

TABLE G. — PHYSICIAN AND OTHER PROFESSIONAL SERVICES RELATIVE VALUE UNITS (RVUS) BY CPT/HCPCS CODE
PAGE 102 OF 173

CPT/ HCPCS Code	Modifier	CPT/HCPCS Code Description	Conversion Factor/GAAF Category	Status/ Usage Indicator	Work Expense RVUs	Facility Practice Expense RVUs	Non- Facility Practice Expense RVUs	Total Expense RVUs	Charge Method- ology
63610		Stimulation of spinal cord			8.73	3.79	3.79		
63615		Remove lesion of spinal cord			16.28	9.99	9.99		
63650		Implant neuroelectrodes			6.74	2.96	2.96		
63655		Implant neuroelectrodes			10.29	7.23	7.23		
63660		Revise/remove neuroelectrode			6.16	3.74	3.74		
63685		Implant neuroreceiver			7.04	4.28	4.28		
63688		Revise/remove neuroreceiver			5.39	3.68	3.68		
63700		Repair of spinal herniation			16.53	10.45	10.45		
63702		Repair of spinal herniation			18.48	10.71	10.71		
63704		Repair of spinal herniation			21.18	12.61	12.61		
63706		Repair of spinal herniation			24.11	13.52	13.52		
63707		Repair spinal fluid leakage			11.26	8.01	8.01		
63709		Repair spinal fluid leakage			14.32	9.70	9.70		
63710		Graft repair of spine defect			11.36	7.76	7.76		
63740		Install spinal shunt			8.25	4.86	4.86		
63741		Install spinal shunt			8.10	5.58	5.58		
63744		Revision of spinal shunt			6.43	4.04	4.04		
63746		Removal of spinal shunt			1.11	1.96	0.36		
64400		N block inj, trigeminal			1.25	1.57	0.54		
64402		N block inj, facial			1.32	1.70	0.40		
64405		N block inj, occipital			1.41	2.60	0.67		
64408		N block inj, vagus			1.43	2.48	0.40		
64410		N block inj, phrenic			1.18	2.62	0.37		
64412		N block inj, spinal accessor			1.40	1.99	0.44		
64413		N block inj, cervical plexus			1.48	3.05	0.39		
64415		N block inj, brachial plexus			3.50	0.75	0.75		
64416		N block cont infuse, b plex			1.44	3.25	0.43		
64417		N block inj, axillary			1.32	2.67	0.37		
64418		N block inj, suprascapular			1.18	3.56	0.35		
64420		N block inj, intercost, sing			1.68	5.30	0.46		
64421		N block inj, intercost, mlt			1.75	1.60	0.48		
64425		N block inj ilio-ing/hypogi			1.46	2.09	0.50		
64430		N block inj, pudendal			1.45	2.24	0.65		
64435		N block inj, paracervical			1.48	2.78	0.38		
64445		N block inj, sciatic, sing			3.25	1.15	1.15		
64446		N blk inj, sciatic, cont inf			1.50	0.52	0.52		
64447		N block inj fem, single			3.00	1.04	1.04		
64448		N block inj fem, cont inf			1.27	1.30	0.42		
64450		N block, other peripheral			1.85	4.99	0.57		
64470		Inj paravertebral c/t			1.29	1.99	0.32		
64472		Inj paravertebral c/t add-on			1.41	4.65	0.48		
64475		Inj paravertebral l/s			0.98	1.86	0.25		
64476		Inj paravertebral l/s add-on			2.20	7.32	0.73		
64479		Inj foramen epidural c/t			1.54	2.36	0.48		
64480		Inj foramen epidural add-on			1.90	7.75	0.67		
64483		Inj foramen epidural l/s							

NOTES: CPT Codes and descriptions only copyright 2002 American Medical Association. All rights reserved. Applicable FARS/DFARS apply. See end of table for notes regarding Status/Usage Indicators and Charge Methodology.