



Virginia Workers Compensation Commission

2020 Medical Fee Schedule Final Summary of Changes

The following changes were made to the 2018 Medical Fee Schedule (MFS), resulting in the Final Draft of the 2020 MFS.

General Updates

Update for Medical Inflation – The maximum fees for all codes that were included on the 2018 MFS and remain on the 2020 MFS were increased by 1.5% for medical inflation.

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – The 2020 MFS was developed to include only those codes which are valid as of January 1, 2019. Therefore, any CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS.

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – CPT/HCPCS codes that were new in 2016 or 2017 were intended to be included in the 2018 MFS if the new codes met either of the following conditions: (1) the new 2016 or 2017 code represented one that the American Medical Association crosswalked from a previously active code and the previously active code was terminated (in this case the maximum fee for the new 2016 or 2017 code was based on the experience of the corresponding terminated code), or (2) sufficient information was available to develop a manual rate for the new 2016 or 2017 code. A number of these new 2016 or 2017 codes were inadvertently omitted from the final 2018 MFS but have been added to the 2020 MFS. The maximum fee set for these codes is the fee that was initially developed for them for the 2018 MFS, increased by 1.5% for medical inflation.

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – CPT/HCPCS codes that were new in 2018 or 2019 were added to the 2020 MFS if the following conditions were met: (1) the new 2018 or 2019 code represents one that the American Medical Association crosswalked from a previously active code and the previously active code was terminated, and (2) the previously active code being crosswalked to a new 2018 or 2019 code appeared on the 2018 MFS.

Conversion of the Maximum Fee from a Per Service to a Per Unit Basis – Certain CPT/HCPCS included on the 2018 MFS were the subject of a stakeholder inquiry that led to the Per Service maximum fee being converted to an actuarially equivalent Per Unit maximum fee on the 2020 MFS. The actuarially equivalent Per Unit maximum fee for these codes was increased by 1.5% for medical inflation to arrive at the final maximum fee included on the 2020 MFS.

Table A – Type One Teaching Hospitals – Acute Inpatient Hospital Stays

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Update to DRG Version 36 – Codes included in the 2020 MFS represent only those code which are present in DRG Version 36

- The following DRG codes were added to the 2020 MFS, with the fee based on experience crosswalked from the applicable terminated code: 783, 784, 785, 786, 787, 788, 796, 797, 798, 805, 806, 807, 817, 818, 819, 831, 832, 833
- The following DRG codes were removed from the 2020 MFS as they are no longer active under DRG Version 36: 230, 237, 238, 449, 484, 490, 491, 685, 765, 766, 767, 774, 775, 777, 778, 780, 781, 782, 984, 985, 986

Table B – Other than Type One Teaching Hospitals – Acute Inpatient Hospital Stays

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Update to DRG Version 36 – Codes included in the 2020 MFS represent only those code which are represented in DRG Version 36

- The following DRG codes were added to the 2020 MFS, with the fee based on experience crosswalked from the applicable terminated code: 783, 784, 785, 786, 787, 788, 796, 797, 798, 805, 806, 807, 817, 818, 819, 831, 832, 833
- The following DRG codes were removed from the 2020 MFS as they are no longer active under DRG Version 36: 230, 237, 238, 449, 484, 490, 491, 685, 765, 766, 767, 774, 775, 777, 778, 780, 781, 782, 984, 985, 986

Table C – Rehabilitation Stays Billed Using DRG Codes

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Table D – Rehabilitation Stays Billed Using CMG Codes

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Table E – Outpatient Facility – Services with a Maximum Fee Based on a Percentage of Billed Charges

Addition of New Injectable Drug Codes Effective in 2018 or 2019 – The following new codes effective in either 2018 or 2019 were added to the list of injectable drug codes with a maximum fee stated as a percentage of billed charges: 90653, 90674, 90682, 90739, 90756, A9589, Q4132, Q4133, Q4159, Q4186, Q4195, Q4196, Q5103, Q5104, Q5105, Q5106, Q5108, Q5110, Q5111, Q9950, Q9991, Q9992

Table F – Type One Teaching Hospitals – Outpatient Facility Services with a Maximum Fee Based on a CPT Code

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 146 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 50 new 2018 or 2019 codes falling into this category were added to this table

Addition of Codes for Office Visits – The following office visit codes were added to this table: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, and 99217

Addition of Physical Rehab Codes – The following physical rehab codes were added to this table: 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168

Conversion of the Maximum Fee from a Per Service to a Per Unit Basis – The Per Service maximum fee for certain codes was converted to a Per Unit maximum fee as noted in the General Updates section.

- A total of 51 codes previously included in this table had the maximum fee adjusted

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 135 codes falling into this category were removed from this table

Table G – Type One Teaching Hospitals – Outpatient Facility Services with a Maximum Fee Based on a HCPCS Code

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Include a Maximum Fee for Codes Previously Identified as BR – A maximum fee was added for the following code previously identified as By Report: G0499

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 6 codes falling into this category were removed from this table

Conversion of the Maximum Fee from a Per Service to a Per Unit Basis – The Per Service maximum fee for certain codes was converted to a Per Unit maximum fee as noted in the General Updates section.

- A total of 4 codes previously included in this table had the maximum fee adjusted

Table H – Other than Type One Teaching Hospitals – Outpatient Facility Services with a Maximum Fee Based on a CPT Code

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 146 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 50 new 2018 or 2019 codes falling into this category were added to this table

Addition of Codes for Office Visits – The following office visit codes were added to this table: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, and 99217

Addition of Physical Rehab Codes – The following physical rehab codes were added to this table: 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168

Conversion of the Maximum Fee from a Per Service to a Per Unit Basis – The Per Service maximum fee for certain codes was converted to a Per Unit maximum fee as noted in the General Updates section.

- A total of 51 codes previously included in this table had the maximum fee adjusted

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 135 codes falling into this category were removed from this table

Conversion of the Maximum Fee from a Per Service to a Per Unit Basis – The Per Service maximum fee for certain codes was converted to a Per Unit maximum fee as noted in the General Updates section.

- A total of 51 codes previously included in this table had the maximum fee adjusted

Table I – Other than Type One Teaching Hospitals – Outpatient Facility Services with a Maximum Fee Based on a HCPCS Code

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates

Include a Maximum Fee for Codes Previously Identified as BR – A maximum fee was added for the following code previously identified as By Report: G0499

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 6 codes falling into this category were removed from this table

Conversion of the Maximum Fee from a Per Service to a Per Unit Basis – The Per Service maximum fee for certain codes was converted to a Per Unit maximum fee as noted in the General Updates section.

- A total of 4 codes previously included in this table had the maximum fee adjusted

Table K – Ambulatory Surgical Centers – Services with a Maximum Fee Based on a Per Surgery or Per Unit Basis

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 106 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 23 new 2018 or 2019 codes falling into this category were added to this table

Addition of Codes for Pain Management – The following pain management codes were added to this table: 62320, 62321, 62322, 62323, 62324, 62325, 62326, and 62327

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 26 codes falling into this category were removed from this table

Table L – Ambulatory Surgical Centers – Stand Alone Fluoroscopy Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 3 codes falling into this category were removed from this table

Table M – Professional Services and Other Providers of Medical Services – Services with a Maximum Fee Based on a Percentage of Billed Charges

Addition of New Injectable Drug Codes Effective in 2018 or 2019 – The following new codes effective in either 2018 or 2019 were added to the list of injectable drug codes with a maximum fee stated as a percentage of billed charges: 90653, 90674, 90682, 90739, 90756, A9589, Q4132, Q4133, Q4159, Q4186, Q4195, Q4196, Q5103, Q5104, Q5105, Q5106, Q5108, Q5110, Q5111, Q9950, Q9991, Q9992

Table N – Anesthesia Conversion Factors, Base Units, and Physical Status Units

Update for Medical Inflation – The maximum fee conversion factors were updated as noted in the General Updates section

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – The following anesthesia codes were added with base units information as noted in the General Updates section: 00731, 00732, 00811, 00812, and 00813

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – The following CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section: 00740, 00810, 01180, 01190, and 01682

Table O – Anesthesia Qualifying Circumstances

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Table P – Professional Services Billed by a Surgeon – Surgical Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 88 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 23 new 2018 or 2019 codes falling into this category were added to this table

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 39 codes falling into this category were removed from this table

Table Q – Professional Services Billed by a Non-Surgeon – Surgical Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 88 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 23 new 2018 or 2019 codes falling into this category were added to this table

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 39 codes falling into this category were removed from this table

Table R – Professional Services Billed by a Surgeon – Radiology Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 15 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 12 new 2018 or 2019 codes falling into this category were added to this table

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 63 codes falling into this category were removed from this table

Table S – Professional Services Billed by a Non-Surgeon – Radiology Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 15 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 12 new 2018 or 2019 codes falling into this category were added to this table

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 63 codes falling into this category were removed from this table

Table T – Professional Services – Lab/Pathology Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 39 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 3 new 2018 or 2019 codes falling into this category were added to this table

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 26 codes falling into this category were removed from this table

Table U – Professional Services Billed by a Surgeon – Evaluation and Management Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 5 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 5 new 2018 or 2019 codes falling into this category were added to this table

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 2 codes falling into this category were removed from this table

Table V – Professional Services Billed by a Non-Surgeon – Evaluation and Management Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 5 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 5 new 2018 or 2019 codes falling into this category were added to this table

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 2 codes falling into this category were removed from this table

Table W – Professional Services Billed by a Surgeon – Other Services Billed with a CPT Code

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 11 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 13 new 2018 or 2019 codes falling into this category were added to this table

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 19 codes falling into this category were removed from this table

Conversion of the Maximum Fee from a Per Service to a Per Unit Basis – The Per Service maximum fee for certain codes was converted to a Per Unit maximum fee as noted in the General Updates section.

- A total of 12 codes previously included in this table had the maximum fee adjusted

Table X – Professional Services Billed by a Non-Surgeon – Other Services Billed with a CPT Code

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2016 and 2017 Codes Inadvertently Omitted from 2018 MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 11 codes that were new in 2016 or 2017 were added to this table

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 13 new 2018 or 2019 codes falling into this category were added to this table

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 19 codes falling into this category were removed from this table

Conversion of the Maximum Fee from a Per Service to a Per Unit Basis – The Per Service maximum fee for certain codes was converted to a Per Unit maximum fee as noted in the General Updates section.

- A total of 12 codes previously included in this table had the maximum fee adjusted

Table Y – Professional Services – Other Professional Services Billed with a HCPCS Code

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Include a Maximum Fee for Codes Previously Identified as BR – A maximum fee was added for the following code previously identified as By Report: A4399, A6199, E0199, G0499, L5699, and Q0499

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 69 codes falling into this category were removed from this table

Conversion of the Maximum Fee from a Per Service to a Per Unit Basis – The Per Service maximum fee for certain codes was converted to a Per Unit maximum fee as noted in the General Updates section.

- A total of 23 codes previously included in this table had the maximum fee adjusted

Table Z – Other Providers of Medical Services – Physical Medicine and Rehabilitation Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Addition of New 2018 and 2019 Codes Crosswalked from a Code Currently on the MFS – Codes were added with a maximum fee as noted in the General Updates section

- A total of 1 new 2018 or 2019 code falling into this category was added to this table

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 8 codes falling into this category were removed from this table

Table AA – Other Providers of Medical Services – Osteopathic and Chiropractic Manipulative Treatment Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Table AB – Other Providers of Medical Services – Acupuncture Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Table AC – Other Providers of Medical Services – Dental Procedures

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Removal of CPT/HCPCS Codes Retired as of January 1, 2019 – Maximum fees for CPT/HCPCS codes retired prior to January 1, 2019 were removed from the 2020 MFS, as noted in the General Updates section

- A total of 11 codes falling into this category were removed from this table

Table AD – Other Providers of Medical Services – Ground Ambulance

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Table AD – Other Providers of Medical Services – Private Payer Codes

Update for Medical Inflation – The maximum fee for existing codes that remained on the 2020 MFS were updated as noted in the General Updates section

Revisions as of October 17, 2019

The following changes were made to the approved 2020 Medical Fee Schedule (MFS) as a result of public comment, resulting in the Final 2020 MFS.

Removal of Injectable Drug Codes Retired as of January 1, 2019 – The 2020 MFS was developed to include only those codes which are valid as of January 1, 2019. This removal of codes was not previously applied to injectable drug codes in the initial draft of the Ground Rules or Tables E and M. Therefore, the additional codes listed below were removed from the 2020 MFS for Tables E and M.

90669, 90703, 90718, 90735, Q0165, Q0168, Q0170, Q0171, Q0172, Q0176, Q0178, Q0179, Q2040, Q2041, Q2044, Q2046, Q2047, Q2048, Q2051, Q3025, Q4131

Addition of Two Additional Codes Crosswalked from a Code on the 2018 MFS – Two additional CPT codes that were new in 2018 were added to the 2020 MFS as the new codes represent codes that the American Medical Association crosswalked from a previously active code, the previously active code was terminated, and the previously active code appeared on the 2018 MFS. Code 74018, crosswalked from 74000, was added to Tables F, H, R, and S. Code 97763, crosswalked from 97762, was added to Tables F, H, and Z.

Conversion of the Maximum Fee for A4554 from a Per Service to a Per Unit Basis – Code A4554 was the subject of a stakeholder inquiry that led to the Per Service maximum fee being converted to an actuarially equivalent Per Unit maximum fee on the 2020 MFS in Table Y. The actuarially equivalent Per Unit maximum fee for this code was increased by 1.5% for medical inflation to arrive at the final maximum fee included on the 2020 MFS. A comparison between the 2018 MFS and 2020 MFS amounts for this code is below:

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
2018 MFS (per service)	\$117.09	\$117.69	\$205.04	\$168.59	\$124.68	\$132.94
2020 MFS (per unit)	\$0.76	\$0.77	\$1.34	\$1.10	\$0.81	\$0.87

Update to the Title for Table Y on the “Prof HCPCS – 3” tab in the MFS Excel File – The title for the per unit fees for Table Y on the “Prof HCPCS – 3” tab of the MFS Excel File was updated to state that the amounts listed in the table are the maximum fee per unit. No change was needed to the “Prof All” tab in the MFS Excel File or Table Y in the MFS PDF File as they were both already labeled correctly as per unit.