Medicare CF is $2.01 lower in 2010 than in 2008. Thus, it is no longer appropriate for us to make the adjustment.

As presented in Table 3-2, when the GPCI adjustment is made, the Medicare CF is $38.90.

Table 3-2: Medicare Premium,
Current OMFS vs. RBRVS Baseline Model (formerly Table 4-1)

Conversion Factor for Medicare	
$36.08	Medicare CF for early 2010 (incorporating legislative change)
7.8%	adjustment for California's high geographic practice cost indices (GPCIs)
$38.90	adjusted (A)
CF for Baseline RBRVS model	
$43.34	as calculated (B)
$45.90	calculated using WCRI weights (C)
Medicare premium for California	
21.0%	published by WCRI for 2006
23.2%	• adjusted for E&M fee increase in 2007
20.3%	• also adjusted for increase of 2.4 % in Medicare CF, 2006-2010
11.4%	baseline RBRVS model [(B-A)/A]
18.0%	baseline RBRVS model, using WCRI weights [(C-A)/A]

WCRI reported that the Medicare premium in California was 21 percent in 2006. After our adjusting for the 2007 increase in OMFS payments for 10 E&M codes (using the WCRI methodology), the Medicare premium increases to 23.2 percent.[10] After an adjustment for the 2.4 percent increase in the Medicare CF over the last four years, the Medicare premium decreases to 20.3 percent.

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7 Medicare premium is the ratio of OMFS payment to Medicare payment. Medicare payment—technically "the allowed amount"—includes a component that is the responsibility of the beneficiary.

8 Given the distribution of physician services under CWCS across the state, CWCS would pay 7.8 percent more if it used the Medicare GPCIs than if it did not adjust for geographic location.

9 FR Nov. 19, 2008, p. 69908.

10 In aggregating fees across service categories, WCRI uses weights based on data from 13 states.

For the baseline RBRVS model, the Medicare premium would be 11.4 percent as calculated with CWCI data, as shown in Table 3-2. The difference between the two premium estimates (11.4 percent and 20.3 percent) is largely due to the weighting of service categories. E&M services have a weight of 15 percent in the WCRI methodology[11] and 41.6 percent in our baseline RBRVS methodology based on CWCI data; that is, 41.6 percent of the non-anesthesia RVUs pertain to E&M (see Table 3-4 below). Using the WCRI weights yields a CF that is 5.9 percent higher than obtained using the weights in Table 3-4. Adjusting the CF of $43.34 upward by 5.9 percent yields a CF of $45.90, implying a Medicare premium of 18.0 percent. This is about two percentage points below the premium calculated by WCRI (20.3% - 18.0% = 2.3%).[12]

Anesthesia

Because RVUs for anesthesia services are not comparable to the RVUs for other services, Medicare has a separate conversion factor for anesthesia. We calculated a budget neutral conversion factor for the baseline RBRVS model for anesthesia to be $33.98. This amount is unchanged from the main report, because the anesthesia fee schedule changed little between 2008 and 2010. Anesthesia RVUs reflect both base and time units.

C. Impact by Service Category

Table 3-3 (an update to Table 4-2 in the main report) presents the impact of RBRVS adaptation by service category. (Table 3-3, like the tables that follow it, use the conversion factors presented in Table 3-1 to calculate the impacts of adopting an RBRVS model.) Under the baseline model, the redistribution across service categories would be substantial. Payment for E&M services would be increased under an RBRVS system while surgical services would be decreased. This is not surprising, as a major rationale for the development of Medicare's RBRVS was the judgment that surgery services were overpaid relative to E&M services. As noted, when RBRVS was first implemented under Medicare, payments for E&M services increased and payment for invasive procedures and diagnostic tests decreased.

Most striking within Table 3-3 is the expected decrease in payment for radiology services, which is due to the change in RBRVS methodology. In addition, within medicine, payment for physical medicine would increase and payment for "other" services would decrease. Payment for pathology would decrease, although that is a fraction of one percent under OMFS. By design, payment for anesthesia services would be unaffected, because those services have their own budget neutral conversation factor.

The other models lessen many of these impacts. With a cascade (and a single CF), payment to physical medicine would change little. With a surgery CF, payment for surgery would not change, and with a radiology CF, payment for radiology services would not change.

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[11] WCRI derived its weights from data from 13 states (including California), applying those weights to prices in each state. WCRI, 2006, p. 36.

[12] The difference is probably due to two factors. WCRI analysis is based on codes that represent three-quarters of payments across its database, whereas our analysis is based on all codes in California. Although we have adjusted for differences in weights across service categories, we have not adjusted for differences *within* service categories. Here we use more current data (2006) than WCRI (2002-2003).

To facilitate the formulation of various policy options, Table 3-4 presents the RVUs and payment amounts under current OMFS policy, by service category. About 11 percent of the payments are for CPT codes that lack resource based RVUs. The payment under a given CF for each service category is calculated as the number of RVUs in the category multiplied by its CF, plus the current OMFS payment amount for services without RVUs, i.e., OMFS payments that are "passed through."

Table 3-3: Percent Change in Payment from Adoption of Budget Neutral Baseline RBRVS Model, by OMFS Service Category (formerly Table 4-2)

	Current OMFS (with Pass-Through $)		RBRVS Based Fee Schedule									
	Imputed		Baseline		Percentage Change from OMFS							
					Single CF		Dual CF: Separate Surgery		Dual CF: Separate Radiology		Triple CF: Separate Surgery & Radiology	
Service Category	Dollars	%	Dollars	%	No Cascade	Cascade	No Cascade	Cascade	No Cascade	Cascade	No Cascade	Cascade
Total	**$210,446,433**	**100%**	**$210,446,430**	**100%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
E&M	$59,524,349	28.3%	$75,775,057	36.0%	27.3%	32.6%	17.0%	23.2%	21.0%	26.5%	7.5%	14.0%
Anesthesia	$7,315,911	3.5%	$7,315,908	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Surgery	$50,031,009	23.8%	$38,456,735	18.3%	-23.1%	-20.0%	0.0%	0.0%	-27.0%	-23.6%	0.0%	0.0%
Radiology	$24,408,774	11.6%	$16,130,018	7.7%	-33.9%	-31.2%	-39.2%	-36.0%	0.0%	0.0%	0.0%	0.0%
Pathology	$324,061	0.2%	$249,382	0.1%	NA	NA	NA	NA	NA	NA	NA	NA
Medicine Total *(excl. Special Services)*	$52,159,370	24.8%	$56,167,888	26.7%	7.7%	-2.7%	-0.3%	-8.9%	2.8%	-6.7%	-7.7%	-15.1%
Physical Medicine	*$37,937,585*	*18.0%*	*$43,810,526*	*20.8%*	*15.5%*	*0.7%*	*7.1%*	*-5.6%*	*10.3%*	*-3.4%*	*-0.7%*	*-11.8%*
Manipulative Treatment	*$3,006,268*	*1.4%*	*$2,945,584*	*1.4%*	*-2.0%*	*-7.1%*	*-10.0%*	*-13.7%*	*-6.9%*	*-11.4%*	*-17.4%*	*-20.3%*
Other	*$11,215,517*	*5.3%*	*$9,411,777*	*4.5%*	*-16.1%*	*-12.8%*	*-22.7%*	*-18.8%*	*-20.2%*	*-16.7%*	*-28.8%*	*-24.8%*
Special Services	$16,682,959	7.9%	$16,351,441	7.8%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.0%	-2.1%	-2.0%

Source: Lewin analysis of CWCI data.

Note: The baseline model is single CF and no cascade. Cascade refers to Physical Medicine/Manipulative Treatment only; other ground rules are unchanged.

The total amounts under current OMFS and the baseline model differ by $3 due to rounding.

Most pathology services are paid under the clinical laboratory OMFS, not under the physician OMFS.

Table 3-4: Resource Based RVUs and Pass-Through Payment, Single CF Budget Neutral RBRVS Model (with and without Cascade), by Service Category (formerly Table 6-3)

Service Category	Services with RVUs					Services without RVUs	All services		
		RVUs (A)		Distribution of RVUs			Payment under RBRVS ([A*CF]+B)		
	Current OMFS Payment	No Cascade	Cascade	No Cascade	Cascade	Current OMFS Payment* (B)	No Cascade	Cascade	% Difference
Total	**$187,452,112**	NA	NA	NA	NA	**$22,994,320**	**$210,446,430**	**$210,446,430**	**0.0%**
Services under Single CF	180,289,823	4,160,134	3,993,337	100.0%	100.0%	22,840,699	203,130,521	203,130,521	0.0%
Surgery	49,636,160	878,267	878,267	21.1%	22.0%	394,850	38,456,735	40,046,535	4.0%
E&M	58,824,958	1,732,349	1,732,349	41.6%	43.4%	699,390	75,775,057	78,910,880	4.0%
Radiology	24,007,273	362,931	362,931	8.7%	9.1%	401,501	16,130,018	16,786,980	3.9%
Pathology	322,714	5,723	5,723	0.1%	0.1%	1,347	249,382	259,743	4.0%
Medicine Total *(excl. Special Services)*	47,079,602	1,178,843	1,012,046	28.3%	25.3%	5,079,767	56,167,888	50,771,284	-10.6%
Physical Medicine	*33,165,795*	*900,807*	*740,400*	*21.7%*	*18.5%*	*4,771,789*	*43,810,526*	*38,199,104*	-14.7%
Manipulative Treatment	*3,006,268*	*67,968*	*61,864*	*1.6%*	*1.5%*	*0*	*2,945,584*	*2,793,003*	-5.5%
Other	*10,907,539*	*210,067*	*209,783*	*5.0%*	*5.3%*	*307,978*	*9,411,777*	*9,779,177*	3.8%
Special Services	419,116	2,021	2,021	0.0%	0.1%	16,263,843	16,351,441	16,355,100	0.0%
Anesthesia	7,162,289	210,770	210,770	100.0%	100.0%	153,622	7,315,908	7,315,908	0.0%

This table assumes a single conversion factor of $43.34 for all services except anesthesia, which has its own conversion factor of $33.98. Both conversion factors are budget neutral.

The anesthesia RVUs include base units and time units.

* The payment for services without RBRVUs is the same under OMFS and the baseline RBRVS model; that is, they are passed through.

NA = not applicable, because RVUs for anesthesia and other services are not comparable.

D. Impact by Provider Specialty

Impact of the Eight Models

Table 3-5 (updated from Table 4-3 in the main report) presents the impact of RBRVS adaptation by provider specialty. Our most noteworthy finding is that payments to radiologists would fall by more than one third under the baseline model, which is almost three times the drop reported for any specialty in our first report for this model. The next largest drop is for surgery, which would experience a drop of 9.9 percent. The largest increases would be for physical medicine (16.0%), emergency medicine (14.1%), and chiropractor (10.5%).

Maintaining the cascade for physical medicine (which is part of the current OMFS) would mitigate many of these impacts. The impact would drop from 16.0% to 5.5% for physical medicine, 10.5% to 0.3% for chiropractor, and 5.9% to -0.8% for acupuncture. Other specialties would experience an increase (except for other, which is unaffected). General and family practice, the specialty with the most payment, would experience an increase from 0.2% to 2.5%. The impact on emergency medicine would increase payments from 14.1% to 17.2%.

Table 3-5: Percent Change in Payment from Adoption of Baseline Budget Neutral RBRVS Model, by Provider Specialty (formerly Table 4-3)

Provider Specialty	Current OMFS (with Pass-Through $)		RBRVS Based Fee Schedule									
	Imputed		Baseline		Percent Change from OMFS							
					Single CF		Dual CF: Separate Surgery		Dual CF: Separate Radiology		Triple CF: Separate Surgery & Radiology	
	Dollars	%	Dollars	%	No Cascade	Cascade	No Cascade	Cascade	No Cascade	Cascade	No Cascade	Cascade
Total	**$210,446,433**	**100%**	**$210,446,430**	**100%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Surgery	$33,733,116	16.0%	$30,394,511	14.4%	-9.9%	-7.7%	-1.9%	-0.9%	-11.1%	-8.9%	-1.7%	-0.8%
Neurology	$5,233,747	2.5%	$4,899,518	2.3%	-6.4%	-5.3%	-6.1%	-5.2%	-6.5%	-5.5%	-6.2%	-5.4%
Radiology	$8,570,957	4.1%	$5,540,160	2.6%	-35.4%	-32.9%	-39.1%	-36.3%	-9.7%	-9.3%	-9.4%	-9.1%
General and Family Practice	$55,073,940	26.2%	$55,208,445	26.2%	0.2%	2.5%	1.3%	3.3%	0.0%	2.2%	1.2%	3.1%
Other or Undefined	$29,378,850	14.0%	$29,296,452	13.9%	-0.3%	-0.3%	-0.4%	-0.4%	-1.1%	-1.0%	-1.3%	-1.3%
Anesthesiology	$13,304,543	6.3%	$13,569,253	6.4%	2.0%	2.6%	1.4%	2.0%	1.4%	2.0%	0.6%	1.2%
Psychiatry	$1,260,068	0.6%	$1,232,406	0.6%	-2.2%	1.1%	-8.7%	-4.8%	-4.4%	-1.1%	-12.6%	-8.7%
Acupuncture	$854,527	0.4%	$905,036	0.4%	5.9%	-0.8%	-0.4%	-5.8%	1.7%	-4.4%	-6.6%	-11.2%
Chiropractor	$9,099,334	4.3%	$10,056,228	4.8%	10.5%	0.3%	3.4%	-5.2%	6.4%	-3.1%	-2.9%	-10.4%
Psychology	$517,163	0.2%	$476,645	0.2%	-7.8%	-4.6%	-14.2%	-10.3%	-11.7%	-8.4%	-20.0%	-16.1%
Multi-Specialty Group (Med/Sur)	$34,534,668	16.4%	$37,015,129	17.6%	7.2%	7.7%	4.7%	5.5%	7.0%	7.5%	4.1%	4.8%
Emergency Medicine	$3,118,975	1.5%	$3,559,751	1.7%	14.1%	17.2%	13.6%	16.5%	11.6%	14.8%	10.5%	13.4%
Physical Medicine	$15,766,543	7.5%	$18,292,896	8.7%	16.0%	5.5%	8.5%	-0.3%	11.2%	1.6%	1.3%	-6.3%

Source: Lewin analysis of CWCI data.

Note: The baseline model is single CF and no cascade. Cascade refers to Physical Medicine/Manipulative Treatment only; other ground rules are unchanged.

The total amounts under current OMFS and the baseline model differ by $3 due to rounding.

The CWCI database did not allow us to calculate payment for podiatrists, dentists, optometrists, occupational therapists, and physical therapists.

The impact of maintaining the cascade has a similar set of impacts under the other conversion factor arrangements that are modeled in the table. With the exception of emergency medicine, the cascade would mitigate the impacts across all specialties.

A surgery CF would benefit surgery to the disadvantage of most other groups. Relative to our baseline, a surgery CF (with no cascade) would decrease the drop in payments from -9.9% to -1.9% for surgery. Several specialties would be largely unaffected by a surgery CF, such as general and family practice. Others would be worse off; the negative impact for radiology would increase from -35.4% to -39.1% and the increase for multi-specialty groups would fall from 7.2% to 4.7%. In general, these impacts reflect the proportion of a specialty's payment that is for surgery.

A radiology CF, similar to the surgery CF, would benefit radiology over most other specialties. The impact would change from -35.4% to -9.7% for radiology. General and family practice and multi-specialty group would both be largely unaffected. Several specialties would again experience drops in payment; for instance, chiropractors would experience a change from 10.5% to 6.4%.

A triple CF would benefit both surgery and radiology over most other specialties. The greatest impact of the triple CF would be decreases for psychology (-20.0%) and for psychiatry (-12.6%).

Radiology's Drop in Payment Under its Own Conversion Factor

The most dramatic change in our estimates of the impact of RBRVS relative to the main report is the drop in payments to radiology. Oddly enough, a conversion factor that is budget neutral for radiology services would still result in a drop in payments to radiologists. This subsection explains the drop at a code level and the counter-intuitive finding on impact.

We selected the eight code-modifier combinations with the highest OMFS payment for radiology, as presented in Table 3-6 (ordered by total payment). These eight code-modifier combinations constituted 54 percent of the OMFS payment for radiology services.

Payments for the most expensive code (72148, MRI of the spine without dye) would fall almost by half. OMFS payment was modeled as the product of 51.2 RVUs per service, a conversion factor of $12.50 per RVU, and a quantity of 5,482 services. Payment under the baseline RBRVS was modeled as the product of 8.12 RBRVUs per service, a conversion factor of $43.34 per RBRVU, and the above quantity of services (after adjustment for Medicare's discount for multiple procedures).

The decrease for the first five codes (all of which are MRIs) would average 45.6 percent, whereas the decrease for the next three codes (all of which are X-rays) would average 23.0 percent. This is consistent with the change in CMS' methodology which increased the assumed utilization rate only for expensive equipment.

This differential change affects the impact of a radiology conversion factor. Providers using only MRIs would still experience a sizeable ***drop*** in payment (17.0 percent in the Table 3-6), whereas providers using only X-rays would experience a sizeable ***increase*** in payment (17.5 percent).

Even though this option (by design) is budget neutral with regards to radiology services, payments to radiologists would drop by 9.7 percent (no PM cascade) or 9.3 percent (PM

cascade) (See Table 3-5). This finding can be explained by the fact that, under OMFS, only about one-third of the payments for radiology services went to radiologists,[13] whose mix of radiology services differs from the mix delivered by non-radiologists. As shown in Table 3-6, the application of Medicare's new methodology would lower payment much more for procedures using expensive equipment than other radiology services, such as X-rays. Presumably the payments to radiologists were largely for services whose payment rates would be cut the most (e.g., MRIs), and payments to other specialties were largely for services whose payment rates would be cut less (e.g., X-rays).

In part because a separate OFMS radiology CF would be budget neutral with regard to radiology services but not to radiologists (who deliver a minority of those services), the radiology CF would not completely protect radiologists from a drop in its OFMS payment.

[13] A key distinction is between payment for radiology services and payments to radiologists.

Table 3-6: Impact of RBRVS Model by Selected Radiology Codes (new)

Modifier		Per service RVUs		OMFS CF	Quantity of Services	Payment				
							Baseline		Radiology CF	
HCPCS	Description	OMFS RVUs A	RBRVUs B	C	D	OMFS E=A*C*D	F= B*$43.34*D	% change (F/E)-1	G= B*$66.15*D	% change (G/E)-1
Total of All Radiology Services		**NA**	**NA**	**NA**	**NA**	**24,408,774**	**16,130,018**	**-33.9%**	**24,408,774**	**0.0%**
72148	MRI lumbar spine w/o dye	51.2	8.12	12.500	5,482	3,508,480	1,867,732	-46.8%	2,850,819	-18.7%
73221	MRI joint upper extrem w/o dye	58.6	8.57	11.875	4,815	3,350,638	1,782,169	-46.8%	2,720,219	-18.8%
73721	MRI joint lower extrem w/o dye	56.0	8.76	11.875	3,969	2,639,385	1,495,312	-43.3%	2,282,374	-13.5%
72141	MRI neck spine w/o dye	54.4	8.28	11.875	2,501	1,615,646	878,133	-45.6%	1,340,341	-17.0%
72158	MRI lumbar spine w/o & w/ dye	71.7	11.98	12.500	748	670,395	385,064	-42.6%	587,744	-12.3%
	Subtotal: First five codes					**11,784,544**	**6,408,410**	**-45.6%**	**9,781,497**	**-17.0%**
72110	X-ray exam of lower spine	6.1	1.38	11.875	7,278	527,200	435,291	-17.4%	664,408	26.0%
73030	X-ray exam of shoulder	4.5	0.78	11.875	9,674	516,954	327,032	-36.7%	499,166	-3.4%
72100	X-ray exam of lower spine	4.4	1.04	11.875	8,524	445,379	384,207	-13.7%	586,436	31.7%
	Subtotal: Next three codes					**1,489,534**	**1,146,530**	**-23.0%**	**1,750,010**	**17.5%**

Notes: The OMFS CF for a code in this table is either 12.50 or 95 percent of 12.50 (i.e., 11.88), depending on whether payment was lowered by 5 percent in 2004.
Although not recognized in the formula of B*D*E, the calculation of baseline payment incorporates a discount for multiple procedures.
The total payment for services includes a pass-through amount.
The % change if there was a radiology conversion factor (CF) is calculated in three steps:

First, the baseline payment is multiplied by the ratio of the two CFs ($66.15/$43.34) to obtain the payment under a radiology CF.
Second, this amount is divided by the OMFS payment amount to obtain payment under a radiology CF as a percentage of the OMFS payment.
Third, 1.0 is subtracted from the percentage to obtain the percentage change..

Two Illustrative Models for Adapting and Transitioning RBRVS

There are at least two approaches to mitigate specialty-specific impacts while resulting in a pure RBRVS. The first approach involves updating the conversion factor and the second involves phasing out multiple conversion factors. Table 3-7 presents the impact by year for two options (out of many possible ones) during the 2010-15 period.

OMFS has not updated its payment rates in years, allowing those payment rates to lose purchasing power over time. We calculate that in 2010 the OMFS CF under the baseline RBRVS model would exceed the Medicare CF by only 11 percent, as presented in Table 3-2 on the Medicare premium. As much as anything else, this has caused the OMFS to become out-dated in real economic terms. Any of the eight models discussed could be updated using the MEI.

The top panel of Table 3-7 presents the impact of the baseline model modified to use the MEI to update payment rates. Updating increases total payment, such that most specialties would receive increased payments by 2015. The exceptions are surgery and radiology, whose payments would experience changes of -1.8% and -29.5% respectively.

Just as Medicare is transitioning to a payment system that relies completely on its new methodology, DWC could transition from specialty-specific conversion factors to a single conversion factor. Given that the largest impact of the baseline model is to lower payments to radiology, we consider such a transition for a radiology conversion factor.

Depending on the year, the OMFS radiology CF would be a blend between the CF that was budget neutral for radiology services ($66.15 per RBRVU) and the budget neutral CF for all specialty services ($45.15 per RBRVU). In 2010, the radiology CF would be a 25 percent blend of the budget neutral CR for radiology and the all-services CF; in 2011 it would be a 50/50 blend; in 2012 a 25/75 blend; and in 2013, the radiology CF would equal the all-services CF. Analogously, the other-services CF would be a blend between a CF that was budget neutral for other services ($43.05 per RBRVU) and the budget neutral CF for all services.

The bottom panel of Table 3-7 presents the impact of a transition for a radiology conversion factor, with a cascade and an update factor. By 2015, all specialties would experience an increase in payments, exception for radiology, which would experience a -26.9% drop.

Table 3-7: Percent Change in Payment from Adoption of Two RBRVS Models with MEI Update Factor, by Provider Specialty, 2010-2015 (new)

Provider Specialty	Cumulative Percent Change from OMFS						
	No Update	2010	2011	2012	2013	2014	2015
Baseline Model (Single CF, No PM Cascade) except with MEI Update							
Total	**0.0%**	**0.8%**	**2.3%**	**4.2%**	**5.7%**	**7.2%**	**9.0%**
Surgery	-9.9%	-9.2%	-7.8%	-6.2%	-4.7%	-3.4%	-1.8%
Neurology	-6.4%	-5.6%	-4.2%	-2.5%	-1.0%	0.4%	2.1%
Radiology	-35.4%	-34.8%	-33.9%	-32.7%	-31.7%	-30.7%	-29.5%
General and Family Practice	0.2%	1.0%	2.6%	4.4%	6.0%	7.5%	9.3%
Other or Undefined	-0.3%	0.5%	2.0%	3.9%	5.4%	6.9%	8.7%
Anesthesiology	2.0%	2.8%	4.3%	6.2%	7.8%	9.3%	11.2%
Psychiatry	-2.2%	-1.4%	0.1%	1.9%	3.4%	4.8%	6.6%
Acupuncture	5.9%	6.8%	8.4%	10.3%	12.0%	13.5%	15.5%
Chiropractor	10.5%	11.4%	13.1%	15.1%	16.8%	18.5%	20.5%
Psychology	-7.8%	-7.1%	-5.7%	-4.0%	-2.6%	-1.2%	0.5%
Multi-Specialty Group (Med/Sur)	7.2%	8.0%	9.7%	11.6%	13.3%	14.9%	16.8%
Emergency Medicine	14.1%	15.0%	16.8%	18.9%	20.7%	22.3%	24.4%
Physical Medicine	16.0%	17.0%	18.7%	20.8%	22.7%	24.4%	26.5%
Two CFs (radiology CF and other services CF) with 4-year transition, PM Cascade, and MEI Update							
Transition toward Single CF	**0%**	**25%**	**50%**	**75%**	**100%**	**100%**	**100%**
Total	**0.0%**	**0.8%**	**2.3%**	**4.2%**	**5.7%**	**7.2%**	**9.0%**
Surgery	-8.9%	-7.9%	-6.2%	-4.2%	-2.5%	-1.1%	0.6%
Neurology	-5.5%	-4.7%	-3.2%	-1.5%	0.1%	1.5%	3.2%
Radiology	-9.3%	-14.5%	-19.3%	-24.0%	-29.1%	-28.1%	-26.9%
General and Family Practice	2.2%	3.1%	4.7%	6.7%	8.4%	9.9%	11.8%
Other or Undefined	-1.0%	0.0%	1.6%	3.7%	5.4%	6.9%	8.7%
Anesthesiology	2.0%	3.0%	4.7%	6.7%	8.4%	10.0%	11.8%
Psychiatry	-1.1%	0.3%	2.3%	4.8%	6.9%	8.4%	10.3%
Acupuncture	-4.4%	-2.7%	-0.3%	2.4%	4.9%	6.3%	8.1%
Chiropractor	-3.1%	-1.5%	0.9%	3.6%	6.0%	7.5%	9.3%
Psychology	-8.4%	-6.7%	-4.3%	-1.6%	0.9%	2.3%	4.0%
Multi-Specialty Group (Med/Sur)	7.5%	8.4%	10.1%	12.1%	13.8%	15.4%	17.4%
Emergency Medicine	14.8%	16.3%	18.7%	21.5%	23.9%	25.7%	27.8%
Physical Medicine	1.6%	3.4%	5.9%	8.9%	11.6%	13.1%	15.0%

In the top panel, the "No Update" column reproduces results in Table 3-5 for single CF no cascade, and in the bottom panel it reproduces results in Table 3-5 for dual CF (separate radiology CF) with a PM cascade.

The 2009 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trusts Funds assumes (p. 147) the following increases in the MEI:

0.8% 1.5% 1.8% 1.5% 1.4% 1.7%

Appendix A: Crosswalk of 1994/1997 CPT Codes to 2010 CPT Codes

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
00320		1-M	00320
00320		1-M	00326
00420		M-1	00300
00528		1-M	00528
00528		1-M	00529
00544		1-1	00542
00850		1-1	01961
00855		1-1	01963
00857		1-M	01969
00857		1-M	01968
00884		1-1	01930
00900		M-M	00300
00900		M-M	00400
00946		1-1	01960
00955		1-1	01967
01000		M-1	00400
01110		M-1	00300
01214		1-M	01214
01214		1-M	01215
01240		M-1	00400
01300		M-1	00400
01460		M-1	00400
01600		M-1	00400
01632		1-M	01630
01632		1-M	01638
01700		M-1	00400
01784		1-M	01770
01784		1-M	01780
01800		M-1	00400
01900		1-1	00952
01902		1-1	00214
01904		M-M	01935
01904		M-M	01936
01906		M-M	01936
01906		M-M	01935
01908		M-M	01936
01908		M-M	01935
01910		M-M	01935
01910		M-M	01936
01912		M-M	01935
01912		M-M	01936
01914		M-M	01936
01914		M-M	01935
01918		1-1	01916
01921		1-M	01924
01921		1-M	01925
01921		1-M	01926
01995		No Xwalk	
11050		1-M	11055
11050		M-M	17000
11051		1-M	11056
11051		M-M	17003
11052		1-M	11057
11052		M-M	17004
11052		M-M	17003
11731		1-1	11732
13300		1-M	13122
13300		1-M	13102
13300		1-M	13133
13300		1-M	13153
14300		1-M	14301
14300		1-M	14302
15350		1-M	15321
15350		1-M	15300
15350		1-M	15320
15350		1-M	15336
15350		1-M	15330
15350		1-M	15335
15350		1-M	15331
15350		1-M	15301
15400		1-M	15400
15400		1-M	15401
15400		1-M	15421
15400		1-M	15420
15580		1-1	15574
15625		1-1	15620

Note: California-specific codes that are crosswalked to 2010 CPT codes are listed in Appendix B.

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
15810		No Xwalk	
15811		No Xwalk	
15831		1-M	17999
15831		1-M	15847
15831		1-M	15830
16010		1-1	16020
16015		1-M	16030
16015		1-M	16025
16035		1-M	16035
16035		1-M	16036
16040		M-M	15002
16040		M-M	15004
16041		M-M	15004
16041		M-M	15002
16042		M-M	15004
16042		M-M	15002
17001		M-M	17004
17001		M-M	17003
17002		M-M	17003
17002		M-M	17004
17010		No Xwalk	
17100		M-M	17003
17100		M-M	17004
17100		M-M	17000
17101		M-M	17000
17101		M-M	17003
17101		M-M	17004
17102		M-M	17003
17102		M-M	17000
17102		M-M	17004
17104		M-M	17004
17104		M-M	17003
17104		M-M	17000
17105		M-M	17003
17105		M-M	17000
17105		M-M	17004
17110		1-M	17110
17110		1-M	17111
17200		M-M	11201

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
17200		M-M	11200
17201		M-M	11201
17201		M-M	11200
17304		1-1	17311
17305		M-M	17314
17305		M-M	17312
17306		M-M	17312
17306		M-M	17314
17307		M-M	17312
17307		M-M	17314
17310		1-1	17315
19100		M-M	19102
19100		M-M	19100
19100		M-M	19103
19100		M-M	19101
19101		M-M	19101
19101		M-M	19103
19101		M-M	19100
19101		M-M	19102
19140		1-1	19300
19160		1-1	19301
19162		1-1	19302
19180		1-1	19303
19182		1-1	19304
19200		1-1	19305
19220		1-1	19306
19240		1-1	19307
21015		1-M	21015
21015		1-M	21016
21040		M-M	21040
21040		M-M	21047
21040		M-M	21046
21041		M-M	21047
21041		M-M	21046
21041		M-M	21040
21300		No Xwalk	
21493		No Xwalk	
21494		No Xwalk	
21555		1-M	21555

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
21555		1-M	21552
21556		1-M	21554
21556		1-M	21556
21557		1-M	21558
21557		1-M	21557
21740		1-M	21740
21740		1-M	21743
21740		1-M	21742
21930		1-M	21932
21930		1-M	21930
21930		1-M	21931
21930		1-M	21933
21935		1-M	21936
21935		1-M	21935
22900		1-M	22901
22900		1-M	22900
23075		1-M	23071
23075		1-M	23075
23076		1-M	23076
23076		1-M	23073
23077		1-M	23077
23077		1-M	23078
23221		No Xwalk	
23222		No Xwalk	
24075		1-M	24071
24075		1-M	24075
24076		1-M	24073
24076		1-M	24076
24077		1-M	24079
24077		1-M	24077
24151		No Xwalk	
24153		No Xwalk	
24350		M-M	24358
24350		M-M	24359
24350		M-M	24357
24351		M-M	24357
24351		M-M	24359
24351		M-M	24358
24352		M-M	24358

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
24352		M-M	24357
24352		M-M	24359
24354		M-M	24358
24354		M-M	24357
24354		M-M	24359
24356		M-M	24357
24356		M-M	24358
24356		M-M	24359
25075		1-M	25075
25075		1-M	25071
25076		1-M	25076
25076		1-M	25073
25077		1-M	25077
25077		1-M	25078
25274		1-M	25274
25274		1-M	25275
25611		1-1	25606
25620		1-M	25608
25620		1-M	25609
25620		1-M	25607
26115		1-M	26111
26115		1-M	26115
26116		1-M	26113
26116		1-M	26116
26117		1-M	26118
26117		1-M	26117
26255		No Xwalk	
26261		No Xwalk	
26504		1-1	26390
26585		1-1	26587
27047		1-M	27047
27047		1-M	27043
27048		1-M	27045
27048		1-M	27048
27049		1-M	27059
27049		1-M	27049
27079		No Xwalk	
27315		1-1	27325
27320		1-1	27326

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
27327		1-M	27337
27327		1-M	27327
27328		1-M	27339
27328		1-M	27328
27329		1-M	27329
27329		1-M	27364
27615		1-M	27616
27615		1-M	27615
27618		1-M	27632
27618		1-M	27618
27619		1-M	27634
27619		1-M	27619
28030		1-1	28055
28043		1-M	28043
28043		1-M	28039
28045		1-M	28045
28045		1-M	28041
28046		1-M	28047
28046		1-M	28046
29815		1-1	29805
29909		1-1	29999
31585		No Xwalk	
31586		No Xwalk	
31622		1-M	31623
31622		1-M	31622
31622		1-M	31624
31628		M-M	31632
31628		M-M	31628
31629		1-M	31629
31629		1-M	31633
31700		No Xwalk	
31708		No Xwalk	
31710		No Xwalk	
32000		M-1	32421
32002		1-1	32422
32005		1-1	32560
32020		1-1	32551
32216		M-1	33216
32520		No Xwalk	

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
32522		No Xwalk	
32525		No Xwalk	
32850		1-M	32850
32850		1-M	32856
32850		1-M	32855
33200		No Xwalk	
33201		No Xwalk	
33242		1-M	33218
33242		1-M	33220
33245		No Xwalk	
33246		No Xwalk	
33247		M-1	33216
33253		1-M	33254
33253		1-M	33256
33253		1-M	33255
33918		M-M	33926
33918		M-M	33925
33919		M-M	33926
33919		M-M	33925
33930		1-M	33933
33930		1-M	33930
33940		1-M	33940
33940		1-M	33944
35161		M-1	37799
35162		M-1	37799
35301		M-M	35305
35301		M-M	35303
35301		M-M	35306
35301		M-M	35302
35301		1-M	35301
35301		M-M	35304
35381		M-M	35302
35381		M-M	35305
35381		M-M	35303
35381		M-M	35304
35381		M-M	35306
35507		1-1	35506
35541		1-M	35537
35541		1-M	35538

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
35546		1-M	35540
35546		1-M	35539
35582		No Xwalk	
35601		M-M	35637
35601		M-M	35638
35601		1-M	35601
35641		M-M	35638
35641		M-M	35637
35646		1-M	35646
35646		1-M	35647
35681		1-M	35681
35681		1-M	35682
35681		1-M	35683
36145		M-M	36147
36145		1-M	36148
36488		M-M	36568
36488		M-M	36584
36488		M-M	36580
36488		M-M	36569
36488		M-M	36555
36488		M-M	36556
36489		M-M	36556
36489		M-M	36584
36489		M-M	36555
36489		M-M	36569
36489		M-M	36568
36489		M-M	36580
36490		M-M	36556
36490		M-M	36580
36490		M-M	36568
36490		M-M	36569
36490		M-M	36584
36490		M-M	36555
36491		M-M	36568
36491		M-M	36555
36491		M-M	36580
36491		M-M	36584
36491		M-M	36556
36491		M-M	36569

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
36493		1-1	36597
36520		1-M	36512
36520		1-M	36511
36530		1-1	36563
36531		M-M	36576
36531		M-M	36584
36531		M-M	36585
36531		M-M	36575
36531		M-M	36578
36531		M-M	36582
36531		M-M	36581
36532		1-1	36590
36533		1-M	36570
36533		1-M	36565
36533		1-M	36558
36533		1-M	36561
36533		1-M	36557
36533		1-M	36566
36533		1-M	36571
36533		1-M	36560
36534		M-M	36575
36534		M-M	36581
36534		M-M	36585
36534		M-M	36578
36534		M-M	36582
36534		1-M	36583
36534		M-M	36576
36535		1-1	36589
36821		1-M	36819
36821		1-M	36820
36821		1-M	36821
36832		1-M	36832
36832		1-M	36833
36834		No Xwalk	
37720		M-M	37722
37720		M-M	37718
37730		M-M	37718
37730		M-M	37722
38231		1-M	38206

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
38231		1-M	38205
42325		No Xwalk	
42326		No Xwalk	
43259		1-M	43259
43259		1-M	43237
43638		No Xwalk	
43639		No Xwalk	
43750		1-1	43246
43846		1-M	43846
43846		1-M	43845
44152		M-1	44799
44153		M-1	44799
44625		1-M	44625
44625		1-M	44626
44900		1-M	44901
44900		1-M	44900
45170		1-M	45172
45170		1-M	45171
46210		M-1	46999
46211		M-1	46999
46934		1-1	46930
46935		No Xwalk	
46936		No Xwalk	
46937		M-1	45190
46938		M-1	45190
47010		1-M	47010
47010		1-M	47011
47134		1-1	47140
47716		1-1	47719
48005		1-1	48105
48180		1-1	48548
48510		1-M	48511
48510		1-M	48510
48550		1-M	48552
48550		1-M	48550
48550		1-M	48551
49040		1-M	49041
49040		1-M	49040
49060		1-M	49060

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
49060		1-M	49061
49085		1-1	49402
49200		M-M	49204
49200		M-M	49203
49200		M-M	49205
49200		M-M	58958
49200		M-M	58957
49201		M-M	58958
49201		M-M	49205
49201		M-M	49204
49201		M-M	49203
49201		M-M	58957
50020		1-M	50021
50020		1-M	50020
50300		1-M	50300
50300		1-M	50323
50320		1-M	50325
50320		1-M	50320
50559		No Xwalk	
50578		No Xwalk	
50959		No Xwalk	
50978		No Xwalk	
51000		1-1	51100
51005		1-1	51101
51010		1-1	51102
51739		1-1	51741
51772		M-M	51729
51772		1-M	51727
51795		M-M	51729
51795		1-M	51728
52335		1-1	52351
52336		1-1	52352
52337		1-1	52353
52338		1-1	52354
52339		1-1	52355
52340		1-1	52400
52510		No Xwalk	
52606		1-1	52214
52612		M-1	52601

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
52614		M-1	52601
52620		M-1	52630
52630		M-1	52630
53443		1-1	53431
53447		1-M	53448
53447		1-M	53447
53670		1-M	51701
53670		1-M	51702
53675		1-1	51703
54152		1-1	54150
54402		1-M	54415
54402		1-M	54416
54407		M-M	54408
54407		1-M	54410
54407		1-M	54406
54409		M-1	54408
54510		1-1	54512
54820		1-1	54865
55859		1-1	55875
56300		1-1	49320
56301		1-1	58670
56302		1-1	58671
56303		1-1	58662
56304		1-1	58660
56305		1-1	49321
56306		1-1	49322
56307		1-1	58661
56308		1-M	58550
56308		1-M	58552
56309		1-M	58545
56309		1-M	58546
56311		1-1	38570
56312		1-1	38571
56313		1-1	38572
56315		1-1	44970
56316		1-1	49650
56317		1-1	49651
56320		1-1	55550
56322		1-1	43651

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
56323		1-1	43652
56324		1-1	47570
56340		1-1	47562
56341		1-1	47563
56342		1-1	47564
56343		1-1	58673
56344		1-1	58672
56350		1-1	58555
56351		1-1	58558
56352		1-1	58559
56353		1-1	58560
56354		1-1	58561
56355		1-1	58562
56356		1-1	58563
56362		1-1	47560
56363		1-1	47561
56399		No Xwalk	
56720		1-1	56442
57108		1-1	57106
57110		1-M	57110
57110		1-M	57112
57110		1-M	57111
57282		1-M	57283
57282		1-M	57282
57284		1-M	57284
57284		1-M	57285
57452		M-M	57454
57452		M-M	57452
57452		M-M	57455
57452		M-M	57456
57452		M-M	57460
57452		M-M	57461
57454		M-M	57455
57454		M-M	57454
57454		M-M	57460
57454		M-M	57452
57454		M-M	57461
57454		M-M	57456
57460		M-M	57461

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
57460		M-M	57456
57460		M-M	57454
57460		M-M	57460
57460		M-M	57455
57460		M-M	57452
57820		1-1	57558
58140		1-M	58146
58140		1-M	58140
59000		1-M	59000
59000		1-M	59001
60001		1-1	60300
61106		No Xwalk	
61130		No Xwalk	
61538		M-M	61537
61538		M-M	61538
61538		M-M	61539
61538		M-M	61540
61539		M-M	61539
61539		M-M	61538
61539		M-M	61537
61539		M-M	61540
61712		M-1	69990
61793		1-M	61796
61793		1-M	61797
61793		1-M	63620
61793		1-M	63621
61793		1-M	61799
61793		1-M	61800
61793		1-M	61798
61855		M-M	61868
61855		M-M	61867
61865		M-M	61868
61865		M-M	61867
61885		1-M	61886
61885		1-M	61885
62274		M-M	62311
62274		M-M	62310
62275		M-1	62310
62276		M-M	62318

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
62276		M-M	62319
62277		M-M	62318
62277		M-M	62319
62278		M-M	62311
62279		M-1	62319
62287		1-1	62267
62288		M-M	62311
62288		M-M	62310
62289		M-1	62311
62298		M-1	62310
63040		1-M	63044
63040		1-M	63043
63040		1-M	63040
63660		1-M	63661
63660		1-M	63664
63660		1-M	63663
63660		1-M	63662
63690		M-M	95970
63690		M-M	95971
63691		M-M	95970
63691		M-M	95971
64415		1-M	64416
64415		1-M	64415
64440		1-M	64479
64440		1-M	64483
64441		1-M	64484
64441		1-M	64480
64442		1-1	64493
64443		1-M	64495
64443		1-M	64494
64445		1-M	64445
64445		1-M	64446
64555		1-M	64561
64555		1-M	64555
64575		1-M	64575
64575		1-M	64581
64622		M-M	64626
64622		M-M	64622
64622		M-M	64627

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
64622		M-M	64623
64623		M-M	64623
64623		M-M	64626
64623		M-M	64622
64623		M-M	64627
64680		1-M	64681
64680		1-M	64680
64830		M-1	69990
66710		1-M	66710
66710		1-M	66711
67038		1-M	67042
67038		1-M	67041
67038		1-M	67043
67228		1-M	67228
67228		1-M	67229
67350		1-1	67346
69410		No Xwalk	
70540		1-M	70543
70540		1-M	70542
70540		1-M	70540
70541		1-M	70545
70541		1-M	70549
70541		1-M	70546
70541		1-M	70548
70541		1-M	70544
70541		1-M	70547
71036		M-1	77002
71038		M-M	31632
71038		M-M	31628
71550		1-M	71552
71550		1-M	71550
71550		1-M	71551
72196		1-M	72196
72196		1-M	72197
72196		1-M	72195
73220		1-M	73219
73220		1-M	73220
73220		1-M	73218
73221		1-M	73223

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
73221		1-M	73221
73221		1-M	73222
73720		1-M	73718
73720		1-M	73720
73720		1-M	73719
73721		1-M	73721
73721		1-M	73723
73721		1-M	73722
74181		1-M	74183
74181		1-M	74182
74181		1-M	74181
74350		1-1	49440
74405		1-M	74415
74405		1-M	74400
74405		1-M	74410
75552		M-M	75559
75552		M-M	75557
75553		M-M	75563
75553		M-M	75561
75554		M-M	75563
75554		M-M	75559
75554		M-M	75561
75554		M-M	75557
75555		M-M	75561
75555		M-M	75563
75555		M-M	75557
75555		M-M	75559
75556		1-1	75565
75790		1-M	75791
75790		M-M	36147
76003		M-1	77002
76020		1-1	77072
76040		1-1	77073
76061		1-1	77074
76062		1-1	77075
76065		1-1	77076
76066		1-1	77077
76070		1-M	77079
76070		1-M	77078

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
76075		1-1	77080
76086		1-1	77053
76088		1-1	77054
76090		1-1	77055
76091		1-1	77056
76092		1-1	77057
76093		1-1	77058
76094		1-1	77059
76095		1-1	77031
76096		1-1	77032
76355		1-1	77011
76360		M-1	77012
76365		M-1	77012
76370		1-1	77014
76375		No Xwalk	
76400		1-1	77084
76511		M-M	76512
76511		M-M	76511
76511		M-M	76510
76512		M-M	76510
76512		M-M	76512
76512		M-M	76511
76778		1-M	76775
76778		1-M	76776
76805		M-M	76801
76805		M-M	76802
76805		M-M	76805
76805		M-M	76810
76810		M-M	76810
76810		M-M	76802
76810		M-M	76801
76810		M-M	76805
76818		1-M	76819
76818		1-M	76818
76934		M-M	76942
76934		M-M	32421
76938		M-1	76942
76960		1-1	76950
76986		1-1	76998

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
77419		M-1	77427
77420		M-1	77427
77425		M-1	77427
77430		M-1	77427
77781		M-M	77786
77781		1-M	77785
77782		M-1	77786
77783		M-1	77786
77784		1-1	77787
78017		1-1	78018
78160		No Xwalk	
78162		No Xwalk	
78170		No Xwalk	
78172		No Xwalk	
78455		No Xwalk	
78460		1-1	78453
78461		1-1	78454
78464		1-1	78451
78465		1-1	78452
78478		No Xwalk	
78480		No Xwalk	
78615		1-1	78610
78704		M-M	78708
78704		M-M	78709
78704		M-M	78707
78707		M-M	78708
78707		M-M	78709
78707		M-M	78707
78715		M-M	78709
78715		M-M	78707
78715		M-M	78708
78726		1-1	78799
78727		M-M	78707
78727		1-M	78700
78727		M-M	78708
78727		1-M	78701
78727		M-M	78709
78760		1-1	78761
78800		M-M	78802

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
78800		M-M	78800
78800		M-M	78804
78802		M-M	78804
78802		M-M	78800
78802		M-M	78802
78810		1-M	78812
78810		1-M	78813
78810		1-M	78811
78891		No Xwalk	
78990		No Xwalk	
79000		M-1	79005
79001		M-1	79005
79020		M-1	79005
79030		M-1	79005
79035		M-1	79005
79100		M-1	79101
79400		M-1	79101
79420		1-1	79445
79900		No Xwalk	
85095		1-1	38220
85102		1-1	38221
88150		1-M	88154
88150		1-M	88153
88150		1-M	88150
88150		1-M	88152
88151		1-1	88141
88170		1-1	10021
88171		1-1	10022
88180		1-M	88182
88180		1-M	88189
90709		No Xwalk	
90711		No Xwalk	
90714		1-M	90693
90714		1-M	90690
90714		1-M	90692
90714		1-M	90691
90724		1-M	90657
90724		1-M	90655
90724		1-M	90660

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
90724		1-M	90658
90726		1-M	90675
90726		1-M	90676
90728		1-M	90586
90728		1-M	90585
90730		1-M	90632
90730		1-M	90634
90730		1-M	90633
90737		1-M	90645
90737		1-M	90646
90737		1-M	90648
90737		1-M	90647
90741		1-M	90281
90741		1-M	90283
90742		1-M	90291
90742		1-M	90385
90742		1-M	90389
90742		1-M	90287
90742		1-M	90384
90742		1-M	90296
90742		1-M	90375
90742		1-M	90393
90742		1-M	90288
90742		1-M	90396
90742		1-M	90371
90742		1-M	90386
90742		1-M	90399
90742		1-M	90376
90745		No Xwalk	
90780		1-M	96368
90780		1-M	96367
90780		1-M	96360
90780		1-M	96365
90781		1-M	96361
90781		1-M	96366
90782		M-1	96372
90783		1-1	96373
90784		1-1	96374
90788		M-1	96372

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
90799		1-1	96379
90820		1-1	90802
90825		1-1	90885
90835		1-1	90865
90841		No Xwalk	
90842		1-M	90822
90842		1-M	90808
90842		1-M	90821
90842		1-M	90809
90843		1-M	90817
90843		1-M	90816
90843		1-M	90805
90843		1-M	90804
90844		1-M	90818
90844		1-M	90819
90844		1-M	90806
90844		1-M	90807
90855		1-M	90813
90855		1-M	90812
90855		1-M	90814
90855		1-M	90824
90855		1-M	90823
90855		1-M	90829
90855		1-M	90826
90855		1-M	90827
90855		1-M	90828
90855		1-M	90815
90855		1-M	90810
90855		1-M	90811
90871		1-1	90870
90918		1-M	90953
90918		1-M	90951
90918		1-M	90963
90918		1-M	90952
90919		1-M	90955
90919		1-M	90954
90919		1-M	90956
90919		1-M	90964
90920		1-M	90958

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
90920		1-M	90957
90920		1-M	90965
90920		1-M	90959
90921		1-M	90962
90921		1-M	90961
90921		1-M	90960
90921		1-M	90966
90922		1-1	90967
90923		1-1	90968
90924		1-1	90969
90925		1-1	90970
91032		M-M	91035
91032		M-M	91034
91033		M-M	91035
91033		M-M	91034
91060		No Xwalk	
91100		No Xwalk	
92330		No Xwalk	
92335		No Xwalk	
92390		No Xwalk	
92391		No Xwalk	
92392		No Xwalk	
92393		No Xwalk	
92395		No Xwalk	
92396		No Xwalk	
92510		No Xwalk	
92525		1-M	92610
92525		1-M	92611
92569		1-1	92570
92573		M-1	92700
92589		No Xwalk	
92598		No Xwalk	
92599		M-1	92700
93000	TC	1-M	93005
93000	26	1-M	93010
93015	26	1-M	93018
93015	26	1-M	93016
93040	TC	1-M	93041
93040	26	1-M	93042

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
93307		1-M	93307
93307		1-M	93306
93536		1-1	33967
93607		1-1	93622
93731		M-M	93280
93731		M-M	93288
93731		M-M	93294
93732		M-M	93294
93732		M-M	93280
93732		M-M	93288
93733		M-1	93293
93734		M-M	93288
93734		M-M	93294
93734		M-M	93279
93735		M-M	93288
93735		M-M	93294
93735		M-M	93279
93736		M-1	93293
93737		M-M	93282
93737		M-M	93295
93737		M-M	93292
93737		M-M	93283
93737		M-M	93289
93738		M-M	93295
93738		M-M	93282
93738		M-M	93292
93738		M-M	93289
93738		M-M	93283
93760		No Xwalk	
93762		No Xwalk	
94160	TC	1-1	94010
94620		1-M	94620
94620		1-M	94621
94650		No Xwalk	
94651		No Xwalk	
94652		No Xwalk	
94656		M-M	94004
94656		1-M	94002
94657		1-M	94003
94657		M-M	94004
94665		No Xwalk	
95078		No Xwalk	
95858		No Xwalk	
96100		1-M	96103
96100		1-M	96102
96100		1-M	96101
96115		1-1	96116
96117		1-M	96118
96117		1-M	96120
96117		1-M	96119
96400		1-M	96402
96400		1-M	96401
96408		1-1	96409
96410		1-1	96413
96412		1-1	96415
96414		1-1	96416
96520		1-1	96521
96530		1-1	96522
96545		No Xwalk	
97020		1-1	97024
97114		M-1	97530
97118		1-1	97032
97120		1-1	97033
97122		M-1	97140
97126		1-1	97034
97128		1-1	97035
97145		1-M	97124
97145		1-M	97110
97145		1-M	97112
97145		M-M	97140
97145		1-M	97116
97145		M-M	97113
97145		1-M	97139
97220		M-1	97036
97221		M-1	97036
97240		M-M	97036
97240		M-M	97113
97241		M-M	97036

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
97241		M-M	97113
97250		M-1	97140
97260		M-1	97140
97261		M-1	97140
97500		M-1	97760
97501		M-1	97760
97520		M-1	97761
97521		M-1	97761
97531		M-1	97530
97540		M-M	97537
97540		M-M	97535
97541		M-M	97535
97541		M-M	97537
97700		M-1	97762
97701		M-1	97762
97721		M-1	97750
97752		M-1	97750
99025		No Xwalk	
99058		M-M	99060
99058		M-M	99056
99058		M-M	99058
99185		No Xwalk	
99186		No Xwalk	
99261		M-M	99231
99261		M-M	99308
99261		M-M	99310
99261		M-M	99233
99261		M-M	99232
99261		M-M	99309
99261		M-M	99307
99262		M-M	99309
99262		M-M	99310
99262		M-M	99307
99262		M-M	99308
99262		M-M	99231
99262		M-M	99232
99262		M-M	99233
99263		M-M	99307
99263		M-M	99310

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
99263		M-M	99308
99263		M-M	99233
99263		M-M	99231
99263		M-M	99309
99263		M-M	99232
99271		M-M	99255
99271		M-M	99251
99271		M-M	99252
99271		M-M	99242
99271		M-M	99253
99271		M-M	99254
99271		M-M	99244
99271		M-M	99243
99271		M-M	99245
99271		M-M	99241
99272		M-M	99254
99272		M-M	99253
99272		M-M	99242
99272		M-M	99255
99272		M-M	99251
99272		M-M	99243
99272		M-M	99252
99272		M-M	99241
99272		M-M	99244
99272		M-M	99245
99273		M-M	99241
99273		M-M	99254
99273		M-M	99255
99273		M-M	99252
99273		M-M	99244
99273		M-M	99245
99273		M-M	99251
99273		M-M	99253
99273		M-M	99242
99273		M-M	99243
99274		M-M	99244
99274		M-M	99243
99274		M-M	99241
99274		M-M	99252

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
99274		M-M	99255
99274		M-M	99253
99274		M-M	99251
99274		M-M	99254
99274		M-M	99242
99274		M-M	99245
99275		M-M	99242
99275		M-M	99252
99275		M-M	99244
99275		M-M	99253
99275		M-M	99254
99275		M-M	99241
99275		M-M	99251
99275		M-M	99255
99275		M-M	99243
99275		M-M	99245
99295		1-M	99471
99295		1-M	99468
99296		M-M	99472
99296		M-M	99469
99297		M-M	99469
99297		M-M	99472
99301		1-M	99304
99301		M-M	99318
99302		M-M	99318
99302		M-M	99305
99303		M-M	99305
99303		1-M	99306
99311		M-M	99307
99311		M-M	99308
99312		M-M	99309
99312		M-M	99308
99313		M-M	99309
99313		M-M	99310
99321		M-M	99325
99321		M-M	99326
99321		M-M	99327
99321		M-M	99334
99321		M-M	99335

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
99321		M-M	99336
99321		M-M	99324
99321		M-M	99328
99322		M-M	99325
99322		M-M	99335
99322		M-M	99328
99322		M-M	99324
99322		M-M	99334
99322		M-M	99327
99322		M-M	99326
99322		M-M	99336
99323		M-M	99335
99323		M-M	99326
99323		M-M	99328
99323		M-M	99325
99323		M-M	99327
99323		M-M	99336
99323		M-M	99324
99323		M-M	99334
99331		M-M	99325
99331		M-M	99334
99331		M-M	99324
99331		M-M	99327
99331		M-M	99335
99331		M-M	99336
99331		M-M	99326
99331		M-M	99328
99332		M-M	99324
99332		M-M	99325
99332		M-M	99327
99332		M-M	99334
99332		M-M	99335
99332		M-M	99328
99332		M-M	99336
99332		M-M	99326
99333		M-M	99326
99333		M-M	99325
99333		M-M	99324
99333		M-M	99336

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
99333		M-M	99335
99333		M-M	99327
99333		M-M	99334
99333		M-M	99328
99341		M-M	99342
99341		M-M	99344
99341		M-M	99341
99341		M-M	99343
99341		M-M	99345
99342		M-M	99342
99342		M-M	99344
99342		M-M	99341
99342		M-M	99345
99342		M-M	99343
99343		M-M	99344
99343		M-M	99345
99343		M-M	99342
99343		M-M	99343
99343		M-M	99341
99351		1-1	99347
99352		1-1	99348
99353		1-1	99349
99362		1-M	99368

OMFS Code	Modifier	Mapping Algorithm	Replacement Code in 2010 CPT
99362		1-M	99366
99362		M-M	99367
99371		M-M	99443
99371		M-M	99441
99371		M-M	99442
99372		M-M	99443
99372		M-M	99441
99372		M-M	99442
99373		M-M	99443
99373		M-M	99442
99373		M-M	99441
99375		1-M	99374
99375		M-M	99375
99376		1-M	99380
99376		M-M	99375
99376		1-M	99378
99431		1-1	99460
99432		1-1	99461
99433		1-1	99462
99435		1-1	99463
99440		1-1	99465

Appendix B: Method of RBRVU Assignment, California-Specific Codes

OMFS Code	OMFS Description	OMFS Service Category	Replacement Code in 2010 CPT	Method of RBRVU Assignment
15000	Excision & repair by free skin graft	Surgery	15002-15005	Average RBRVUs[1]
22830	Exploration of spinal fusion	Surgery	22830	RBRVS
64550	Application of surface (transcutaneous)	Surgery	64550	RBRVS
76175	Duplication of x-ray	Rad & Nuclear Med	None	Pass through
76176	Duplicaiton of scan	Rad & Nuclear Med	None	Pass through
90889	Prep of special report patient psy history	Medicine	None	Pass through
92065	Orthoptic and/pleoptic training	Medicine	92065	RBRVS
92313	Corneoscleral lens, both eyes	Medicine	92313	RBRVS
92317	Corneoscleral lens, both eyes	Medicine	92317	RBRVS
97610	Physical med tx to 1 area, initial 30 mins	Physical Medicine	97140	RBRVS
97612	Individual instruction	Physical Medicine	None	Zero
97614	Fabrication of orthotics	Physical Medicine	*	Exclude
97616	Physical med tx 1 area, joint mobilization	Physical Medicine	97140	RBRVS
97618	taping	Physical Medicine	None	Zero
97620	Individ procedure req computer assist equip	Physical Medicine	None	Zero
97630	group exercise up to 5 patients	Physical Medicine	97150	RBRVS
97631	each additional 15 mins	Physical Medicine	97150	RBRVS
97650	patient education	Physical Medicine	98961 & 98962	Average RBRVUs[2]
97660	work tolerance testing	Physical Medicine	97750	RBRVS
97670	functional capacity measurement	Physical Medicine	97750	RBRVS
97680	job site visit/assessment	Physical Medicine	None	Pass through
97690	standard test of physical performance	Physical Medicine	97750	RBRVS
97691	each additional 15 mins	Physical Medicine	97750	RBRVS
97720	Extremity test for strength initial 30 mins	Physical Medicine	97750	RBRVS
97800	Acupuncture	Physical Medicine	97810 & 97811[3]	RBRVS
97801	Electro acupuncture	Physical Medicine	97813 & 97814[4]	RBRVS
97802	Cupping	Physical Medicine	None	Zero
97803	Moxibustion	Physical Medicine	None	Zero
97999	unlisted acupuncture	Physical Medicine	None	Zero
98770	Brief-PT assess/evaluation-new pt	Physical Medicine	97001	RBRVS
98771	Limited-PT assess/eval-new pt	Physical Medicine	97001	RBRVS
98772	Intermediate-PT assess/eval-new pt	Physical Medicine	97001	RBRVS
98773	Extended-PT asses/eval-new pt	Physical Medicine	97001	RBRVS
98774	Comprehensive-PT asses/eval-new pt	Physical Medicine	97001	RBRVS
98775	Limited -PT assess/eval-est pt	Physical Medicine	97002	RBRVS
98776	Intermediate-PT assess/eval-est pt	Physical Medicine	97002	RBRVS
98777	Extended-PT asses/eval-est pt	Physical Medicine	97002	RBRVS
98778	Comprehensive-PT asses/eval-est pt	Physical Medicine	97002	RBRVS
99002	Hand,conveyance	Medicine-Special Svc	None	Zero

OMFS Code	OMFS Description	OMFS Service Category	Replacement Code in 2010 CPT	Method of RBRVU Assignment
99017	Prep of specimen for transfer	Medicine-Special Svc	None	Zero
99019	single venous or capillary puncture	Medicine-Special Svc	*	Exclude
99020	multiple venous	Medicine-Special Svc	*	Exclude
99021	multiple venous or capilary punct w/cent	Medicine-Special Svc	*	Exclude
99026	mileage charge w/in 7 mile radius	Medicine-Special Svc	None	Zero
99027	over 7 miles	Medicine-Special Svc	None	Zero
99028	more than 1 pt, apportion mileage	Medicine-Special Svc	None	Zero
99030	mileage, one way beyond 7	Medicine-Special Svc	None	Zero
99031	w/in large metro area	Medicine-Special Svc	None	Zero
99048	Telephone call by physician	Medicine-Special Svc	None	Pass through
99049	missed appts	Medicine-Special Svc	None	Exclude
99050	services provided after office hrs	Medicine-Special Svc	None	Pass through
99052	service req btwn 6pm-7am	Medicine-Special Svc	None	Pass through
99054	service provided on sun & holidays	Medicine-Special Svc	None	Pass through
99056	svcs prvd at req other than office	Medicine-Special Svc	None	Pass through
99060	environmental intervention	Medicine-Special Svc	None	Zero
99065	exam outside of reg hrs	Medicine-Special Svc	None	Zero
99071	educational supplies	Medicine-Special Svc	None	Pass through
99075	medical testimony	Medicine-Special Svc	None	Pass through
99078	educ svcs by health care provider	Medicine-Special Svc	None	Pass through
99080	special report	Medicine-Special Svc	None	Pass through
99081	required reports	Medicine-Special Svc	None	Pass through
99085	spcial external med photo for doc	Medicine-Special Svc	None	Zero
99086	repro of chart	Medicine-Special Svc	None	Pass through
99087	repro of dup reports	Medicine-Special Svc	None	Pass through
99190	assembly & operatio of pump with oxygen	Medicine-Special Svc	None	Exclude
99195	phlebotomy, therapeutic	Medicine-Special Svc	99195	RBRVS
99358	Prolonged eval & mgmt svcs	Evaluation & Mgmt	99358 & 99359	Average RBRVUs[5]
99361	medical conference 30 mins	Evaluation & Mgmt	99367	RBRVS

* No longer in OMFS physician fee schedule

[1] Averaged using the same weight for each code; that is, a simple average was taken.

[2] Averaged using the following weights: 3/4 for 98961 and 1/4 for 98962

[3] Modeled based on DWC-supplied data, which had 0.38 claims for 97811 (each additional 15 minutes) per claim for 97810 (1st 15 minutes).

[4] Modeled based on DWC-supplied data, which had 0.59 claims for 97814 (each additional 15 minutes) per claim for 97813 (1st 15 minutes).

[5] Averaged using the following weights: 1/3 at 0 RBRVUs, 1/3 for 99358, and 1/3 for 99359