

## The Idiot's Guide for the RVU System

### *What is RVU?*

Relative Value Unit (RVU) is a system that was established by CMS (Center of Medicare/Medicaid Service) to simplify the process of updating service fees on yearly basis. Think of it as the medical currency, instead of having the fees of all services changed from year to year, now they are able to change only one number which is how much CMS will pay for each RVU.

### *How much is the RVU?*

As of 2018, Medicare/Medicaid pays 35.99 \$ for each RVU. This is called the conversion factor. CMS declares the conversion factor in the beginning of each year.

### *What is the difference between wRVU and RVU?*

wRVU stands for work RVU which is the part of the RVU representing the physician compensation. In other words, each RVU is composed of 3 parts: wRVU (for physician compensation) + Practice expense RVU + Malpractice RVU.

Example: for a new office visit, Medicare will pay the practice 4.6 RVUs which will be allocated as follows. 2.43 wRVU for physician, 1.98 practice RVU for the hospital or facility and 0.2 RVU for malpractice expenses.

### *How is the total service fee calculated?*

Total service fee = Conversion factor (35.99 for 2018) X [Work RVU + Practice Expenses + Malpractice expenses]

#### **Example:**

**Level IV office new visit payment** = 35.99 (conversion factor) X [2.43 (physician wRVUs) + 1.98 (practice expenses RVU) + 0.2 (malpractice expenses RVU)] → Equals 35.8 X 4.62 RVUs → Equals 165 \$

### *How the service fees are updated?*

- Every year the CMS declares the new conversion factor (which essentially is how much they will pay for each RVU).
- Every few years CMS will update the number of RVUs allowed for each service.

## Important CPT Codes Each Neurologist Will Need To Memorize And Their Equivalent “Physician” RVUs.

Office and Inpatient Visits		
Description	wRVUs	CPT Code
<b>Office New Visit</b> (referred patients with no consult request are coded here)		
Level III	1.42	99203
Level IV	2.43	99204
Level V	3.17	99205
<b>Office Return Visit</b>		
Level III	0.97	99213
Level IV	1.5	99214
Level V	2.11	99215
<b>Office New Consult</b> (there must be a consult request from referring physician)		
Level III	1.88	99243
Level IV	3.02	99244
Level V	3.77	99245
<b>Inpatient New Admission</b>		
Level I	1.92	99221
Level II	2.61	99222
Level III	3.86	99223
<b>Inpatient Established Admission</b>		
Level I	0.76	99231
Level II	1.39	99232
Level III	2	99233
<b>Inpatient Consult</b>		
Level III	2.24	99253
Level IV	3.29	99254
Level V	4	99255
<b>Critical Care</b>		
First Hour	4.5	99291
Additional 30 minutes	2.25	99292
<b>Time spent on discharge planning</b>		
Moderate complexity	2.1	99495
High complexity	3.05	99496
<b>Telemedicine</b>		
Initial Consult	4	GTTT1
Subsequent consults	3.86	GTTT2
<b>Staff Service</b>		
(service made by clinic staff, as giving injections, education for new medication, etc.)	0.23	99415
<b>Prolonged non face-to-face service</b>		
(Ex: time spent on reviewing old medical records from another facility if it exceeded 31 minutes)	2.1	99358
	1	99359

Note that RVUs mentioned are for the physician compensation, practice expenses are not included.

Other tests and procedures		
Description	wRVUs	CPT Code
<b>Assessment of Cognitive function</b>	3.3	GPPP6
<b>Epley Maneuver</b>	0.75	95992
<b>Dix Hallpike</b>	0.48	92542
<b>Nerve Stimulators (Ex interrogation of VNS or DBS)</b>		
Interrogation/Analysis	0.45	95970
Programming	3	95974
<b>EEG</b>		
Routine, 20-40 minutes, awake/drowsy	1.08	95816
Routine, 20-40 minutes, awake/asleep	1.08	95819
Routine, 20-40 minutes, sleep/coma	1.08	95822
Routine, 40-60 minutes	1.08	95812
Routine, > 60 minutes	1.73	95813
Long-term video EEG monitoring (each 24h)	5.99	95951
Long term EEG monitoring without video (each 24h)	3.61	95956
<b>Visual Evoked potential</b>	0.35	95930
<b>Blink test</b>	0.59	95933
<b>Fatigue test</b>	0.65	95937
<b>SSEP</b>	0.86	95938
<b>BSAEP</b>	0.5	92585
<b>Lumbar Puncture</b>	1.37	62270