

## Reimbursement Updates for 2018

Medicare makes updates to payment for all services annually. This year, Medicare estimates that the overall changes made to work, practice expense and malpractice insurance RVUs in the Medicare Physician Fee Schedule will be neutral for physiatry. However, starting January 1, you will notice several changes to Medicare payment for physiatry services and depending on the services you typically bill you may see an increase or decrease to the reimbursement you receive. The conversion factor, which is used to calculate payment rates for all services, has increased by approximately \$0.10 in 2018 (from \$35.89 to \$35.99). Five individual codes for physiatry services have also been updated – some increased and some decreased – based on changes recommended by the American Medical Association (AMA) Relative Value Scale Update Committee (RUC). Information on the payment updates for these codes is outlined below.

<b>Code</b>	<b>Descriptor</b>	<b>2017 Total RVU</b>	<b>2017 Total Payment</b>	<b>2018 Proposed Total RVU</b>	<b>2018 Proposed Total Payment</b>	<b>2018 Final Total RVU</b>	<b>2018 Total Payment</b>
76881	Ultrasound, extremity, nonvascular; complete	3.36	\$120.59	1.11	\$39.99	2.89	\$104.01
76882	Ultrasound, extremity, nonvascular; limited	1.02	\$36.61	2.64	\$95.01	1.64	\$59.02
64418	Injection, anesthetic agent; suprascapular nerve	4.12	\$147.87	3.34	\$120.21	3.34	\$120.21
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	5.77	\$207.09	37.93	\$1,365.10	32.14	\$1,156.72
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve	5.99	\$214.98	34.12	\$1,227.98	34.35	\$1,236.26